**Specific objective 5**

To assess patient satisfaction with maternal and newborn care services provided to them at private health facilities in Benin City, Edo state.

## 2.7 Patient satisfaction with maternal and newborn care services provided

In 2018 a study was carried out in Esan South East and Etsako East LGAs of Edo State, Nigeria. The study assessed women’s utilization of primary health care for skilled pregnancy care in rural Nigeria. A total of 1408 randomly selected women of reproductive age were interviewed in their

households using a pre-tested structured questionnaire. Findings showed the reasons for use and non-use of PHCs for antenatal and delivery care given by women were related to perceptions about long distances to PHCs, high costs of services and poor quality of PHC service delivery. The results for delivery care showed that women with primary and secondary levels education were more likely to receive delivery care in PHCs than the highly educated. Of the 97 responses elicited from currently pregnant respondents, no provider in the facility (17.5%), poor quality service (17.5%), and facility not open (12.3%) were the most commonly mentioned reasons. The least mentioned reasons were preference for home delivery/TBA, family did not allow and no PHC facility. The major strength of the study is that the results can be generalized due to the representative nature of the sample. The study was however prone to recall bias from recently delivered women on the use of Antenatal care services.44

A 2017 study assessed women’s satisfaction with maternal health care in referral hospitals in Nigeria. Five focus group discussions (FGDs) were held with women in eight secondary and tertiary hospitals in four of the six geo-political zones of the country. In all, 40 FGDs were held with women attending antenatal and post-natal clinics in the hospitals. The questions assessed women’s level of satisfaction with the care they received in the hospitals, their views on what needed to be done to improve patients’ satisfaction, and the overall quality of maternity services in the hospitals. Finding showed that a few number of the participants expressed satisfaction with the quality of care they received during antenatal, intrapartum, and postnatal care. A small number of the participants from the Southwest and Northwest expressed satisfaction with all the services they received during antenatal, intrapartum, and postnatal care. Many women who said they were satisfied with the quality of care in the hospitals they attended also expressed dissatisfaction with some aspects of care. Verbal abuse and unfriendly attitude of the providers was an area of dissatisfaction expressed by the women. Many of the respondents expressed outright dissatisfaction with the quality of maternity care they received in the health facilities. Reasons for dissatisfaction included lack of and/or insufficient equipment, irregular electricity and water supply, inadequate number of doctors and other health care providers, long waiting time to retrieve folders and receive treatment, unfriendly attitudes of providers and other support staff, poor radiological and laboratory services, poor attention to women in labor, and late arrival to work by providers. The inclusion of women who were still utilizing the services helped reduce recall bias. A major limitation of the study was the inability to cover the six geo-political zones of the country.45

A cross sectional study was carried out in 2018 in Ibadan Nigeria. The study assessed perinatal care satisfaction amongst mothers attending postnatal care. Sixty six women receiving postpartum care from five randomly selected primary health centers in Ibadan north-west local government were assessed using a questionnaire. Results showed that the majority of the respondents (98.5%) perceived the perinatal care they received as high quality, and 94% and 98% were satisfied with services and facilities used for their care, respectively. Identified causes of dissatisfaction included dirty hospital environment, inadequate water supply and hospital facilities, distance of hospital location, cost of materials, time wasting, inadequate staffing and poor attitude, and verbal and physical abuse. A total of 60 respondents (90.9%) accepted that all their expectations about nursing care were met, 80.3% stated that they actually received better care than they had expected, and 89.4% stated that the nurses and mid- wives performed to their expectation. 61 respondents stated that the postpartum care they were currently receiving is satisfactory and 98% (65 respondents) indicated that they were satisfied with facilities used for their care. Overall, very few respondents (6%) expressed dissatisfaction with the perinatal nursing care provided at the primary health centers. A limitation of this study was that Social desirability bias could have affected results as some respondents had difficulty in expressing dissatisfaction in the presence of others.46

In 2015, a study was designed to explore factors influencing women utilization of maternal and prenatal care in Nigeria. The study was a mixed methods design that used questionnaire and in-depth interviews, and was carried out in one of the tertiary hospitals in Delta State, Nigeria. A total of 318 women aged 15-49 years attending the health facility for emergency care were requested to fill the questionnaires, whilst 6 interviews were held for women who were purposively selected from the sample. Results showed that education, income level, costs associated with seeking care, distance and time taken to travel were significantly associated with maternity health care services utilization. The study also shows that married respondents (40.8%) were more likely to make good decision to seek care than those who were single/widowed/separated. Also that (43.2%) of the respondents who live in the urban area were more likely to make good decision to seek care than those who live in the rural area. Due to the cross sectional nature of the data and restricted sample, results may not be representative of the entire population and therefore cannot be generalized.47