



**MOTHERS' SATISFACTION TOWARDS MATERNAL AND CHILD  
HEALTHCARE SERVICES RENDERED AT NNAMDI AZIKIWE UNIVERSITY  
TEACHING HOSPITAL, NNEWI, ANAMBRA STATE**

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**ABSTRACT:** *Patient satisfaction has been identified as a major index in the assessment of quality of healthcare globally. Mothers judge the quality of maternal and child healthcare services received based on their satisfaction with the services provided, thus influencing their utilization of healthcare facilities. The aim of this cross-sectional study is to determine the satisfaction of mothers towards maternal and child healthcare services rendered at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State. Two research questions and three research hypotheses guided the study. Using Taro Yamane's formula for calculating sample size, a total number of four hundred (400) women were recruited, using convenient sampling techniques. The instrument for data collection was the questionnaire which was validated by three experts and a reliability coefficient of 0.99. Frequency counts and percentages were used to answer the research questions. Findings revealed that the respondents' satisfaction with the maternal and child health services was above average as 41.5% were very satisfied with the antenatal care services received while 53% identified health providers' attitude as one of the factors affecting their satisfaction. An association was found to exist between maternal age and satisfaction with quality of care and subsequently utilization of the services. There is no statistically significant relationship between maternal education and parity, and satisfaction with maternal and child health services. The null hypothesis was accepted at  $P > 0.05$ . Though the overall maternal satisfaction on the maternal and child healthcare services provided was very good, the few domains of dissatisfaction identified need to be addressed by healthcare professionals and policymakers to sustain and improve utilization of orthodox healthcare services amongst mothers, thereby contributing to achieving the third Sustainable Development Goal. Hence, midwives should pay attention to women's needs and provide opportunities for them to state how they feel and be carried along with their care.*

**KEYWORDS:** Maternal Satisfaction, Maternal and Child Health Services, Quality of Care.



## INTRODUCTION

Maternal and child healthcare services in health systems constitute a large range of curative and preventive health services of particular importance to the health of women of reproductive age and their infants (Nnebue, Ebenebe, Adinma, Iyoke & Obionu, 2014). The objectives of maternal and child healthcare services are to ensure that as far as possible, pregnant women should remain healthy throughout pregnancy, deliver healthy babies and recover fully from the physiological changes that take place during pregnancy and delivery, thereby reducing maternal and child mortality and morbidity (Debono & Travaglia, 2012). Global leaders reemphasized the reduction of maternal mortality as the fifth target of millennium development goals—MDGs (Say & Raine, 2007). According to NDHS (2015), about 99 percent of all maternal deaths worldwide occur in developing countries while less than one percent occur in developed countries. This indicates that maternal deaths could be avoided if proper health resources and services are available to women in developing nations. Most of the conditions leading to maternal death could be prevented with proper provision and utilization of quality maternal and child health care services.

Maternal and child health care services are those services provided to women of child bearing age (15–49 years) aimed at prevention, early detection and treatment of health hazards or diseases that may affect the normal child bearing (Odetola & Fakorede, 2018). These services include antenatal care services, delivery care services and postnatal care services. On the other hand, child healthcare services include all forms of medical assistance such as childhood immunization, health and nutrition education, breastfeeding education, oral rehydration therapy, growth monitoring, child illness and treatment to a baby right after birth, up to the age of five. Nigeria has one of the highest maternal and infant mortality rates in the world and this necessitated the greater attention given to maternal and child healthcare services in the country so as to reduce the occurrences. A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13, even when many of these deaths are preventable. The United Nations International Children Emergency Fund [UNICEF] (2015) identified the coverage and quality of healthcare services in the country as the major culprits. Presently, less than 20% of healthcare facilities offer emergency obstetrics care, and only 355 deliveries are attended to by skilled birth attendants (UNICEF, 2015). Also, the deaths of newborn babies in Nigeria represent a whopping 25% of the total number of under-five deaths.

The provision of quality maternal and child healthcare services hinges on a functional healthcare system. Quality maternal and child healthcare service is a profound factor that impacts on the delivery of continuum of care among women and children. This is attributable to the existence of inequalities within and between developing countries, especially the way the operational management of healthcare services is implemented. This situation has subsequently been affected by the quality of care thereby increasing the women's use of alternative healthcare services. Quality healthcare services are healthcare services provided to individuals and communities in order to improve their health outcomes (Emelumadu, Onyeonoro, Ukegbu, Ezeama, Ifeadike & Okezie, 2014). This is usually focused on client's perspectives on satisfaction and on achieving efficiency in healthcare facilities (United Nations Sustainable Development, 2016).

Clients' satisfaction with quality of care is the degree to which the clients' desired expectations, goals and/or preferences are met by the healthcare provider and/or service (Debono & Travaglia, 2009). Satisfaction of customers with services is a hallmark of service quality and



their delivery (Smith, Florenza & Rollwood, 2012). Therefore, patient's satisfaction is an important indicator of the quality of health and healthcare services provided. Iloh, Ofoedu, Njoku, Odu, Ifedigbo and Iwuamanam (2012) defined patients' satisfaction as the patients' judgement on the quality and goodness of care. It means the best health outcomes that are possible given the available resources and should be consistent with patients' values and preferences. Torcson (2016) pointed out that satisfaction of patients is an integral element of health status and constitutes a measure of the outcome of care used in evaluating distinct dimensions of patients' healthcare. Quality of care, as noted by Oladapo, Christiana and Adewale (2010), should lie at the core of all strategies for accelerating progress towards Sustainable Development Goals.

Torcson (2016) explained that patient satisfaction could be considered in the context of contentment with services and expectations in health care. Ofili and Ofovwe (2013) explained that expectation comes with efficiency of services received, and this is important in patients' satisfaction. Such efficiency of services includes the waiting time before consultation, duration of consultation, amount of time spent with health care provider during consultation and treatment, communication with the patient and quality of treatment given to the patient. The time spent in a tertiary health system could affect patients' satisfaction if it cuts into their income-generating activities (Asekun-Olarinmoye, Bamidele, Egbewale & Ojofeitimi, 2009).

Certain socio-demographic factors have also been found to influence the health services satisfaction of mothers (Sufiyan, Umar & Shugaba, 2013). These socio-demographic factors include maternal age, parity and maternal education. These three variables were considered in this study. In this study, the influence of these maternal socio-demographic variables on the satisfaction of mothers towards maternal and child healthcare services rendered in a tertiary health institution in Anambra State, Nigeria will be determined. Therefore, it is important to evaluate the maternal satisfaction of the care rendered to both mothers and children and assess the factors affecting their satisfaction. This will help to create awareness, raise standards and quality of care, improve responsiveness to patients' utilization of the available resources, identify barriers that can and should be removed, monitor maternal healthcare-seeking behaviour, improve patients' compliance with care and improve outcomes of care.

## **MATERIALS AND METHODS**

A descriptive survey design was used in order to achieve the purpose of the study. The study population comprised women who came for antenatal care, intra partum care or postnatal care and also mothers of under-five children who came for immunization and treatment of childhood diseases at Nnamdi Azikiwe Teaching Hospital, Nnewi, Anambra State. This group of women were in a better position to give information on maternal satisfaction towards maternal and child healthcare services rendered because they were either presently pregnant or had given birth recently. Information from the clients' record of the unit showed that an estimated population of about 2000 women attend clinic in these units every month. In view of the estimated population, a total sample size of 400 respondents was calculated for the study using Taro Yameni formula for sample size calculation. Purposive sampling technique was applied in the selection of the participants for the study. A total sample of 400 respondents was drawn from the study population. Using proportionate sampling, respondents were selected from the



antenatal clinic, intra-partum care clinic, postnatal care clinic, paediatrics outpatient clinic and the children immunization clinic.

The instrument for data collection was a researcher-designed questionnaire. The face and content validity was determined through the judgment of two experts in nursing and an expert in measurement of evaluation. A split-half reliability method was used to determine the reliability of the instrument which yielded a coefficient reliability test of 0.99, signifying a considerable reliability. Institutional Ethical Clearance was obtained from the Research and Ethics Committees of Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State. Data collection was done by the researchers and two research assistants on a daily basis over a period of two weeks on a unit by unit basis. Only the mothers that agreed to participate in the fully explained study were enlisted with their informed consent obtained before the commencement of the study. Duly completed questionnaires were retrieved on the spot while others were collected on an agreed date. Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Data obtained was subjected to descriptive and inferential tests. Descriptive statistics using frequency and percentages was done for objectives, while Chi-square test was performed to describe the association between the variables. Test results were considered significant at ( $P < 0.05$ ).

## RESULTS

**Table: 1: Demographic Characteristics of the Respondents (n=400)**

Demographic Variables	Category	Frequency	Percentages %
Age of Respondents	18–25 years	103	25.75
	26–33 years	144	36
	34–41 years	96	24
	42–49 years	57	14.25
Highest Educational Attainment	<b>Total</b>	<b>400</b>	<b>100</b>
	No formal	46	11.5
	Primary	94	23.5
	Secondary	159	39.75
Marital Status	Tertiary	101	25.25
	<b>Total</b>	<b>400</b>	<b>100</b>
	Single	88	22
	Married	200	50
Occupation	Widow	32	8
	Divorced	80	20
	<b>Total</b>	<b>400</b>	<b>100</b>
	Housewife	136	30
	Farming	104	26
Civil Servants	Trading	80	20
	Civil Servants	80	20
	<b>Total</b>	<b>400</b>	<b>100</b>



How many children do you have?	One child	120	30
	2–3 children	160	40
	4–5 children	48	12
	6 children and above	72	18
	<b>Total</b>	<b>400</b>	<b>100</b>

Results from Table 4.1 showing the demographic variables of the respondents indicated that 144 (36%) of the respondents were in the age range of 26–33 years, 18–25 years were 103 (25.75%), 96 (24%) were 34–41 years and 57 (14.25%) were 42–49 years. Respondents who had secondary education were 159 (39.75%), 101 (25.25%) had tertiary education, 94 (23.5%) had primary education, while 46 (11.5%) had no formal education. Respondents that were married were 200 (50%), single 88 (22%), divorced 80 (20%) and widowed 16 (8%). The occupation of the respondents showed that 136 (30%) were housewives, 104 (26%) were farmers, 80 (20%) each were traders and civil servants respectively. Respondents who had 2–3 children were 160 (40%), those with one child were 120 (30%), those who had 4–5 children were 48 (12%), and those with 6 children and above 72 (18%).

**Table 2: Extent of the satisfaction of the maternal and child healthcare services received by women of childbearing age in Nnamdi Azikiwe University Teaching Hospital Nnewi, Anambra State**

HEALTHCARE SERVICES	FREQUENCY (N)	PERCENTAGE (%)
<b>ANTENATAL CARE</b>		
<b>Not Satisfied</b>	110	27.5
<b>Somewhat Satisfied</b>	124	31
<b>Very Satisfied</b>	166	41.5
<b>Total</b>	<b>400</b>	<b>100</b>
<b>INTRA-PARTUM CARE</b>		
<b>Not Satisfied</b>	60	15
<b>Somewhat Satisfied</b>	50	12.5
<b>Very Satisfied</b>	290	72.5
<b>Total</b>	<b>400</b>	<b>100</b>
<b>POST NATAL CARE</b>		
<b>Not Satisfied</b>	33	8.2
<b>Somewhat Satisfied</b>	148	37
<b>Very Satisfied</b>	219	54.8
<b>Total</b>	<b>400</b>	<b>100</b>
<b>CHILDHOOD IMMUNIZATION</b>		
<b>Not Satisfied</b>	58	14.5
<b>Somewhat Satisfied</b>	95	23.7
<b>Very Satisfied</b>	247	61.8
<b>Total</b>	<b>400</b>	<b>100</b>



CHILD MEDICAL TREATMENT			
<b>Not Satisfied</b>	76	19	
<b>Somewhat Satisfied</b>	150	37.5	
<b>Very Satisfied</b>	174	43.5	
<b>Total</b>	<b>400</b>	<b>100</b>	

Data in table 2 shows the extent of the satisfaction of the maternal and child healthcare services received by women of childbearing age in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State. The result showed that more than half of the respondents, 166 (41.5%), were very satisfied with the antenatal care services received, 124 (31%) were somewhat satisfied while 110 (27.5%) were not satisfied. Majority of the respondents 290 (72.5%) who came for intra-partum care had the highest satisfaction level when compared with clients that came for care in other clinics, 60 (15%) were somewhat satisfied while 50 (12.5%) were not satisfied. For the post-natal services received, more than half 219 (54.5%) were very satisfied, 148 (37%) were somewhat satisfied while 33 (8.2%) were not satisfied. For child health services, this study revealed that a high proportion of respondents for childhood immunization, 247 (61.8%), were very satisfied, 95 (23.7%) were somewhat satisfied while 58 (14.5%) were not satisfied with the service. Fewer than half of respondents for child medical treatment, 174 (43.5%), were very satisfied, 150 (37.5%) were somewhat satisfied while 76 (19%) were not satisfied. Generally, the respondents' satisfaction with the maternal and child health services was above average.

**Table 3: Factors affecting satisfaction with maternal and child healthcare services among women of child-bearing age at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

N = 400

VARIABLES	Not Satisfied N (%)	Somewhat Satisfied N (%)	Very Satisfied N (%)
<b>Availability of healthcare providers</b>	96 (24)	146 (36.5)	158 (39.5)
<b>Health facility structure</b>	88 (22)	152 (38)	160 (40)
<b>Health providers attitude</b>	212 (53)	148 (37)	40 (10)
<b>Counseling services</b>	187 (46.8)	136 (34)	77 (19.3)
<b>Staff/patient communication</b>	78 (19.5)	128 (32)	194 (48.5)
<b>Clean and safe environment</b>	44 (11)	144 (36)	212 (53)
<b>Privacy maintained</b>	156 (39)	90 (22.5)	154 (38.5)
<b>Medicine and other medical products available</b>	165 (41.3)	79 (19.7)	156 (39)
<b>Consultation time</b>	196 (49)	105 (26.3)	99 (24.8)
<b>Laboratory services</b>	210 (52.5)	100 (25)	90 (22.5)
<b>Ultrasound</b>	175 (43.8)	186 (46.5)	39 (9.8)
<b>Adequate spacing</b>	116 (29)	201 (50.3)	83 (20.8)
<b>Cost of services</b>	234 (58.5)	99 (24.8)	67 (16.8)



The data on table 3 shows the factors affecting satisfaction with maternal and child healthcare services among women of child-bearing age at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State. Out of the 400 respondents who utilized maternal and child healthcare services, 158 (39.5%) were very satisfied with the availability of healthcare providers, 160 (40%) were very satisfied with health facility structure, 194 (48.5%) were very satisfied with staff/patient communication and 212 (53%) were very satisfied with clean and safe environment. The services that the respondents were not satisfied with were the following: health providers' attitude (212; 53%), counseling services (187; 46.8%), maintaining privacy (156; 39%), availability of medicine and other medical products (165; 41.3%), consultation time (196; 49%), laboratory services (210; 52.5%) and cost of services (234; 58.5%). However, the respondents were somewhat satisfied with adequate spacing (201; 50.3%) and the ultrasound services (186; 46.5%).

**Table 4: Relationship between maternal age and satisfaction with maternal health services at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

N = 400

Maternal Age	Good Satisfaction	Poor Satisfaction	Total	X <sup>2</sup> Value	P-value
18–25 years	53	50	103	12.728	0.00
26–33 years	76	118	194		
34–41 years	25	51	76		
42–49 years	7	20	27		

The results in table 6 showed that the variables were statistically significant. The P-value was less than 0.05; hence, the hypothesis was rejected.

**Table 5: Association between level of education and satisfaction with maternal health services at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

N = 400

Level of Education	Good Satisfaction	Poor Satisfaction	Total	X <sup>2</sup> Value	P-value
Non Formal Education	34	12	46	1.019	0.601
Primary Education	70	34	94		
Secondary Education	60	103	163		
Tertiary Education	40	57	97		

There is no statistically significant relationship between maternal education and satisfaction with maternal and child health services. The null hypothesis was accepted at  $P > 0.05$ .



**Table 6: Association between parity and satisfaction with maternal health services at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

N = 400

Occupation	Good Satisfaction	Poor Satisfaction	Total	X <sup>2</sup> Value	P-value
One Child	97	32	120	0.327	0.960
2–3 Children	138	22	160		
4–5 Children	24	24	48		
6 Children and above	10	62	72		

There is no statistically significant relationship between parity and satisfaction with maternal and child health services. The null hypothesis was accepted at  $P > 0.05$ .

## DISCUSSION OF FINDINGS

Maternal satisfaction with the quality of care received is an extremely important determinant of maternal and child healthcare services. It has also been well established that mothers' perception of the quality of care and their satisfaction is paramount to subsequent utilization, indirectly contributing to the status of maternal mortality and morbidity. This study was conducted in Nnamdi Azikiwe University Teaching Hospital which is a tertiary health institution. A total of 400 women were included in this study to investigate satisfaction of maternal health care services. The result obtained from the socio-demographic data revealed that the majority of the women (144; 36%) were married and between 26 and 33 years old which is the peak reproductive age category. This result is in contrast to a research conducted by Badia et al. (2021) to assess the quality of maternal health services in primary health facilities in urban and rural communities of Kano State, where most of the respondents (144; 72.0%) were between 20 and 29 years of age. Furthermore, it was also discovered that the majority of the women (159; 39.8%) had secondary level of education, and most of them could successfully read the questionnaires. This is also in contrast with an earlier study by Nnebue et al. (2014) on clients' knowledge, perception, and satisfaction with quality of maternal healthcare services at the primary healthcare level in Nnewi, Nigeria, where it was also discovered that majority of the women attending the PHC had comparatively low levels of education. It could probably be concluded that there has been an improvement in female education in the current time.

### Satisfaction of the maternal and child healthcare services received by women of childbearing age in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State

Respondents showed satisfaction with the services received at Nnamdi Azikiwe University Teaching hospital, Nnewi. Regarding statements related to health institutions, most of the respondents were satisfied with the doctor's availability in the hospital. The same pattern was observed in a study conducted in Rural Bengal by Das et al. (2010); it showed that a higher percentage of the respondents (73.94%) had a satisfactory level of satisfaction regarding the





availability of doctors in that institution. Furthermore, the study shows that a higher percentage of the respondents (47.1%) were satisfied with the privacy maintained at the hospital and the counseling service of the hospital. About 45.7% of the respondents were dissatisfied with the availability of all medicines and other medical products. Similar findings were observed in a study done by Panth and Kafle (2018) in a government hospital of Mid-Western Nepal; it shows a consistent result regarding privacy maintained, counseling service and availability of all necessary medicines and supplies where 46.8%, 41.3% and 39% were satisfied with privacy maintained, counseling service and availability of all necessary medicines and supplies respectively. A higher percentage (52.4%) were not satisfied with the status of hospital infrastructure, followed by 27.1% having a neutral response. A study done by Taghavi, Ghojazadeh, Aghdash, Alikhah, Bakhtiarzadeh and Azami (2015) in Northwest Iran shows that a higher percentage of the respondents (42.4%) were satisfied with the physical infrastructure of health facilities, followed by 31.3% of respondents having a neutral response, whereas only 3.3% of the respondents were dissatisfied with the physical infrastructure of health facilities.

### **Factors affecting satisfaction with maternal and child healthcare services among women of child-bearing age at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

Factors affecting satisfaction with maternal and child healthcare services among women of child-bearing age at Nnamdi Azikiwe University Teaching Hospital Nnewi, Anambra State were found to include availability of healthcare providers, health facility structure, staff/patient communication and clean and safe environment. The services that the respondents were not satisfied with were the following: health providers' attitude, counseling services, maintaining privacy, availability of medicine and other medical products, consultation time, laboratory services and cost of services. However, the respondents were somewhat satisfied with adequate spacing and the ultrasound services.

This study revealed that a significant number of respondents were satisfied with the services received. Women (160; 40%) who perceived the hospital facilities to be good were very satisfied with the services they received. Similarly, there was an association between healthcare providers' attitude and overall clients' satisfaction. A high proportion (212; 53%) of patients, who perceived the attitude of the healthcare provider to be very good, were very satisfied with the services received at the hospital. This means that the communication between patients and providers plays a major role in determining the satisfaction of patients. More of the clients for intra-partum care had the highest satisfaction level when compared with clients for care in other clinics. This might be due to the fact that the respondents based their satisfaction primarily on a safe delivery. The joy that they and their babies survived labour might have made them to forget some of the challenges they encountered just before and during delivery. For child health services, this study revealed that a high proportion of respondents for childhood immunization (247; 61%) were very satisfied with the service while fewer than half of respondents for child medical treatment 174 (43.5%) were very satisfied. The low satisfaction for the latter might be due to the stressful entrance procedure and long waiting time associated with accessing child treatment as complained by the majority of the respondents.

Overall, the majority of the respondents were satisfied with the services provided. The women expressed satisfaction with certain aspects of care, particularly the skills and competence with which the midwives and nurses provided care. This result is similar to previous studies on client satisfaction in Nigeria, which also reported that over 80% of clients were satisfied with the



services provided. This result indicates that health workers are doing a great job and their efforts in maintaining good patients' satisfaction should be encouraged by the provision of adequate facilities needed to provide standard quality care.

### **Relationship between maternal age, level of education and occupation and satisfaction with maternal health services at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State**

The result of comparison between the different age groups and satisfaction with maternal health services at Nnamdi Azikiwe Teaching hospital, Nnewi, the rated satisfaction from highest to lowest for the different ages was distributed. The comparison revealed no significant difference ( $P=0.789$ ). Smith et al. (2012) pointed out that the age of the mother will determine the level of satisfaction with maternal and child health services, as age is one of the factors that are associated with utilization. The rated satisfaction from highest to lowest for the different levels of education was thus distributed: secondary (163), tertiary (97), primary (94), and non-formal (46). The results of this study indicate no significant association between maternal level of education and women's satisfaction with care ( $P<0.001$ ). Satisfaction was higher among those with secondary education than those with primary and non formal education. This result is in contrast with a previous study conducted by Ige and Nwachukwu (2016) on areas of dissatisfaction with primary healthcare services in government-owned health facilities in Igboora community, a south-western, semi-urban community in Nigeria. Ige and Nwachukwu reported that having a tertiary level of education was a factor found to be associated with dissatisfaction with quality of care. In another study by Chemir, Alemseged and Workneh (2014) in south-west Ethiopia, it was revealed that a majority of the respondents (76%) had no secondary education, and the respondents with lower level of education tend to have a comparatively higher level of satisfaction than the respondents with some form of tertiary education.

Concerning the parity, it is clear that the comparison revealed no significant difference ( $P=0.960$ ). Celik and Hotchkiss (2010) noted that women who were delivering their first child were found to be significantly more likely to use prenatal care and trained assistance during delivery than women in higher parity. This result is similar to the results obtained from a research conducted by Fenny et al. (2015) where they reported that 98% of patients attending primary healthcare centres were satisfied with the quality of care they received. This is in contrast to another study by Abedi et al. (2013) which found that significant relationships were found between satisfaction with health services and age ( $P=0.031$ ), level of education ( $P=0.026$ ) and number of children ( $P=0.018$ ).

## **CONCLUSION**

There is currently a dearth of literature on users' satisfaction of services rendered at a primary level of care, which is the first port of call to the health system aimed at serving the majority of the populace, thus the need to investigate maternal utilization and satisfaction with maternal and child health care services received in Nnamdi Azikiwe University which is one of the tertiary institutions in Anambra State. The cross-sectional survey involved 400 women receiving maternal and child healthcare services in Anambra State. Findings revealed that the majority of respondents perceived the maternal and child healthcare services they received as



of high quality and were satisfied with the services and facilities used for their care. An association was found to exist between maternal age and satisfaction with quality of care and subsequently utilization of the services. Though the overall maternal satisfaction on the maternal and child healthcare services provided was very good, the few domains of dissatisfaction identified need to be addressed by healthcare professionals and policymakers to sustain and improve utilization of orthodox healthcare services amongst mothers, thereby contributing to achieving the third Sustainable Development Goal.

### **Implication of Findings to Nursing**

Findings from this study emphasize the importance of maternal satisfaction to utilization of the health facility. It has been revealed that satisfaction is largely dependent on the extent to which expectations are met. It is therefore imperative to note that every woman approaching the healthcare facility has some fundamental expectations about the quality of care to be provided, and the extent to which these expectations are met determines the level of satisfaction and likelihood of subsequent utilization of the health facility. Hence, midwives should pay attention to women's needs and provide opportunities for them to state how they feel and be carried along with their care.

### **RECOMMENDATIONS**

There is a need to institute measures for measuring patients' satisfaction in all health facilities both at the primary, secondary and tertiary levels and especially public health facilities. This will provide a basis for the assessment of quality of care from users' perspective and provide a roadmap for improving quality of care.

### **CONCLUSION**

In conclusion, the role of government in improving quality of care in public health facilities cannot be overemphasized. Government should provide adequate facilities and a conducive environment for quality healthcare delivery. Government should make proper provision for adequate staffing and funding for the health sector.

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