



RESEARCH ARTICLE

Mothers' Satisfaction with Institutional Delivery Service and Associated Factors among Women Attending Hospitals in Wolaita Zone Administration, SNNPR, Ethiopia

Abrham Abeto Temamo, Amene Abebe and Amare Admasu Menta*

Clinician, Wolaita Sodo University Teaching Referral Hospital, Ethiopia

Abstract

Background: In Ethiopia the study conducted on mothers' satisfaction with delivery service and associated factors were inadequate. A woman's satisfaction with the delivery service may have immediate and long-term effects on her health and successive utilization of the services. Contribution of client centered delivery care is paramount important to increases service utilization. Mothers' satisfaction with institutional delivery services is sub-optimal [1].

Objective: To assess mothers' satisfaction with institutional delivery services and associated factors among women attending Hospitals in Wolaita Zone Administration.

Methods: Hospital based cross - sectional survey was conducted. Systematic sampling technique was used. A total of 736 delivering mothers were joining managed in the study. We collected the data by using structured questionnaire every postnatal woman who delivered in the selected hospitals. The data was entered to Epi-Info version 7 and exported to SPSS version 20 for analysis. Bi-variate and Multi-variable logistic regression was applied to identify predictor of maternal satisfaction with institutional delivery services and associated factors. Odds ratio, P-value and 95% CI were computed to show the association of variables [$p < 0.05$].

Result: Among the total sample size [$n = 737$]; Seven Hundred Six women were surveyed giving their response rate 99.86% and 0.14 % non-response rate. The overall satisfaction level was 95%. After controlling confounders using multivariable analysis variables shown statistical satisfaction was residence [AOR= 0.07; 95% CIs 0.01 - 0.83], unwanted pregnancy [AOR= 7.91; 95% CIs 1.16 - 54.08], waiting time to be seen by health professionals [AOR= 44.607; 95% CIs 4.808 - 413.810] and overall cleanness of the hospital compound [AOR= 10.199; 95% CIs 1.222 - 85.105].

Conclusion: The overall satisfaction of mothers with institutional delivery services provided at four selected Hospitals was high. Hospital managements and service providers should give attention to maintain the satisfaction level of mothers. It needs decreasing waiting time, improving overall cleanness, educating mothers for plan delivery and creating awareness in order to understand and improve the satisfaction.

Keywords: Women; satisfaction; Child birth service; Hospitals

Introduction

Background

Safe delivery service is one of the most important maternity care issues for woman who is pregnant according to World Health Organization [WHO]. Globally, maternal mortality ratio is expresses 100,000 live births in order to stress the obstetric risk of pregnancy and childbearing. Maternal mortality is unacceptably high [2].

This contributes to maternal dissatisfaction. There is variety of factors matters the satisfaction of mothers during delivery; the study done in Serbia explored that interpersonal aspects of care and education have influence on satisfaction of women [3].

However, other study done in Kenya witnessed that private institutions service was better than the public ones [4]. It

is important to maintain over all cleanness of the Hospital and give attention to mothers during and after delivery to increase mothers' satisfaction [4]. The estimate of the maternal mortality ratio for the 2016 Ethiopian Demographic and Health Survey [EDHS] is 412 deaths per 100,000 live births. There are about 4 maternal deaths occur for every 1,000 births in Ethiopia [5]. 80% of all maternal deaths are due to major complications: severe bleeding, infections, high blood pressure during pregnancy and unsafe abortion [2]. The quality of institutional delivery service, maternal and

Correspondence to: Amare Admasu Menta, Clinician at Wolaita Sodo University Teaching Referral Hospital, Woliata Sodo Zone, Ethiopia, Tel: 0916746544; E-mail: amareadmasu2[AT]gmail[DOT]com

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fetal good condition increases mother's satisfaction. It might contribute to reduce maternal mortality. Client satisfaction plays a significant role in increasing utilization of women for institution-based delivery. It is also essential to improve quality of health care in reducing maternal morbidity and mortality [6]. Childbirth satisfaction is multidimensional, with various dimensions of service and care contributing factors [7].

In Amhara region shown mothers who were satisfied with delivery care in this study was 61.9% [1] and overall satisfaction of mothers' on delivery service was found to 81.7% in Debre Markos [8]. Similar study done in Jimma revealed that supportiveness of the provider and cleanliness of delivery room pays the major role on the satisfaction level [9]. A large percentage of maternal and neonatal deaths take place during the first 48 hours after delivery [5]. Access to proper medical attention and hygienic condition during delivery can reduce the risk of complications and infections that may lead to death or serious illness for the mother, baby, or both [5].

Maternal satisfaction was determined by Care givers attitude from patient's perspective [10] and it contributes to mothers' satisfaction with institutional delivery services. Physical, interpersonal, and technical aspects of care influence client satisfaction with delivery care services. Healthcare providers also addresses problems related to physical, technical, and intrapersonal aspects of care and develop friendly and courteous relationships with clients and cleaner environments to increase satisfaction. There is limited information on

institutional delivery service and mothers' satisfaction on delivery care services, especially South Ethiopia. Therefore, this study was conducted to know the level of mothers' satisfaction and associated factors with institutional delivery services among women attending Hospitals in Wolaita Zone administration, SNNPR, Ethiopia.

Statement of the problem

The WHO African Region bore the highest burden with almost two thirds of global maternal deaths occurring in the region. A large percentage of maternal and neonatal deaths occur during the first 48 hours after delivery [5] and this the first two days after delivery are essential for examining complications occurring from the delivery [11]. Satisfaction is an obscure which involves collection of factors such as the service provider's knowledge, medical and communications skill, personal attributes, accessibility, convenience of location and surrounding area, resource availability, stability of care, effectiveness and efficiency, and personal control during child birth is an important factor related to the mothers' satisfaction with the child birth practice [12].

The assessment of mothers' satisfaction with institutional delivery services and associated factors are central to inform health care providers to increase the level of satisfaction of mothers. Which; in turn will increase the number of clients utilizing institutional delivery service and improves the delivery outcome. The aim of this study is to assess women's satisfaction and associated factors in Wolaita Zone Hospitals (Figure 1).

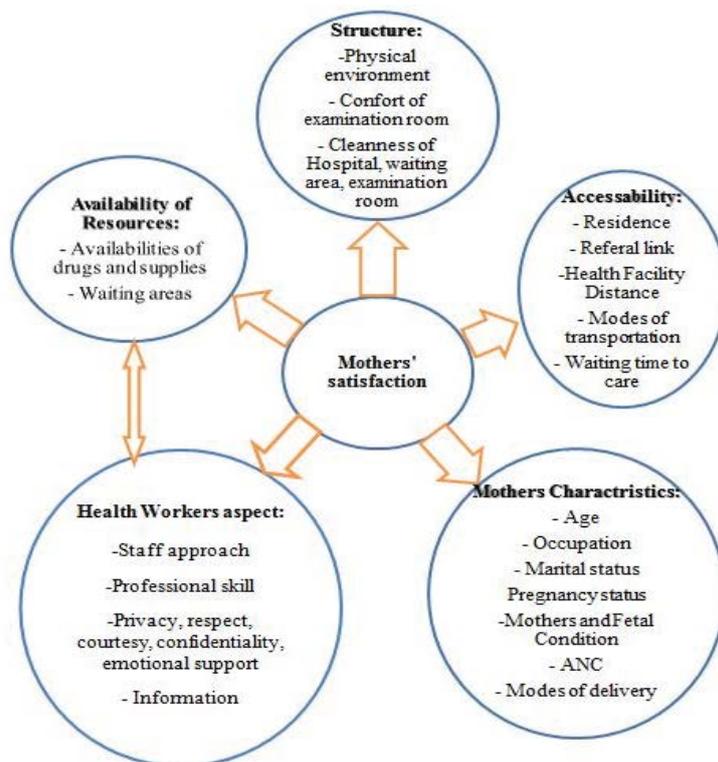


Figure 1: Conceptual framework of maternal satisfaction (29).

Objectives

General Objectives

- To assess mothers' satisfaction with institutional delivery services and associated factors among women attending Hospitals in Wolaita Zone Administration, SNNPR, and Ethiopia.

Specific Objectives

- To assess the satisfaction of mothers with institutional delivery services.
- To identify factors associated with satisfaction of mothers with institutional delivery services.

Methodology

Study Setting

The study was conducted in Wolaita zone Governmental and Faith based Hospitals of SNNPR, Ethiopia. From a total of 7 hospitals in the Zone four randomly selected hospitals were included; namely, Wolaita Sodo University Teaching and Referral Hospital, Christian General Hospital, Dubbo St. Mary Primary Hospital and Bombe Primary Hospital. These hospitals were selected due service provision under the standard set by Ethiopian Federal Ministry of Health. Health centers of Wolaita zone are not included due focusing of delivery services in the hospitals. Wolaita Zone is border on the south by Gamo Gofa, on the west by the Omo River which separates it from Dawro, on the northwest by Kembata Tembaro, on the north by Hadiya, on the northeast by the Oromia Region, on the east by the Bilate River which separates it from Sidama, and on the south east by the Lake Abaya which separates it from Oromia Region.

Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia [CSA], this Zone has a total population of 1,974,069, of whom 967,294 are men and 1,006,775 women [Wolaita Zonal Health Department] [13]. Wolaita is one of the 13 Zonal Administrations of the Southern Region in Ethiopia, Located 300 kilometers south of Addis Ababa. It borders North West by Tembaro, eastward by Bilate river which divides it from Arsi-Oromo, Southward by Lake Abaya and Kucha, westward by Omo River [14].

Study Design and Period

Hospital based cross-sectional study was carried out on December, 2017 to February, 2018 using quantitative Method.

Source Population

All women who visited Hospitals for delivery service were the source population.

Study Population

All mothers who gave birth in four selected Hospitals of Wolaita Zone administration and full fill the selection criteria were the study population.

Inclusion and Exclusion Criteria

Inclusion criteria: Mothers who were attend delivery services in selected Hospitals and willing to participate in the study period.

Exclusion criteria: Mothers who were critically ill and not enthusiastic to take part in the study were excluded.

Sample Size Determination

The sample size was determined using single population proportion formula by considering the assumptions: Proportion of delivering mothers satisfied with hospital delivery service.

The sampling size [n] for the first objective was calculated by using single population proportion [p] formula as follows:

$$n = \frac{[z\alpha / 2]^2 p[1-p]}{d^2} = 362$$

The assumptions considered is

p= Proportions of mothers satisfied in delivery service provided.

d= Margin of error or maximum tolerated error.

n= Sample size

z= Standard normal distribution [1.96] in 95% confidence interval.

With the assumption of level of significance to be 5% [$\alpha = 0.05$], $Z_{\alpha/2} = 1.96$ and margin of error to be 5% [$d = 0.05$] and adding non-responses rate of 10%. The Proportion of mothers' satisfied with delivery care in a study conducted was 61.9% [0.62] in hospitals in North Ethiopia [1]. Based on the assumption the formula mentioned above, the sample size was estimated to be 362 for first objective. When adding 10% of non-response rate that sum up $362 + 36 = 398$.

Above predictors of client satisfaction with delivery care services among women attending delivery at public health facilities in South Ethiopia [7] and in referral hospitals of Amhara Region [1]. The sample size for the second objective calculated using Open Epi version 3.03. Based on the satisfied percentage of other studies with power 80%, 95% CIs, it calculated as sample size 491. Design effect was assumed to be 1.5 [6]. The sample size taken for this study was 737 (Table 1) [15,16].

Variables of the Study

Dependent Variable: Mothers' satisfaction

Independent variables:

- Demographic and Socio-economic Characteristics: Residence, Age, religion, educational levels, occupation, income, marital status.
- Structure: Physical environment, Cleanliness of waiting area, cleanness of hospital, cleanness of examination room, Medicines and supplies, health professionals [Female & male providers approach], skill of health professionals, Information.
- Obstetric Characteristics: Status of pregnancy, ANC, Modes of delivery, Mothers and Fetus condition, No. of children, Previous delivery experience,

Variables	Satisfied	Un satisfied	CI	Power=1-β	AOR (95% CI)	Sample size	None response rate 10%	sample size(n)	Max. total sample size =n (1.5)
Perceived presence of waiting area	53%	12%	95%	80%	6.3	158	15.8	174	161
Waiting time before seeing a doctor or a nurse ≤ 1 hour	59%	32%	95%	80%	2.9	158	15.8	174	161
Presence of attendant throughout labor and delivery	79%	21%	95%	80%	2.18	446	44.6	491	737
Care providers measures taken to assure privacy during examinations	76%	24%	95%	80%	3.07	228	22.8	251	377

Table 1: Sample determination variables from other studies presented in the table below.

- d) Health workers related: Waiting time, Interpersonal behavior, Privacy, Confidentiality, Good care, Cognitive support and Emotional support.
- e) Access: Km, Modes of transportation, waiting area, Referral link

Operational Definitions

Maternal Satisfaction: It is the satisfaction of mothers achieved their expectations during and after delivery service.

Maternal satisfaction Level: Level of maternal satisfaction all five measurement items in the Likert scale to measure satisfaction and answer satisfied or dissatisfied. The satisfaction level of mothers was measured by the responses for each five items. All mothers very satisfied and satisfied were categorized as "satisfied" whereas, very dissatisfied, dissatisfied and neutral were categorized as "dissatisfied".

Overall satisfaction level of each item the score is $\geq 75\%$ considered as satisfied and whose satisfaction level $< 75\%$ considered as dissatisfied 33. There were 16 questions asked to assess mothers' satisfaction.

Child birth service: The delivery service rendered to the women in the hospital setup.

Referral: women who referred from another institution and get service in the health facility under the study or presented with referral slip [17].

Satisfaction: Attains mothers' need or desire from the given delivery service.

Very satisfied: Above mothers' expectation from the given delivery service.

Satisfied: Just mothers' expectation obtained from the service.

Dissatisfied: Below mothers' expectation.

Very dissatisfactory: Fail to meet mothers' expectation during delivery service usually leading to disappointment [18].

Data Quality Management

To assure data quality, data collectors and supervisor were

trained for two days by principal researcher. The recruited nurses who were fluent in Amharic and Wolaita language were engaged for data collection. One day for theoretical and one day for practical training was given before real data collection. The total required day for training was two days. Pre-test was done on 37 selected mothers at Dubbo St. Mary Primary Hospital before actual data collection to identify potential problems that were arise during the actual data collection period.

Trained collectors were collected the data after methodologically explaining the objective of the study to each study subject and informed consent was obtained. The principal investigator and the supervisor were making day to day on site supervision during the whole period of data collection. Data was cleaned, edited and coded before data entry. Data quality control during data entry was done by double entry to Epi-info 7 computer software. The data was checked and cleaned for completeness and accuracy.

Data Processing and Analysis

Data was entered to Epi-Info version 7 and exported to SPSS version 20 for analysis. Bi-variate and multivariable analysis model was applied and variables with p-value < 0.25 during bi-variate analysis were included in multivariable logistic regression to control confounder. The satisfaction of mothers was measured with delivery service with the respondent's rate of five-point Likert Scale [Very dissatisfied, 2- Dissatisfied, 3- Neutral, 4- Satisfied, and 5- very satisfied]. During analysis, the responses of 'very satisfied' and 'satisfied' were classified as satisfied and responses 'very dissatisfied', 'dissatisfied' and 'neutral' were classified as unsatisfied. Neutral responses were classified as 'dissatisfied' considering that they might represent a frightened way of conveying dissatisfaction. This is the possibilities of the respondents in the Hospital.

Variables were calculated through summation of scores. Overall satisfaction level of mother' with delivery service also was calculated and individuals have to be scored from 0 to 100% for each item based on the categorized clients satisfaction questionnaire under 'Satisfied' and 'Dissatisfied'.

Ethical Considerations

The ethical clearance was obtained from Ethical Review

Committee of Wolaita Sodo University, College of Medicine and Health Science. The letter from WSU was taken to Wolaita zonal Health Department then it was sent to each hospital selected for the study. The study was conducted based on voluntary participation by study subjects after explaining the purpose of the study. Informed consent was obtained from each participant before starting the interview without any obligation or persuading. The data collection was conducted in Amharic language after only explaining their willingness to respond freely. Participants were told that their involvement in the study was on voluntary bases, and if they were unwilling to participate in the study and wished to quit from the study at any time, can do so without any restriction.

Results

A total of 736 delivering mothers who delivered in four hospitals were interviewed. From the total interviewees was 83 [11.3%] of the women obtained from Dubbo St. Mary Primary Hospital, 317 [41.3%] from Bombe Primary Hospital, 49 [6.7%] from Christian General Hospital and 287 [39%] from Wolaita Sodo University Teaching Referral Hospital. Response rate for the questioner was 99.86% and non-respondent rate 0.14% for quantitative. Overall satisfaction rate of respondents was 95% with its counterpart 5% dissatisfaction.

Socio-demographic characteristics

The age categories of respondents were 20 – 29 years 349 [47.4%], 30 – 39 years 255 [34.6%] and less than 20 years were 125 [17%]. While the remaining 40 – 49 years were 7 [1%]. This shows the majority of respondents were from the category of age between 20 – 29 years. The mean age and standard deviation of respondents were 26.9 years and [±5.34] respectively.

The majority, 703 [95%] were married and the remaining 33 [4.5%] single. Four hundred forty-eight [60.9%] were Protestant Christian by religion. One hundred eighty-nine respondents [25.7%] were with no formal education. About half 320[43.5%] were merchants, 133 [18.1%] were farmer and 184 [25%] were house wives. While 30[4.1%] were government employees. Three hundred ninety-three [53.4%] mothers were come from urban and 343 [46.6%] from rural area (Table 2).

Conditions of delivering mothers

Most mothers, 611 [83%] were less than three deliveries. One hundred sixteen [15.8%] were three up to six and 9 [1.2%] greater than six deliveries. Two hundred three [27.6%] mothers had no previous health facility delivery experience.

The hefty number 707 [96.1%] of mother's pregnancy status was wanted pregnancy. In the contrary, 29 [3.9%] mothers had unwanted pregnancy. Four hundred five [56.4%] were referred from another health facilities for delivery. Whereas, the remaining 321[43.6%] of mothers were come by own their choice of delivery at health facilities (Table 3).

Obstetric Characteristics of mothers

Enormous mothers 703[95.5%] were delivered without any

Variable	Frequency	Percent
Age		
less than 20 years	125	17.00%
20-29 years	349	47.40%
30-39 years	255	34.60%
40-49 years	7	1.00%
Marital status of respondents		
Single	33	4.50%
Married	703	95.50%
Religion of respondents		
Orthodox	205	27.90%
Muslim	35	4.80%
Protestant	448	60.90%
Catholic	41	5.60%
Others	7	1.00%
Educational status of respondents		
No formal education	189	25.70%
Grade 1-10	276	37.50%
Grade 11-12	128	17.40%
Diploma and above	143	19.40%
Occupation of respondents		
Government employee	30	4.10%
Merchant	320	43.50%
Farmer	133	18.10%
House wife	184	25.00%
Student	69	9.40%
Residence of respondents		
Urban	393	53.40%
Rural	343	46.60%
Referred from other health institution		
Yes	529	71.90%
No	207	28.10%

Table 2: Socio-Demographic characteristics of delivering mothers in hospitals of Wolaita Zone SNNPR, Ethiopia, December 2017-February 2018 (n = 736).

complications but the remnants were need attention due to their complication. More than 96% mothers had at least one antenatal care during their pregnancy. Regarding modes of delivery, spontaneous vaginal delivery 406 [64.7%] and it was the most shared mode of delivery. One hundred fifty-six [21.2%] was caesarian delivery. While, others 104 [14.1%] were assisted delivery. Six mothers [0.8%] were delivered with major and 27 [3.7%] with minor complications. However, 26 [3.4%] mothers were bringing about still birth [19].

Most of deliveries 302[41%] attended by midwife nurses. One hundred eighty-five [25.1%] of mothers' delivery were attended by IESO, 108 [14.7%] deliveries attended by General practitioners and 99 [13.5%] deliveries by obstetrician. Besides, 42 [5.7%] were attended by other health professionals [Intern]. Among 736 mothers who gave birth in three months, 515[70%] delivering mothers may prefer male for their compassionate care of male health professionals for delivery. However, 221[30%] mothers were preferred female due to fear of gender issue (Table 4).

Access for delivering mothers

Access comprises both distance and connectivity with

Variable	Frequency	Percent
Number of Children		
less than 3 children	611	83
3-6 children	116	15.8
greater than 6 children	9	1.2
Source of referral		
Self	321	43.6
From another institution	415	56.4
Status of pregnancy		
Wanted	707	96.1
Unwanted	29	3.9
ANC follow up		
Yes	712	96.7
No	24	3.3
Previous health facility delivery use experience		
Yes	533	72.4
No	203	27.6
Mode of delivery		
Spontaneous Vaginal Delivery	476	64.7
Assisted Delivery	104	14.1
Caesarian Delivery	156	21.2
Professional who attended delivery		
Obstetrician	99	13.5
IESO	185	25.1
General Practitioners	108	14.7
Midwife nurse	302	41
Others	42	5.7

Table 3: Obstetric characteristics of delivering mothers and their conditions in hospitals of Wolaita Zone SNNPR, Ethiopia, December 2017-February 2018 (n = 736).

Variable	Frequency	Percent
Gender of the professional who attended the delivery		
Male	515	70
Female	221	30
Maternal condition		
Normal	703	95.5
Minor complication	27	3.7
Major complication	6	0.8
Fetal condition		
Alive	711	96.6
Dead/ Still birth	25	3.4
From current experience, willingness to next birth in the same hospital		
Yes	723	98.2
No	13	1.8
Recommendation for their family and friends		
Yes	733	99.6
No	3	0.4
Measures taken to assure privacy during examinations		
Yes	728	98.9
No	8	1.1

Table 4: Obstetric characteristics of delivering mothers and their conditions in hospitals of Wolaita Zone SNNPR, Ethiopia, December 2017-February 2018 (n = 736).

transportation to the facility, availability of drugs and waiting area. The highest number 660 [89.7%] of mothers were used vehicle to arrive to health facility to get delivery service. But,

79 [10.3%] mothers were used another mode of transportation [foot, animals and human shoulder]. In addition, 675[91.7%] mothers were waited less than an hour to be seen by doctor and midwife.

Regarding the distance to reach health facility, most mothers 554[73.9%] were drive less than 60 minutes, 182[24.7%] drive one hour up to four hours. The rest of mothers were taken four hours up to eight hours. Drugs and supplies were available in the hospitals. Six hundred thirty-nine [86.8%] mothers were revealed that the availability of drugs and supplies. Drugs and supplies were not ordered to 97 [13.2 %] mothers. Moreover, the availability of waiting area was 732[99.5%] (Table 5).

Maternal satisfaction with delivery service

Mother's satisfaction with health facility related to structure

Ninety-seven-point four percent of mothers were satisfied with cleanliness of the hospital. However, the remaining 2.6% were unsatisfied with cleanliness of hospital. Whereas, 713 [96.9%] of mothers satisfied with over all cleanliness and comfort of waiting area. But 23 [3.1%] delivering mothers not satisfied with over all cleanliness and comfort of waiting area. Regarding overall cleanliness and comfort of the examination room, 712 [96.8%] mothers satisfied but 24 [3.3%] mothers were not satisfied.

Ninety-seven-point seven percent were satisfied with overall cleanliness and comfort of the hospital compound during their delivery. Conversely, 17 [2.3%] mothers were displeased. Although 12 [1.6%] of mothers did not satisfied concerning the skill of health professionals during examining; 724 [98.4%] mothers were satisfied. In addition, 730[99.2%] mothers were satisfied by the sex of the health professional during examination. Fourteen present of women who given birth in

Variable	Category	Frequency	Percent
Mode of transportation used	Vehicle	660	89.70%
	On foot, animals and human shoulder	76	10.30%
KMs to arrive Health Facility	less than 60 minutes	544	73.90%
	61-240 minutes	182	24.70%
	241-480 minutes	10	1.40%
Time spent before seeing a doctor or a midwife	< 1 hr.	675	91.70%
	1-2 hours	41	5.60%
	More than 2 hours	20	2.70%
Availabilities of drugs and supplies ordered	Yes	639	86.80%
	No	97	13.20%
Availability of waiting area for the pregnant mothers	Yes	732	99.50%
	No	4	0.50%

Table 5: Access for delivering mothers in hospitals of Wolaita Zone SNNPR, Ethiopia, December 2017-February 2018 (n = 736).

the study facilities were dissatisfied on availability of drugs and supplies (Table 6).

Satisfaction on health facility related with HCWs aspect, availability of resources and accessibility on delivery service

Most of laboring mothers 41[5.6%] wait one up to two hours even 20 [2.7%] respondents were waiting more than two hours to be seen by health professionals. Among mothers, 722 [98.1%] were satisfied with the time spent waiting to be seen by the health professional but 14 [1.9%] of respondents were not satisfied.

Regarding waiting time to get the delivery, 722 [98.8%] mothers were satisfied. Whereas, the remaining 9 [1.2%] of respondents were not satisfied. The majority of delivering mothers, 729 [99%] were satisfied with courtesy and respect given from caregivers. However, the remaining 7 [0.9%] were not satisfied. Among mothers who reported privacy, 728 [98%] of them were the privacy assured during examination.

While, 8 [1.1%] of mother's privacy were not assured during their examination. At the same time, 724 [98.4%] mothers

were satisfied with the measures taken to assure privacy. Whereas, 12 [1.7%] of mothers were dissatisfied with the measure taken to assure privacy. Regarding the dissatisfied on completeness of the information given by the health provider about their problem 2.3%, confidentiality 1.4%, not chosen the next delivery 1.8% and did not invite others to give birth in the health facility where they were served were 0.8% (Table 6).

Factors having association with maternal satisfaction

During bi-variate analysis variables with p-value less than 0.25 were selected as a candidate for multivariable analysis. Variables being candidate for next analysis of socio-demographic variables were Residence 382 [97.2%] satisfied mothers from urban and 342 [99.7%] from rural. Whereas, 11 [2.8%] mothers from rural and 1[0.3%] were dissatisfied. Moreover, 702 [98.6%] with ANC follow up, 652 [98.8%] with mode of transportation used, with maternal condition 693 [98.6%] normal and 31 [93.9%] delivery with complication, Status of pregnancy 27 [93.1%] unwanted pregnancy and, 546 [99.3%] referred from other health institution, 315 [98.4%] occupation, with educational status and 716 [99.2%]waiting

Variable	Category	Frequency	Percent
Satisfaction with referral linkage	Satisfied	550	74.70%
	Dissatisfied	186	25.30%
Satisfaction with facility distance	Satisfied	599	81.40%
	Dissatisfied	137	18.60%
Satisfaction with information of the service	Satisfied	727	98.80%
	Dissatisfied	9	1.20%
Satisfied with cleanness of hospital compound	Satisfied	719	97.70%
	Dissatisfied	17	2.30%
Satisfaction with availability of supplies and drugs	Satisfied	551	74.90%
	Dissatisfied	89	12.10%
Satisfaction with waiting area	Satisfied	713	96.90%
	Dissatisfied	23	3.10%
Satisfaction with cleanness of examination room	Satisfied	712	96.70%
	Dissatisfied	24	3.30%
Satisfaction with cleanness of the hospital.	Satisfied	717	97.40%
	Dissatisfied	19	2.60%
Satisfaction by health professional examining you	Satisfied	724	98.40%
	Dissatisfied	12	1.60%
Satisfied with gender of health professional	Satisfied	730	99.20%
	Dissatisfied	6	0.80%
Satisfaction with the time spent waiting to be seen by the health professional	Satisfied	722	98.10%
	Dissatisfied	14	1.90%
Satisfaction by the waiting time to get the delivery service	Satisfied	727	98.80%
	Dissatisfied	9	1.20%
Satisfaction with the courtesy and respect of the Doctor or Midwife during visit	Satisfied	729	99%
	Dissatisfied	7	1%
Satisfaction with the measures taken to assure your privacy	Satisfied	724	98.40%
	Dissatisfied	12	1.60%
Satisfaction with the completeness of the information By the health providers	Satisfied	727	98.80%
	Dissatisfied	9	1.20%
Satisfaction with the measures taken to assure confidentiality about your health problem	Satisfied	726	98.60%
	Dissatisfied	10	1.40%

Table 6: Satisfaction with delivery service in hospitals of Wolaita Zone SNNPR, Ethiopia, December 2017-February 2018 (n = 736).

Variables	Satisfaction		Sig.	COR (CI at 95%)
	Yes N (%)	No N (%)		
Residence				
Urban	382(97.2)	11(2.8)	0.029	0.10(0.01, 0.79)*
Rural	342(99.7)	1(0.3)	1	1
Educational status of respondents				
No formal education	188(99.5)	1(0.5)		
Grade 1-10	272(98.6)	4(1.4)	0.028	1.86(1.07, 3.23)
Grade 11-12	127(99.2)	1(0.8)	1	1
Diploma and above	137(95.8)	6(4.2)		
Occupation				
Government employee	30(100)	0(0)	0.239	0.862(0.50, 1.48)*
Merchant	315(98.4)	5(1.6)		
Farmer	127(95.5)	6(4.5)		
House wife	184(100)	0(0)		
Student	68(98.6)	1(1.4)	1	1
Referred from other health institution				
Yes	546(99.3)	4(0.7)	0.101	2.60(0.83, 8.16)
No	6(60)	2(40)	1	1
Maternal outcome				
Normal delivery	693(98.6)	10(1.4)	1	1
Delivery with complication	31(93.9)	2(6.1)	0.06	4.47(0.94, 21.28)*
ANC follow up				
Yes	702(98.6)	10(1.4)	0.021	6.38(1.32, 30.87)*
No	22(91.7)	2(8.3)	1	1
Mode of transportation used				
Vehicle	652(98.8)	8(1.2)	0.016	4.53(1.33, 15.41)*
On foot, animals and human shoulder	72(94.7)	4(5.3)	1	1
Status of pregnancy				
Wanted	697(98.6)	10(1.4)	0.04	5.163(1.08, 24.72)*
Unwanted	27(93.1)	2(6.9)	1	1
Waiting time before seeing by health professionals				
Yes	716(99.2%)	6(0.8%)	1	
No	8(57.1%)	6(42.9%)	0	89.5(23.70, 338.04)**

*p-value of less than 0.05 was reported as statistical significance at 95% CI. P-value of 0.000 was reported as p<0.0001 and represented by**.

Table 7: Bi-variate analysis for socio-demographic characteristics associated with mothers' satisfaction in four hospitals of Wolaita Zone, SNNPR, Ethiopia, December 2017-February 2018(n=736).

time to be seen by Doctors and midwife satisfied. Of these variables except occupation and referred from other health institution all the rest were statistically significant by bi-variate analysis (Table 7).

Results of satisfaction variables satisfied with the information service of hospital [COR= 39.89;95%CI 8.60- 184.94], referral link [COR=91; 95% CI 11.81-701.05], Cleanliness of Hospital [COR= 83.07 95% CI 23.06-299.25], waiting time [COR=71.9; 95% CI 16.24-318.39], availability of drugs and supplies [COR=2.71; 95%CI 0.69-10.68], overall cleanliness

and comfort of waiting area [COR=61.95CI 17.75-216.23], examination rooms [COR=141.8;95%CI 34.76-576.84], cleanliness & comfort of the hospital compounds [COR=158.9;95% CI 40.45-624.35], skill health professional examining [COR=201.3CI 47.45-854.76], Courtesy and respect of Doctor Midwife during your visit [COR=257.9;95% CI 42.59 - 1561.30], time spent waiting seen by health professional [COR=89.5;95% CI 23.7-338.04], Privacy during your examinations [COR=47.9;95%CI 9.92-231.6], Satisfied by gender of health professional examining you

examinations [COR=13;95% CIs 1.41-127.34], completeness of information about your problem [COR=109;95% CIs 29.2-409.3], and confidentiality of personal information [COR=180;95% CIs 40.2-805.68] of clients were candidate variables for multivariable analysis (Table 7).

From variables of satisfaction the only variable which was not statistically significant is availability of drugs and supplies but still it was candidate for the next analysis. Despite of the above variable all other items were showed strong association during bi-variate analysis. To control compounders all candidate variables analyzed using multivariable analysis.

After controlling compounders, variables showing true association with maternal satisfaction were isolated. They were categorized in to two groups. They were socio-demographic and satisfaction variables. Of socio-demographic variables residence at 95% confidence interval 0.07 [0.01, 0.83] with p-value of 0.035, and status of pregnancy 7.91 [1.16, 54.08] P= 0.035 i. e weather the pregnancy was wanted or not shown the true association with maternal satisfaction. From variables of satisfaction, the time spent waiting seen by health professionals 44.607[4.808, 413.810], and Cleanliness of Hospital 10.199 [1.222, 85.105] were also the true variables having an association with maternal satisfaction by delivery service provided in the hospitals of Wolaita zone [20,21] (Table 8&9).

Discussion

We found that many women were very satisfied with delivery

care. This study presents that, the level of mothers' satisfaction with institutional delivery service and associated factors among women attending hospitals in Wolaita zone administration, SNNPR, Ethiopia [22-24]. The overall proportion of mothers who were satisfied with delivery service in this study was 95%. This finding was in line with the study done in Kaimbu Kenya, 98.1% [4] with slight difference. However, the lower rate of result was reported from the research conducted in Bangladesh, 85%, Debre Markos, and 81.7%. However, it was higher than the study conducted in Mekele, 79.7%, and SNNPR, 67.9% [8,25-28].

This may witness that numerous factors influence mothers' satisfaction with their care in labour, birth and the lying in period [29]. The likely reason for the difference might be exempted from any payment for childbirth care services. Another motive might be an increase of government concern for maternal health service in terms of qualified human power such as midwives, IESO and Gynecology [30].

In multi-variable analysis, we found statistically significant variable that have an association with the outcome variable is place of rural residence by 99.7% more likely to satisfy at 95% CI [0.01, 0.83] in service of delivery than urban residence. This finding agrees with Tshwane, South Africa, 2017 [31]. Thus, this may be due to women's experience of care during childbirth according the key domains of the WHO quality of care framework, namely communication, respect and dignity, and emotional support [32]. So, mothers from rural settings were more prone to be satisfied in relation to urban ones; the

Variables	Overall Satisfaction		COR(95%CI)	AOR by 95% C.I.	
	Satisfied N (%)	Dissatisfied N (%)		Lower	Upper
Residence					
Urban	382(97.2%)	11 (2.8%)	1	1	
Rural	342(99.7%)	1(0.3%)	0.10(0.013, 0.79)*	0.07 (0.01,0.83)*	
Occupation					
Government	30(100%)	0(0%)			
Employee					
Merchant	315(98.4%)	5(1.6%)	0.862(0.50, 1.48)	0.55 (0.24, 1.30)	
Farmer	127(95.5%)	6(4.5%)	1	1	
House wife	184(100%)	0(0.0%)			
Students	68(98.6%)	1(1.4%)			
Education					
No formal	188(99.5%)	1(0.5%)	1	1	
Education					
Grade 1-10	272(98.6%)	4(1.4%)	1.86(1.07,3.23)	2.15 (0.21, 22.01)	
Grade 11-12	127(99.2%)	1(0.8%)		1.74 (0.09, 33.70)	
Diploma and above	137(95.8%)	6(4.2%)		8.24 (0.74, 92.41)	
Waiting time before seeing by health professionals					
Yes	716(99.2%)	6(0.8%)	1	1	
No	8(57.1%)	6(42.9%)	89.5(23.70, 338.04)**	44.61(4.808, 413.810)**	

*p-value of less than 0.05 was reported as statistical significance at 95% CI. P-value of 0.000 was reported as p<0.0001 and represented by**.

Table 8: Socio-demographic characteristics associated with mothers' satisfaction in four hospitals of Wolaita Zone, SNNPR, Ethiopia, December 2017-February 2018(n=736).

Variables	Satisfaction		COR(95%CI)	AOR by 95% C.I.	
	Satisfied N (%)	Dissatisfied N (%)		Lower	Upper
Status of pregnancy					
Wanted	697(98.6%)	10(1.4%)	1	1	
Unwanted	27(93.1%)	2(6.9%)	5.16(1.08, 24.72)*	7.91 (1.16, 54.08)**	
ANC follow up					
Yes	702(98.6%)	10(1.4%)	1	1	
No	22(91.7%)	2(8.3%)	6.38(1.32, 30.87)*	5.10 (0.66,39.59)	
Maternal Condition					
delivery					
Normal	693(98.6%)	10(1.4%)	1	1	
Delivery with Complication	31(93.9%)	2(6.1%)	4.47(0.94, 21.28)	0.22 (0.04, 1.26)	
Cleanliness of Hospital Compound					
Yes	715(99.4%)	4(0.6%)	1	1	
No	9(52.9%)	8(47.1%)	83.07(23.06, 299.3)*	10.199(1.222, 85.105)*	

*p-value of less than 0.05 was reported as statistical significance at 95% CI. P-value of 0.000 was reported as p<0.0001 and represented by **.

Table 9: Obstetric Characteristics of associated with mothers' satisfaction in four hospitals of Wolaita Zone, SNNPR, Ethiopia, December 2017-February 2018(736).

reason might be comparison of their local environment where they live with hospital [33].

The next socio-demographic variable reasons for dissatisfaction that need to be modified were status of pregnancy; unwanted pregnancy was 7 times more odds of dissatisfied compared with wanted one at 95% CI [1.16, 54.08]. This finding alike with study done in Amhara Region [1] and Omo Nada District, Jimma Zone [9]. Thus, status of pregnancy may be related with historical process of acquiring pregnancy, future challenges to care the new born, family acceptance and socio-cultural reasons.

The proper welcoming of women is the first step in better communication, trust building and empathic care during childbirth [34]. In this study, most pronouncing cause for mothers' dissatisfaction of institutional delivery service was waiting time to be seen by health professionals which was forty times more to offend the clients to be not satisfied at [AOR= 44.607; 95% CIs 4.808 - 413.810]. The finding was in line with the research conducted in Assela Hospital, Arsi Zone, Oromia Region 26.7[5.56, 128] [18] and Amhara region 2.9, 95%CI: 1.14,7.58] [1]. Therefore, for mothers in laubor pain a fraction of minutes had great challenge without others support on the top of lengthened waiting time to be seen by health care professionals.

Thus, it may be more than enough to be dissatisfied for them in such messes. Because labor and childbirth is a particularly vulnerable time for women and the need for attention and care is very important [30,35,36]. Among other determinants, cleanliness is another important structural determinant of maternal satisfaction [37,38] as evidenced by our finding, cleanness of hospital compound having 10 times more power for clients to be dissatisfied at 95% CI [1.222,85.105]. This finding agrees with the study done in rural Bengal, Indian [39], Mekele General Hospital [27], and Debre Markos Town,

Northwest Ethiopia [8]. Therefore, the general cleanness such as waiting area, delivery room, internal and external environments of the compound of the hospital may play an important role in maternal satisfaction [15,40].

Strength and Limitations

Strengths

Our research has enormous strengths to illustrate some;

- More than 50% of hospitals selected from all hospitals in the Wolaita Zone.
- It addressed mothers from different health facilities at zonal hospitals i.e. governmental and faith based nongovernmental private hospitals, and
- The hospitals were at the periphery from capitals of the Zone.

Limitation

Limitation: The exclusion of health centers was the weakness of study.

Conclusion

This study concludes high mothers' satisfaction [95%] with institutional delivery service provided in Wolaita Zone Hospitals. Unwanted pregnancy, the completeness of the information given to mothers and measures taken to assure confidentiality about problem during delivery were major sources of dissatisfaction. While cleanness of the hospital and waiting time to be seen by health professionals were the major sources of satisfaction. Moreover, immediate response from health care professionals for laboring mother is part of good approach to satisfy mothers' prenatal, intrapartum and postnatal period.

Residence, modes of transportation, unwanted status of

pregnancy and cleanness of the hospital were significant predictors of mothers' satisfaction with the service. Unwanted pregnancy is not only the reason for mothers' dissatisfaction but it may cost the life of victims if not managed properly. Thus, health care providers at all level have to be cautious to handle all risks associated with pregnancies especially victims of such occasions. Respecting the humanity during delivery with caring approach is a machine which can boost trust of our clients coming to our health facility from deferent socio-cultural setups.

Health professionals have to give reasonable care for all mothers giving childbirth at hospitals without humiliation, explain clearly what is going on the mothers and fetus condition. The remarkable concern to the mother was respecting and welcoming of health professionals at their arrival to the health facility enhances their level of satisfaction. Safety and security feeling developed amongst the mothers if we made and maintain the hospital overall cleanness of the compound without neglecting the inner parts.

Mother's satisfaction issues are important factors for consideration in order to increase utilization of the institutional facility delivery service. In this finding numerous factors influence mothers' satisfaction with their care during and after delivery. In addition, dissatisfaction might lead the pregnant mothers to not visit in the future for child birth.

Recommendations

The issue should also need to be assessed from different community group's perspectives i.e. care providers, policy makers; community leaders understand the situation in a better way and design interventional activities accordingly.

- Caregivers need to fully understand the condition that pregnancy conceived and support psychologically the next challenge that the mother will face to care for her child.
- The care givers of the facility should avoid staying longer waiting time to see the delivering mothers.
- The hospital and other complimentary health authorities should work on access and coverage of ambulance for immediate facilitation of transport of referrals from all peripheries.
- The hospital administration should improve the cleanness hospital compound.
- Further studies should be conducted in the hospital regarding maternal delivery to come up with more representative findings.

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