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WOMEN'S SATISFACTION WITH MATERNAL HEALTHCARE SERVICES IN TERTIARY HEALTH INSTITUTIONS IN ANAMBRA STATE

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ABSTRACT: *Maternal satisfaction is a key measure of the quality of healthcare services and a determinant of maternal and neonatal health outcomes. This study examined the availability and women's satisfaction with maternal health services in Tertiary Health Institutions in Anambra State, Nigeria. A cross-sectional study design was employed, involving 167 women aged 18-49 years attending healthcare services at Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH). Data were collected using self-structured questionnaires and analyzed using descriptive and inferential statistics, with significance set at the 0.05 level. Results show that awareness of maternal health services was high (91.02%), with antenatal care the most utilized service (93.41%), followed by delivery (75.45%), postnatal (74.25%), and family planning services (29.52%). Satisfaction levels were highest for antenatal care (96.4%) and family planning services (85.5%), compared to delivery (78.9%) and postnatal services (74.1%). In conclusion, although satisfaction with maternal healthcare services was generally high, gaps in the availability of delivery and family planning services highlight the need for improved infrastructure, enhanced provider training, and greater access to family planning education. Addressing these issues is critical to improving maternal and neonatal health outcomes in Tertiary Health Institutions in Nigeria.*

KEYWORDS: Maternal, Healthcare, Satisfaction, Women, Services.

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INTRODUCTION

Maternal satisfaction is an essential indicator of the quality and the efficiency of the health care systems. At a time when efforts are being made globally to reduce maternal and neonatal mortality and morbidity, assessing maternal satisfaction is essential (Silesh & Tesfanesh, 2021). Satisfaction with healthcare refers to a personal evaluation of healthcare services and the providers collectively (Okari, 2018). About 287,000 women died during and following pregnancy and childbirth in 2020; almost 95% of all maternal deaths occurred in low- and middle-income countries in 2020, and all could have been prevented (WHO, 2024). Satisfaction with childbirth has immediate and long-term effects on women's health and quality of relationship with the child (Jafari, Mohebbi & Mazloomzadeh, 2017).

According to Eko and Edet (2022), in Nigeria, respondents' satisfaction with maternity care was varied and associated with health care workers' attitudes, as well as sociodemographic characteristics. Also, according to them, less than half (47.3%) of the respondents were satisfied with maternity care. In the Democratic Republic of the Congo, the results of maternal health-seeking behavior showed that most women (90.29%) did not receive integral maternal health services, including antenatal care, institutional delivery, and postnatal care (Guo et *al.,* 2021). To compare with their counterparts, women who received good health talk, had good HIV-related knowledge, and lived in urban regions and wealthier households were more likely to be partial service users or full service users.

In addition, according to Tocchioni, Seghieri, Santis and Nuti (2018), the quality of maternity services was perceived differently in different socio-demographic groups: women's expectations affected satisfaction, but in different ways, in various socio-demographic groups, both during pregnancy and at delivery. A number of sociodemographic factors play a role in the women's satisfaction with maternal health care services. Patients' satisfaction is a complex and multidimensional measure affected by education level, age, parity and marital status. The quality of intrapartum care, unwanted pregnancy, lack of ambulance services, prolonged duration of labor, poor intervention about pain management, and complicated newborn outcome were factors affecting women's satisfaction with skilled delivery care in Ethiopia. Therefore, strategies need to be developed to increase the satisfaction level by considering the above-mentioned sociodemographic factors during routine delivery care.

Similarly, a study done in North Shoa Zone, Ethiopia, on maternal satisfaction with intrapartum care and associated factors among postpartum women by Silesh and Tesfanesh (2021), revealed that the respondent's satisfaction with the intrapartum care was below average at 28.2%. Place of residence, planned status of the pregnancy, number of antenatal care visits and duration of labor were factors significantly associated with maternal satisfaction with intrapartum care.

For more satisfaction, there is a need to look at the quality measures, which are criteria for assessing, measuring and monitoring the quality of care as specified in the quality statement of structure of standard. They are of three types. Firstly, input, which is what must be in place for the desired care to be provided (e.g., physical resources, human resources, policies, guidelines). Secondly, output, which is whether the desired process of care was provided as expected and thirdly, outcome, which is the effect of the provision and experience of care on health and people-centered outcomes.

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One of the researchers who is privileged to work at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria, had received a lot of complaints from the mothers over dissatisfaction with maternal healthcare services in both Hospitals which led to this study, which aims to examine women's satisfaction with maternal health services in Tertiary Health Institutions in Anambra State.

MATERIALS AND METHODS

Study design: A descriptive cross-sectional study was adopted as data were collected only once and follow-up with the respondent was not done.

Study Setting: The study was conducted in two (2) tertiary health institutions in Anambra State (Nnamdi Azikiwe University Teaching Hospital, Nnewi (NAUTH) and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka (COOUTH)), Nigeria.

Population and Sampling Technique: The population of the study is three hundred and eleven (311) women of childbearing age of 18–49 that attend Nnamdi Azikiwe University Teaching Hospital, Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka. Sample size was calculated to be 167, and the women were selected by simple random sampling technique.

Research Instrument: A self-administered structured questionnaire was used in gathering the necessary data suitable for the study. The questionnaire was validated for face and content validity by an expert in the field of study, who ensured that it measured what it was supposed to measure. To determine the reliability of the instrument, a pilot test was carried out at the University of Nigeria Teaching Hospital (UNTH), Enugu and a coefficient of 0.8 was obtained, indicating the instrument was reliable for the study.

Data collection procedure and analysis: The questionnaires were distributed in NAUTH and COOUTH, to the women of childbearing age in the antenatal care clinic after their consent was obtained. The respondents were given the questionnaire by research assistants who gave necessary explanations. The respondent returned the questionnaire at their convenience. Data were analyzed with the aid of a particular software package, SPSS version 2025 using descriptive statistics of frequency and percentage and they were finally presented in tables. In the null hypothesis Chi-square was used for the analysis. Significant associations were found between satisfaction levels and respondents' socio-demographic variables ($p < .05$).

Ethical Considerations: Ethical clearance was obtained from Nnamdi Azikiwe University Teaching Hospital Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Amaku Health and Research Ethics Committees. Informed consent was obtained from the women before administering the questionnaire. Anonymity, confidentiality and privacy of the women's identity were ensured.

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RESULTS

A total of 167 women participated in the study, giving a 100% response rate.

Table 1a: Descriptive analysis of socio-demographic variables n=167

Variable	Frequency (167)	Percentage (%)
Hospital		
	113	67.66
COOUTH		
NAUTH	54	32.34
Age (years)		
18-29 years	58	34.73
30-39 years	103	61.68
40 - 49 years	6	3.59
Mean±SD	31.5±5.1	19 – 53
Highest level of education		
Primary	2	1.20
Secondary	49	29.34
Tertiary	116	69.46
Marital status		
Divorced	1	0.60
Married	165	98.80
Never married	1	0.60
Occupation		
Employed full time	65	38.92
Employed part time	14	8.39
Not employed	4	2.40
Others	21	12.57
Retired	2	1.20
Trader	61	36.53
Total	**167**	**100.0**

Results from table 1a revealed that the respondents were drawn from two hospitals, with 113 (67.66%) attending COOUTH and 54 (32.34%) attending NAUTH. Most participants were aged between 30-39 years, accounting for 103 (61.68%), while 58 (34.73%) were aged 18-29 years, and only 6 (3.59%) were 40 - 49 years, with a mean age of 31.5 years (range: 18–49 years). In terms of educational attainment, 116 (69.46%) had tertiary education, 49 (29.34%) had secondary education, and 2 (1.20%) had only primary education. The vast majority of respondents were married, comprising 165 (98.80%), while 1 (0.60%) was divorced, and 1 (0.60%) had never married. Regarding their occupations, 65 (38.92%) were employed full-time, 61 (36.53%) were traders and 21 (12.57%) were in other forms of employment. Smaller proportions included 14 (8.39%) employed part-time, 4 (2.40%) who were unemployed, and 2 (1.20%) who were retired. This demographic distribution highlights a predominance of educated and married individuals, primarily in their reproductive years, with varied employment statuses.

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Table 1b: Descriptive analysis of socio-demographic variables (cont.) n=167

Variable	Frequency (167)	Percentage (%)
Husband highest level of education		
Primary	5	2.99
Secondary	55	32.93
Tertiary	107	64.07
Husband occupation		
Employed full-time	70	42.17
Employed part-time	1	0.60
Not employed	3	1.81
Others	17	10.24
Retired	1	0.60
Trader	74	44.58
Age of pregnancy in weeks		
6-12 weeks	5	2.99
13-19 weeks	13	7.78
20-29 weeks	149	89.22
Mean ± SD	23.9±4.3	6 – 29
Number of children		
0-1	59	35.33
2-4	101	60.48
5 and above	7	4.19
Mean ± SD	2.2±1.2	0 – 6

The data in Table 1b revealed key demographic and pregnancy-related characteristics of the respondents. Among the husbands, 107 (64.07%) had attained tertiary education, 55 (32.93%) had secondary education, and 5 (2.99%) had primary education. Regarding their occupations, 74 (44.58%) were traders, 70 (42.17%) were employed full-time, 17 (10.24%) were in other forms of employment, 3 (1.81%) were unemployed, and 1 each (0.60%) was either employed part-time or retired.

For the pregnancies, 149 (89.22%) were in the second trimester, with a mean gestational age of 23.9 weeks (ranging from 6 to 29 weeks). In terms of the number of children, 101 (60.48%) of the respondents had two to four children, 59 (35.33%) had only one child, and 7 (4.19%) had five or more children. On average, respondents had 2.2 children, reflecting relatively small family sizes in this group. These figures provide an insightful overview of the socio-economic and reproductive characteristics of the cohort.

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Table 2: Availability of maternal health care and family planning services in the tertiary health institutions in Anambra State n=167

Variable	Frequency	Percentage (%)
Do you know of any maternal health services in the hospitals		
No	15	8.98
Yes	152	91.02
Is antenatal care service available in the hospital		
No	5	3.01
Yes	161	96.99
Antenatal care service		
No	11	6.59
Yes	156	93.41
Delivery services		
No	41	24.55
Yes	126	75.45
postnatal services		
No	43	25.75
Yes	124	74.25
Family planning services		
No	117	70.48
Yes	49	29.52
Have you been exposed to the different types of family planning methods in this hospital?		
No	119	71.26
Yes	48	28.74
Are you allowed to make informed choices?		
No	33	19.76
Yes	134	80.24

The table above shows that 91.02% of participants know of some maternal health services in the hospital, 96.99% have antenatal care services in the hospital, 93.41% have used antenatal care service, 75.45% have used delivery service, 74.25% have used postnatal service, and 70.48% have not used family planning 71.26% have not been exposed to the different types of family planning methods in the hospital, and 80.24% are allowed to make informed decisions.

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Objective 2: To assess the women's level of satisfaction with antenatal services

Table 3: Women's level of satisfaction with antenatal services n=167

Variables	Likert scale					Mean score	Remark
	Very Satisfied	Satisfied	Neither	Unsatisfied	Very Unsatisfied		
How satisfied are you with the antenatal services?	93 (465)	67 (268)	4 (15)	2(4)	0 (0.00)	4.5	Accepted
How satisfied are you with the warm welcome and peaceful sereneness in the hospital?	76 (380)	85 (340)	4 (12)	2 (4)	0 (0.00)	4.4	Accepted
How satisfied are you with the health talks given to you during antenatal services?	110 (550)	51 (204)	6 (18)	0 (0.00)	0 (0.00)	4.6	Accepted
How satisfied will you be to recommend another person to access antenatal services in the hospital?	110 (550)	52 (208)	5 (15)	0 (0.00)	0 (0.00)	4.6	Accepted

In table 3 above, all variables were accepted. Mean score below 3.0 indicates a low level of satisfaction, a mean score of 3.0 -- 4.0 indicates a moderate level of satisfaction and a mean score above 4.0 indicates a high level of satisfaction. Grand Mean Score of 4.6 indicates high level of satisfaction

Objective 3: To determine the level of women's satisfaction with delivery services.

Table 4: The level of women's satisfaction with delivery services n=167

Variables	Likert scale					Mean score	Remark
	Very satisfied	Satisfied	Neither	Un-satisfied	Very unsatisfied		
How satisfied are you with the close monitoring given to you and your baby?	77 (385)	65 (260)	23 (69)	1 (2)	0 (0.00)	4.3	Accepted
How satisfied are you with counseling and support during labor?	59 (295)	72 (288)	32 (96)	3 (6)	0 (0.00)	4.1	Accepted

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How do you feel about the mother and baby bonding initiated immediately after delivery by putting the baby's mouth to breast?	100 (500)	54 (216)	11 (33)	1 (2)	0 (0.00)	4.5	Accepted
How satisfied were you with the attitude of healthcare providers when you were in the labor room?	57 (285)	66 (264)	39 (117)	4 (8)	0 (0.00)	4.0	Accepted

Objective 4: To assess the women's level of satisfaction with post-natal services

Table 5: Women's level of satisfaction with post-natal services n=167

Variables	Likert scale					Mean score	Remark
	Very satisfied	Satisfied	Neither	Unsatisfied	Very unsatisfied		
How satisfied are you with the way nurses handle your baby while bathing them?	58 (290)	87 (348)	12 (36)	6 (12)	2 (2)	4.1	Accepted
How satisfied are you with peripheral and cord care?	61 (305)	78 (312)	22 (66)	4 (8)	0 (0.00)	4.1	Accepted
How satisfied are you with bladder emptying to prevent postpartum hemorrhage?	56 (280)	74 (296)	33 (99)	2 (4)	1 (1)	4.0	Accepted
How satisfied are you with the frequent check of lochia color and perineal pads?	54 (270)	67 (268)	33 (99)	10 (20)	0 (0.00)	3.9	Accepted

Objective 5: To determine the women 's level of satisfaction with family planning services

Table 6: Women 's level of satisfaction with family planning services n=167

Variables	Likert scale					Mean score	Remark
	Very satisfied	Satisfied	Neither	Unsatisfied	Very unsatisfied		
How satisfied are you with the teaching skills of the family planning providers?	78 (390)	61 (244)	23 (69)	3 (6)	1 (1)	4.3	Accepted

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How satisfied are you with your chosen family planning method?	85 (425)	58 (232)	20 (60)	2 (4)	1 (1)	4.3	Accepted
How satisfied are you with your child spacing using family planning?	88 (440)	53 (212)	22 (66)	2 (4)	1 (1)	4.3	Accepted

DISCUSSION OF FINDINGS

The discussions are done according to the research objectives:

Objective 1: To assess the available maternal health care and family planning services in the Tertiary Health Institutions in Anambra State.

The availability of maternal healthcare services is essential to assessing the capacity of tertiary health institutions to address the needs of women in Anambra State. This study demonstrated a high awareness of maternal health services among participants, with 91.02% acknowledging their presence and 96.99% confirming the availability of antenatal care services in hospitals. Utilization of these services was also commendable, as 93.41% of participants reported having used antenatal care services. These findings highlight the effectiveness of antenatal care provision and suggest that it is both accessible and widely utilized within the studied population. These results are consistent with a study by Ezemenahi *et al.* (2024), which reported that a significant proportion of women accessed and utilized maternal healthcare services that were readily available.

In contrast to the positive findings regarding antenatal care, significant gaps were identified in other critical areas of maternal health services. The availability of delivery services was reported by only 75.45% of participants, while postnatal services were slightly less available (74.25%). This disparity suggests a decline in service provision as women progress through the maternal healthcare continuum. The limited availability of delivery and postnatal care services could stem from inadequate healthcare infrastructure and a shortage of skilled professionals, which may hinder healthcare institutions' capacity to offer comprehensive support during and after childbirth. This situation can lead to higher maternal and neonatal mortality rates, inadequate postpartum care, and poor health outcomes for both mothers and infants. Similarly, Akabuike *et al.* (2024) pointed to limited healthcare infrastructure and limited availability of skilled professionals as one of the key factors influencing the provision of delivery care services in the tertiary hospitals in Anambra State.

The findings on family planning services further emphasize the gaps in maternal healthcare provision. 70.48% of participants reported the absence of family planning services in hospitals, and 71.26% indicated they had not been exposed to various family planning methods. This lack of availability and education about family planning services limits women's ability to make informed decisions about their reproductive health and contributes to unmet needs in this area. This is supported by a 2019 report from The Challenge Initiative Nigeria (TCI), which indicated that only 194 out of 614 healthcare facilities in the state offered family planning

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services (TCI, 2019). In Nigeria, maternal health services have been a focal point of public health interventions. A study by Kana *et al.* (2015) highlighted that despite various interventions, challenges persist in achieving universal access to maternal and child health services.

Objective 2: To determine the women's level of satisfaction with antenatal services in the Tertiary Health Institutions in Anambra State.

The present study revealed a high level of satisfaction among women attending antenatal care clinics in tertiary health institutions in Anambra State. Specifically, 96.4% of respondents reported good satisfaction with antenatal services, while only 3.6% expressed dissatisfaction. Likert scores for various aspects, including the welcoming environment, health talks, and willingness to recommend the hospital, were all above 4.4. These findings highlight widespread acceptance and positive experiences with antenatal care in the region. Similarly, a study conducted by Anikwe *et al*. (2020) in Ebonyi State reported 89.4% satisfaction with the quality of antenatal care services. Another study by Titilayo *et al.* (2023) in Jos indicated that respondents had a positive perception of antenatal care quality, reflecting a very high satisfaction level of 72.2% ( ). Regionally, a study conducted by Hibusu *et al*. (2024) in Zambia found that 58.9% of pregnant women were fully satisfied with antenatal care services. Comparatively, these findings highlight the critical role of institutional factors, such as policies, facilities, healthcare provider attitudes, and service delivery processes, in influencing the quality of healthcare delivery and patient satisfaction. The disparities in satisfaction rates across different studies suggest that variations in institutional practices and healthcare environments significantly impact maternal satisfaction with antenatal care services.

Objective 3: To assess the level of women's satisfaction with delivery services in the Tertiary Health Institutions in Anambra State.

Furthermore, the present study revealed that 78.9% of respondents expressed satisfaction with delivery services, though this was lower than the 96.4% satisfaction recorded for antenatal services. Specific aspects, such as close monitoring during labor and the emphasis on mother-baby bonding, were highly rated with mean Likert scores of 4.3 and 4.5, respectively. These findings align with Ihudiebube-Splendor *et al.* (2024), who reported that most participants expressed satisfaction with the reception received from healthcare staff and the respect for their privacy. However, some dissatisfaction was noted regarding healthcare providers' attitudes, with a lower mean score of 4.0, indicating room for improvement. Several studies highlighted concerns regarding the attitudes of healthcare providers toward women during delivery care. For instance, Okafor *et al.* (2015) identified significant challenges, reporting that 36% of women experienced physical abuse and 29.1% faced neglect or abandonment during childbirth. These negative experiences highlight systemic issues within certain settings. Similarly, a systematic review by Ishola *et al.* (2017) reinforced these concerns, documenting widespread reports of poor, unfriendly, and negative attitudes among healthcare providers globally. In contrast, Nnebue *et al.* (2014) found that women reported positive attitudes from health workers, highlighting their professionalism and empathetic care. This contrasts slightly with the present study, where some dissatisfaction was noted regarding provider attitudes. The discrepancy may be attributed to differences in healthcare settings, training standards, or evaluation metrics.

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Objective 4: To ascertain the women's level of satisfaction with postnatal services in the Tertiary Health Institutions in Anambra State.

Findings from this study reveal that 74.1% of respondents reported high levels of satisfaction with postnatal services, while 25.9% expressed dissatisfaction. Factors contributing to satisfaction included the quality of nurses' handling of newborns (mean score: 4.1) and care practices such as perineal and cord care (mean score: 4.1). However, satisfaction was notably lower regarding the frequency of lochia and perineal pad checks (mean score: 3.9).

These findings align with those of Ilesanmi and Akinmeye (2018), who conducted a study in Ibadan comparing women admitted to postnatal wards with those attending postnatal clinics. Their study revealed that only 47.9% of recommended routine postnatal care was provided in postnatal wards and 42.3% in postnatal clinics. Despite this, 82.5% of women in clinics reported high satisfaction, while 63.2% of women on the wards reported dissatisfaction. This disparity between the quality of care provided and patient satisfaction highlights the influence of non-clinical factors, such as interpersonal interactions and environmental conditions, on patient satisfaction. Similarly, the findings from the current study suggest that while the technical aspects of care are important, the manner in which care is delivered significantly impacts overall satisfaction levels. Furthermore, in this study, it was also found that 85.5% of respondents were satisfied with family planning services, while 14.5% reported dissatisfaction. Key aspects contributing to satisfaction included the teaching skills of providers (mean score: 4.3), the suitability of chosen methods (mean score: 4.3), and the perceived effectiveness of child spacing outcomes (mean score: 4.3).

Similarly, a study conducted in Rivers State reported that 87.2% of women were satisfied with the family planning services they received (Oranu and Oppah, 2020). Another study, which compared private and public healthcare facilities, concluded that satisfaction with the quality of family planning services was generally high (Onoja *et al.,* 2020). However, Onoja *et al*. (2020) highlighted that factors such as waiting times, provider empathy, and responsiveness significantly influenced satisfaction levels. These findings resonate with the present study, suggesting that while technical expertise and outcomes play a critical role, interpersonal and systemic factors are equally important in shaping overall satisfaction with family planning services.

CONCLUSION

The findings show that while antenatal care services are widely available and utilized, there is a noticeable decline in service provision and satisfaction as women progress through delivery, postnatal, and family planning care. This trend underscores systemic challenges such as insufficient infrastructure, inadequate healthcare personnel, and limited emphasis on patient education, particularly regarding family planning options.

The overwhelmingly positive satisfaction rates for antenatal care highlight the strength of early-stage maternal interventions in the region. However, the comparatively lower satisfaction rates for delivery and postnatal care emphasize the need for comprehensive support across the maternal healthcare continuum. The study further reveals a significant gap in family planning

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services, with some of the respondents reporting their unavailability and lacking exposure to available methods.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Funding for maternal healthcare services should be increased to address infrastructure deficits, particularly in delivery and postnatal care units. Resources should also be allocated to expand family planning services and provide essential equipment.
2. The Ministry of Health should organize regular training programs for healthcare providers on patient-centered care, respectful maternity care, and effective communication to improve patient satisfaction.
3. Outreach programs should be established to educate women, especially in rural areas, on the availability and importance of antenatal, delivery, postnatal, and family planning services.
4. Tertiary healthcare institutions should recruit additional healthcare personnel to reduce staff workload, minimize waiting times, and improve service delivery.
5. There should be regular health education sessions for pregnant women to raise awareness about child spacing, postpartum care, and the benefits of family planning.
6. Policymakers should advocate for increased budgetary allocations to the health sector, specifically targeting maternal and child health services.

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Conflict of Interest

None to declare.

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