International Research Journal of Pharmacy and Medical Sciences
ISSN (Online): 2581-3277

Women's Satisfaction with Maternal Delivery Care at Health Facilities

Astern Albert[1], Seif S. Khalfan[2], David P. Urassa[3]
[1]Kigoma Clinical Officers Training Centre, Kigoma Municipality and Muhimbili University of Health and Allied Sciences, Dar Es Salaam Tanzania.
[2]Zanzibar University, Zanzibar Tanzania and Southern Medical University, Guangzhou China.
[3]Muhimbili University of Health and Allied Sciences, Dar Es Salaam Tanzania.
Correspondence: research19a20s@gmail.com

Abstract*—Patient satisfaction plays a pivotal role in ensuring patients adhere to medical treatments and make effective use of healthcare facilities. Patients experience high satisfaction when healthcare services align with their expectations and requirements, with the quality of care being a significant influencer. The primary aim of this research was to assess the degree of women's contentment with maternal delivery care and identify the factors associated with it at healthcare facilities located within Kigoma municipality, Tanzania. Conducting a cross-sectional study, we evaluated 255 women who received care at three healthcare facilities for childbirth in Kigoma municipality. Of these, 44 (17.3%) sought care at Maweni Regional Referral Hospital, 123 (48.2%) at Kigoma Baptist designated District Hospital, and 88 (34.5%) at Ujiji Health Center. The collected data were subjected to analysis using SPSS version 23, and statistical significance was defined as $p<0.05$. The overall level of women's satisfaction with maternal delivery care in health facilities of Kigoma municipality was 77.6%. There was an association of overall satisfaction with general cleanliness, number of health workers, availability of medicine and medical equipment, promptness of service, interpersonal relationships, the cost of the service, and the condition of newborns. This calls for an emphasis on increasing the quality of care as unsatisfied women can opt not to go to the health facilities for childbirth and thus increase the rate of home delivery which might result in an increased maternal mortality rate.*

***Keywords*—** *Women's satisfaction, delivery care, structural factors, process factors, delivery outcome factors, individual factors.*

I. INTRODUCTION

Patient satisfaction refers to the degree to which patients are content with their healthcare, both within and beyond the healthcare provider's facility or care environment. A patient experiences high satisfaction when healthcare services align with their expectations and requirements (1). In 2018, the World Health Organization (WHO) introduced guidelines aimed at promoting a positive childbirth experience for women. These guidelines emphasize the significance of woman-centered care in enhancing the overall experience of childbirth for both the woman and the newborn. This approach is rooted in the principles of human rights and introduces a global model of intrapartum care (2). According to these guidelines, the period of childbirth is crucial for the well-being and survival of both the mother and the baby. It is during this time that healthcare providers should prioritize their attention to ensure a favorable outcome for both. The recommendations for achieving a positive childbirth experience include providing appropriate maternal care, fostering effective communication, offering companionship during labor and childbirth, and ensuring continuity of care throughout the process (2).

In line with the target of Sustainable Development Goal number 3 which is to ensure universal health coverage at all ages and the new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), global agendas are expanding their focus to ensure that women and their babies are not only surviving labor complications if they happen to occur but also that they thrive and reach their full potential for health and life (3). The global goal for maternal mortality reduction by 2030 is to achieve a reduction of at least two-thirds from the 2010 baseline level. This means that the average global target for maternal mortality is to have a rate of less than 70 maternal deaths per 100,000 live births by the year 2030 (4).

Between the years 2000 and 2017, the global maternal mortality ratio saw a notable decline of 38%, decreasing from 342 deaths per 100,000 live births to 211 deaths per 100,000 live births, as reported by United Nations inter-agency estimates. This reduction corresponds to an average annual rate of decrease of 2.9%. However, it's important to note that this rate is less than half of the 6.4% annual reduction rate required to reach the Sustainable Development global goal of achieving a maternal mortality ratio of 70 deaths per 100,000 live births by the designated year. (5). Indeed, further efforts are necessary to alleviate the burden of maternal mortality. Despite global and national initiatives, Tanzania continues to face a relatively high maternal mortality ratio of 556 maternal deaths per 100,000 live births. This figure is notably higher when compared to other countries in the region. To put this in perspective, the lifetime risk of maternal death in Tanzania stands at 1 out of 33 women, underscoring the urgent need for enhanced maternal healthcare and interventions to improve maternal health outcomes in the country (6).

Studies on women's satisfaction with delivery care has been conducted using various measurement tools, including five-point Likert scales or visual analog scales, on a global scale (7,8). The results consistently show that the highest levels of satisfaction tend to be found in developed countries, while lower levels of satisfaction are more commonly reported in low-income nations. This discrepancy underscores the

Astern Albert, Seif S. Khalfan, and David P. Urassa, "Women's Satisfaction with Maternal Delivery Care at Health Facilities," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 6, Issue 6, pp. 21-26, 2023.

critical need to address healthcare disparities and enhance maternal care services, especially in regions with fewer economic resources (7,8,9). The findings from Ethiopia and Coastal region (Pwani) in Tanzania have revealed that the overall proportion of women satisfied with childbirth care service is 79 % and 65% respectively (10, 11).

The higher satisfaction in developed countries can be attributed to several factors, including well-established facility infrastructure, the availability of medicines and supplies, a competent and sufficient healthcare workforce, easy accessibility of services, and positive interpersonal relationships with healthcare providers. Only women's dissatisfaction is primarily related to complications such as postpartum hemorrhage. (7). In developing countries, the condition is the opposite. Evidence from Tanzania indicates that mothers often experience mistreatment and disrespectful maternity care, which includes verbal abuse, failure to meet professional care standards, poor rapport between women and healthcare providers, and challenges within the health system (12).

Creating a positive birthing environment that involves competent, compassionate, and supportive healthcare providers can foster trust and confidence among women in the healthcare services and the institution as a whole. This contributes to the overall well-being of women during childbirth (13). While evidence from the northwest part of Tanzania has highlighted a high rate of women experiencing disrespectful and abusive treatment during labor and delivery, no previous study in the Kigoma region has quantified the level of women's satisfaction with maternal delivery care and identified its associated factors (14). Therefore, this study was designed to assess the level of women's satisfaction with maternal delivery care and its associated factors at health facilities in Kigoma municipality, Tanzania.

II. METHODS

This cross-sectional study, employing quantitative data collection, quantified women's satisfaction with maternal delivery care and identified associated factors via exit interviews in Kigoma, Tanzania. This region experiences elevated maternal mortality and underutilization of maternal delivery services. The district, with around 123,200 women, 43.1% of them are women of reproductive age, residing in households averaging six individuals (Tanzania Bureau of Statistics, 2022). Healthcare facilities include two hospitals (Maweni Regional Referral Hospital and Kigoma Baptist Designated District Hospital), three health centers, and 18 dispensaries. On average, 754 facility-based childbirths occurred from January to May 2023, offering services like ANC, Family Planning, PMTCT, Spontaneous Normal Delivery, C-sections, Vaccination, and Cervical Screening.

A sample of 255 respondents was chosen using Slovin's formula to ensure precision. Three main childbirth facilities were selected purposively: Maweni Regional Referral Hospital (Maweni RRH), Kigoma Baptist Designated District Hospital (Kigoma DDH), and Ujiji Health Center (Ujiji HC), because representing over 70% of total deliveries. Proportional sampling allocated participants as follows: 44 for Maweni, 123 for Kigoma Baptist, and 88 for Ujiji Health Center. Data were collected through Kiswahili exit interviews and first pre-tested at Gungu Health Center. Rigorous data quality control, including daily checks, cleaning, and validation, was enforced. SPSS version 23 aided data analysis, encompassing descriptive statistics, chi-square tests, and binary logistic regression. The study adhered to ethical guidelines, seeking permission from local authorities and hospital management. Informed written consent was obtained from participants, assuring them of confidentiality and cultural respect.

III. RESULTS

A total of 255 women participated in this study, and they were distributed among the healthcare facilities as follows: 44 (17.3%) from Maweni RRH, 123 (48.2%) from Kigoma DDH, and 88 (34.5%) from Ujiji HC. Regarding the age distribution of the participants, the majority fell within the 20-34 age group, accounting for 63.9% of the sample. A significant portion of the participants were married, making up 77.3% of the total. In terms of education, the majority of the participants had attended school, with 85.1% having received some form of education. However, it's worth noting that a larger proportion of them had completed only primary education, which accounted for 54.9% of the total.

Figure 1 displays the varying levels of women's satisfaction across three healthcare facilities, the overall level of satisfaction, and whether the study participants would recommend these facilities to other friends and families for childbirth. Here are the key findings: Kigoma DDH had the highest satisfaction rate at 87.8%., Ujiji HC followed with a satisfaction rate of 70.5%. and Maweni RRH had a slightly lower satisfaction rate at 63.6%.

The overall level of satisfaction among women with maternal delivery care across the selected health facilities was 77.6%. This rating closely aligns with the percentage of women who would recommend these facilities to their friends or families for childbirth, which stands at 78.0%. These findings suggest a relatively high level of satisfaction and a willingness among participants to recommend these healthcare facilities for maternal delivery care.

Binary logistic regression was used to explain the effects of social-demographic characteristics on overall satisfaction. Results from table 1 show that marital status and parity status have a statistically significant contribution to the model. On marital status, the divorced or separated were one times less likely to get satisfied (AOR = 0.115, 95% CI: 0.037 - 0.115, p=0.000). On a number of deliveries, respondents with two deliveries were seven times less likely to be satisfied (AOR = 0.70, 95% CI: 0 .012 - 0.393, p=0.003) while those with three deliveries were one times less likely to be satisfied compared to those with one delivery (AOR = 0.184, 95% CI: 0.043 - 0.784, p=0.022).

Astern Albert, Seif S. Khalfan, and David P. Urassa, "Women's Satisfaction with Maternal Delivery Care at Health Facilities," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 6, Issue 6, pp. 21-26, 2023.

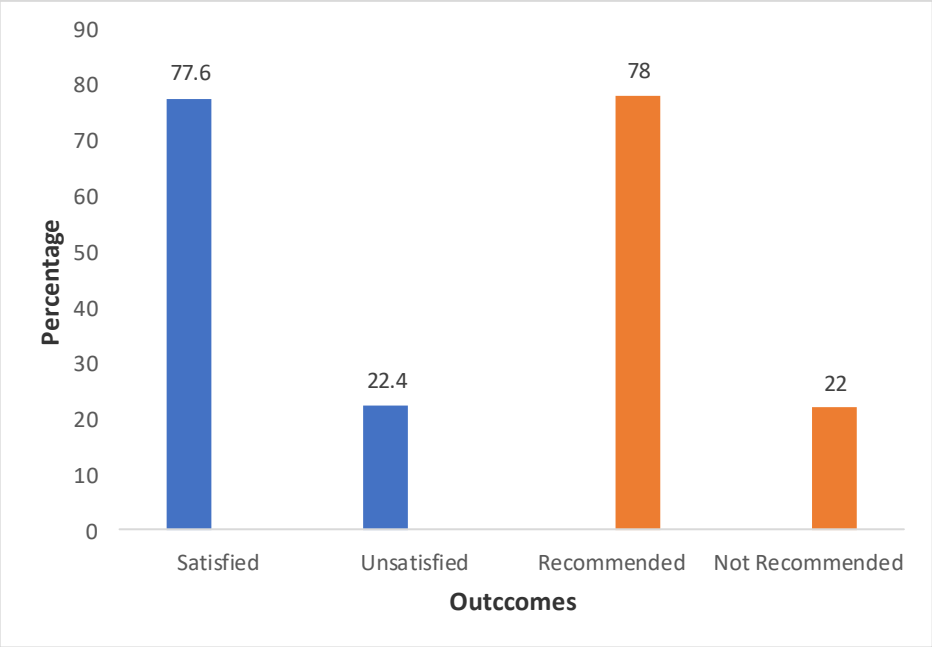

Figure 1: Level of women's satisfaction and Recommendation of the Health Facilities

TABLE 1: Levels of satisfaction with sociodemographic and maternal characteristics

Characteristics	Categories	COR	95% C.I for EXP(B)		AOR	95% C.I for EXP(B)		
			Lower	Upper		Lower	Upper	Sig
Occupation type	House wife							
	House maid	0.723	0.227	2.304	0.53	0.116	2.42	0.413
	Agriculture	0.457	0.045	4.668	0.315	0.014	7.062	0.467
	Small scale business	1.208	0.391	3.732	0.592	0.123	2.85	0.513
	Large scale business	0.996	0.309	3.207	0.544	0.112	2.649	0.451
	Employed/manager	0	0	.	0	0	.	1
	Student	0.738	0.148	3.686	0.484	0.05	4.678	0.531
	Others	0	0	.	0	0	.	1
Marital status	Single							
	Married	0.742	0.238	2.316	0.501	0.121	0.501	0.34
	Divorces/Separated	0.471	0.21	1.059	0.115	0.037	0.115	0
	Cohabiting	0	0	.	0	0	0	1
Number of deliveries	One							
	Two	0.471	0.205	1.08	0.07	0.012	0.393	0.003
	Three	1.264	0.578	2.762	0.184	0.043	0.784	0.022
	More than three	0.816	0.274	2.434	0.191	0.033	1.114	0.066
Age	Below 20							
	20-34	1.255	0.406	3.883	4.662	0.647	33.59	0.127
	35 and Above	1.134	0.398	3.232	1.302	0.273	6.214	0.741
Education level	Never gone to school							
	Completed primary school	0.775	0.274	2.189	0.101	0.015	0.693	0.02
	Secondary education and above	1.431	0.725	2.823	0.873	0.296	2.572	0.805
Close attendance during labour pain	Yes							
	No	0.028	0.011	0.074	0	0.012	0.003	0.041
Plan to conceive	Yes							
	No	1.569	0.715	3.441	2.916	0.903	9.419	0.074
Accompanied by partner/relative	Yes							
	No	2.052	0.247	17.036	0.293	0.014	5.942	0.424

The results also highlight the significant contributions of various factors to women's satisfaction with maternal delivery care:

Structural Factors: Satisfaction with general cleanliness had a substantial impact on overall satisfaction. Respondents who were satisfied with cleanliness were four times more likely to have overall satisfaction compared to those who were unsatisfied with cleanliness (AOR = 4.646, 95% CI: 1.879 - 11.488, p=0.001). Satisfaction with the number of health workers, including nurses/midwives, also played a significant

Astern Albert, Seif S. Khalfan, and David P. Urassa, "Women's Satisfaction with Maternal Delivery Care at Health Facilities," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 6, Issue 6, pp. 21-26, 2023.

role. Those who were satisfied with the number of health workers were twice as likely to be overall satisfied (AOR = 2.517, 95% CI: 1.177 - 5.384, p=0.017). Satisfaction with the availability of medicines and medical equipment had a substantial impact on overall satisfaction. Those who were satisfied with these resources were ten times more likely to have overall satisfaction (AOR = 10.220, 95% CI: 2.341 - 44.613, p=0.002).

Process Factors: Satisfaction with the timely provision of services was a significant contributor to overall satisfaction. Women who were satisfied with timely services were six times more likely to have overall satisfaction (AOR = 6.394, 95% CI: 2.306 - 17.725, p=0.000). Satisfaction with the medical relationship between women and healthcare providers also had a notable impact. Those satisfied with this relationship were five times more likely to have general satisfaction (AOR = 5.449, 95% CI: 1.484 - 20.001, p=0.011). Satisfaction with medical personnel who attended to women during delivery care was a significant factor. Those who were satisfied with medical personnel were seventeen times more likely to have general satisfaction (AOR = 17.396, 95% CI: 3.798 - 79.672, p=0.000).

Delivery Outcome and Individual Factors: Satisfaction with the condition of the new born was a substantial contributor to overall satisfaction. Women who were satisfied with the newborn's condition were four times more likely to have overall satisfaction (AOR = 4.207, 95% CI: 1.879 - 9.421, p=0.000). Satisfaction with the cost of the service provided was another significant factor. Those who were satisfied with the cost were twice as likely to have general satisfaction (AOR = 2.545, 95% CI: 1.349 - 4.801, p=0.004). These findings underscore the importance of various structural, process, and individual factors in shaping women's satisfaction with maternal delivery care.

TABLE 2: Overall levels of satisfaction with structural, process, delivery outcome and individual satisfaction

	Unsatisfied	**Satisfied**		Sig
		COR(Lower-Upper)	AOR (Lower-Upper)	
Structural satisfaction				
Satisfaction with building infrastructure		.181(.091-.358)	2.260(.978-5.224)	.057
Satisfaction with the number of beds and bed sheets including the regular exchange of bed sheets		.292(.152-.560)	1.571(.744-3.314)	.236
Satisfaction with the general cleanliness		.105(.049-.223)	4.646(1.88-11.49)	.001
Satisfaction with the number of health workers		.285(.150-.542)	2.517(1.18-5.38)	.017
Satisfaction with the availability of medicines and medical equipment		.062(.015-.263)	10.22(2.34-44.61)	.002
Process satisfaction				
Satisfaction with promptness		.053(.026-.110)	6.39(2.31-17.73)	.000
Satisfaction with the medical relationship between woman and the health care provider		.028(.012-.066)	5.45(1.48-20.00)	.011
Satisfaction with the type of language used by health care workers		.030(.013-.070)	2.736(.75-10.04)	.129
Satisfaction with privacy		.180(.095-.338)	1.208(.34-4.350)	.773
Satisfaction with confidentiality		.356(.195-.651)	1.905(.59-6.169)	.282
Satisfaction with medical personnel who attended woman		.015(.005-.046)	17.396(3.798-79.67)	.000
Satisfaction with counselling given by health care provider		.268(.145-.496)	1.108(.374-3.28)	.853
Delivery outcome and individual satisfaction				
Satisfaction with the condition of a new-born		.250(.119-.523)	4.207(1.88-9.42)	.000
Satisfaction with the cost of service provided		2.787(1.51-5.15)	2.545(1.349-4.801)	.004

IV. Discussion

The primary objective of this study was to assess women's satisfaction with maternal delivery care in health facilities within Kigoma municipality and identify the factors associated with this satisfaction. These factors encompassed individual, structural, process, and delivery outcome factors. The study's findings revealed that the overall level of women's satisfaction with maternal delivery care in Kigoma municipality's health facilities stood at 77.6%. Furthermore, a nearly equal proportion of respondents indicated that they would recommend these facilities for their family members to deliver their babies. However, it is important to note that a significant portion of women (22.4%) reported dissatisfaction with maternal delivery care in these health facilities. This finding is consistent with similar studies conducted on women's satisfaction with maternal services in Ethiopia (10).

The contrast in findings between this study and a community-based survey conducted in four districts of the Pwani region in Tanzania is noteworthy (11). In the community-based survey, there was a lower proportion of satisfied women compared to the facility-based survey discussed in this study. This difference in outcomes could potentially be attributed to the nature of the research methodologies employed. In community-based surveys, participants may feel more at ease expressing their level of satisfaction, which can lead to a higher degree of candid responses compared to facility-based surveys. This phenomenon is exemplified by a study conducted at a large referral hospital in Dar es Salaam, where the prevalence of disrespectful and abusive treatment during facility-based childbirth was reported as low (15%). However, when the same women were later surveyed in the community, the proportion of those reporting such instances significantly increased to 70% (16). These observations emphasize the importance of considering the research context and methodology when interpreting findings related to maternal satisfaction and experiences during childbirth. Different

research settings may yield varying levels of satisfaction due to factors like comfort in reporting experiences.

The study has revealed that the level of satisfaction is higher in public-private partnership-based facility (Kigoma Baptist designated district hospital) as compared to the purely public facilities. This is in line with other findings from Gambia in which the private hospitals had an increased level of satisfaction than the public hospital (17). This could be due to the nature of private hospitals of having relatively good customer care to their patients. The structural factor-like building infrastructure in the antenatal and labor ward in Kigoma Baptist designated district hospital was also more conducive as compared with the other two facilities.

The findings revealed that the marital and parity status have an association with satisfaction. The divorced or separated women had a negative association with the overall level of satisfaction. This is in concordance with findings from a study done in Nairobi, Kenya (18). This could be due to a lack of support and companionship from their partners. On parity status, the multiparous women had a negative association with satisfaction. This is in discordance with findings from other studies (19). The cost of maternal delivery care had an association with women's satisfaction and is a significant predictor for the overall level of women's satisfaction. Several studies have shown also the same association of the cost of the provided service with the level of satisfaction (20). This could be due to the public notion that maternal delivery services are free of charge but in reality, there are some charges per service either through direct payment or indirectly by purchasing unavailable medical equipment and drugs like Oxytocin. This results in disappointment with the unexpected cost and hence dissatisfaction. Age had significantly associated with the overall level of satisfaction. This is in line with findings from other studies (21). This could be due to maturity and experience from women with advanced age which may result in self-control. Other characteristics like education level, parity status, plan to conceive and companionship did not show association with the satisfaction which is contrary to findings from other studies (18,19,21).

The results also have shown that three variables in structural factors are associated with overall women's satisfaction. These factors are general cleanliness, availability of the number of staff, and availability of medicine and medical equipment. This is in line with findings from other studies (8,20,21,22). It is also revealed that, promptness, interpersonal relationship, and medical personnel who attended women in labor are associated with the level of satisfaction with delivery care. This is congruent with other findings from different scholars (23,24,25,26). The general condition of a newborn showed association with overall satisfaction which is in concordance with findings from other studies unlike the condition of mothers which did not show a significant association with the overall level of satisfaction. This is in discordance with findings from other studies (7,21).

This study has some of limitations. One of the limitations was a failure to provide correct information from the participants for the sake of confidentiality as people are not always willing to write or express their true views. The study being facility-based and not a community survey could add to this fear of the participants to provide correct information. This was however mitigated by ensuring privacy and confidentiality to the participants before the beginning of the interview. An exit interview was also applied when mothers were discharged and/or exiting the facility to reduce the fear of being seen by health workers. The questionnaires were filled in by the women themselves except for a few individuals who asked for assistance from the researchers.

This study being cross-sectional has got some inherent weakness as it is difficult to determine the temporal relationship between exposure and outcome. Despite this limitation, still there are several conclusions that can be drawn from this study.

V. CONCLUSION

The study highlights a significant concern: 22.4% of women express dissatisfaction with maternal delivery care. This figure is noteworthy because dissatisfied women may opt for home deliveries, potentially increasing the maternal mortality rate, contributing to the higher occurrence of home deliveries and maternal mortality. Various factors influencing maternal satisfaction were identified in this study, including general cleanliness, staff availability, medicine and equipment accessibility, service cost, promptness, interpersonal relations, medical personnel, and newborn condition. This finding contributes significantly to the body of knowledge regarding women's satisfaction with maternal delivery care in health facilities and may reflect similar trends in other healthcare settings in the country. These insights can serve as valuable baseline information for future studies.

Key Recommendations

Enhance Structural Factors: The government and healthcare facility management must collaborate to enhance structural aspects, such as improving general cleanliness, increasing staff numbers, and ensuring the consistent availability of medicines and medical equipment. These improvements can help attract women to healthcare facilities for childbirth.

Review Service Costs: The Ministry of Health and healthcare facility management should critically review the cost of maternal delivery services. This evaluation is essential to align service charges with community expectations and dispel any misconceptions regarding free services. Unexpected costs can be a significant source of dissatisfaction among women.

Improve Healthcare Provider Practices: The actions of healthcare providers during the maternal delivery process must be improved. Prompt service delivery and fostering positive interpersonal relationships between healthcare providers and women are vital steps. These improvements can lead to better outcomes for both mothers and newborns and, in turn, increase women's overall satisfaction with maternal delivery care.

In conclusion, this study highlights the urgency of addressing the factors influencing maternal satisfaction in maternal delivery care. Implementing these recommendations can not only enhance women's experiences but also contribute

to better maternal and newborn health outcomes in the Kigoma region.

Conflict of Interest

The authors have declared that they have no conflicts of interest.

REFERENCES

1. Ross, C. K., Frommelt, G., Hazelwood, L., & Chang, R. W. (1987). The role of expectations in patient satisfaction with medical care. Journal of Health Care Marketing, 7, 16–26.
2. World Health Organization. (2018). Intrapartum care for a positive childbirth experience [Internet]. Available from: http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf?ua=1%0Ahttp://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/
3. Walters, K. (1992). Recent Developments in Rheometry. Theoretical and Applied Rheology, 16, 16–23.
4. Document, U., Comment, USE., To, F., & Epmm, T. (2015). Strategies toward ending preventable maternal mortality (EPMM). Lancet, 6736(2013), 1–4.
5. World Health Organization. (2019). Trend of maternal mortality by figures 2011 half year. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality.
6. Demographic and Health Survey and Malaria Indicator Survey (2015-2016).
7. Falk, M., Nelson, M., & Blomberg, M. (2019). The impact of obstetric interventions and complications on women's satisfaction with childbirth: A population-based cohort study including 16,000 women. BMC Pregnancy and Childbirth, 19(1), 1–9.
8. Jha, P., Larsson, M., Christensson, K., & Svanberg, A. S. (2017). Satisfaction with childbirth services provided in public health facilities: Results from a cross-sectional survey among postnatal women in Chhattisgarh, India. Global Health Action [Internet], 10(1). Available from: https://doi.org/10.1080/16549716.2017.1386932
9. Pantoja, L., Weeks, F. H., Ortiz, J., Cavada, G., Foster, J., & Binfa, L. (2019). Dimensions of childbirth care associated with maternal satisfaction among low-risk Chilean women. Health Care for Women International [Internet], 0(0), 1–13. Available from: https://doi.org/10.1080/07399332.2019.1590360
10. Tesfaye, R., Worku, A., Godana, W., & Lindtjorn, B. (2016). Client Satisfaction with Delivery Care Service and Associated Factors in the Public Health Facilities of Gamo Gofa Zone, Southwest Ethiopia: In a Resource Limited Setting.
11. Larson, E., Mbaruku, G. M., Cohen, J., & Kruk, M. E. (2019). Did a quality improvement intervention improve the quality of maternal health care? Implementation evaluation from a cluster-randomized controlled study, 1–10.
12. Mselle, L. T., Kohi, T. W., & Dol, J. (2019). Humanizing birth in Tanzania: A qualitative study on the (mis)treatment of women during childbirth from the perspective of mothers and fathers, 5, 1–11.
13. Namujju, J., Muhindo, R., Mselle, L. T., Waiswa, P., Nankumbi, J., & Muwanguzi, P. (2018). Childbirth experiences and their derived meaning: A qualitative study among postnatal mothers in Mbale regional referral hospital, Uganda, 1–11.
14. Bishanga, D. R., Massenga, J., Mwanamsangu, A. H., Kim, Y., George, J., Kapologwe, N. A., et al. (2019). Women's experience of facility-based childbirth care and receipt of an early postnatal check for herself and her newborn in Northwestern Tanzania.
15. Huth E. J. (2007). Benjamin Franklin's place in the history of medicine. The journal of the Royal College of Physicians of Edinburgh, 37(4), 373–378.
16. Sando, D., Ratcliffe, H., McDonald, K., Spiegelman, D., Lyatuu, G., Mwanyika-Sando, M., et al. (2016). The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. BMC Pregnancy and Childbirth, 1–10. Available from: http://dx.doi.org/10.1186/s12884-016-1019-4
17. Jallow, I. K., Chou, Y. J., Liu, T. L., & Huang, N. (2012). Women's perception of antenatal care services in public and private clinics in the Gambia. International Journal for Quality in Health Care, 24(6), 595–600.
18. Bazant, E. S., & Koenig, M. A. (2009). Women's satisfaction with delivery care in Nairobi's informal settlements. *International Journal for Quality in Health Care, 21(2), 79–86.
19. Goodman, P., Mackey, M. C., & Tavakoli, A. S. (2004). Factors related to childbirth satisfaction. Journal of Advanced Nursing, 46(2), 212–219.
20. Cham, M., Sundby, J., & Vangen, S. (2009). Availability and quality of emergency obstetric care in Gambia's main referral hospital: Women-users' testimonies. Reproductive Health, 6(1), 1–8.
21. Srivastava, A., Avan, B. I., Rajbangshi, P., & Bhattacharyya, S. (2015). Determinants of women's satisfaction with maternal health care: A review of literature from developing countries. BMC Pregnancy and Childbirth [Internet], 15(1), 1–12.
22. Lemmens, S. M. P., van Montfort, P., Meertens, L. J. E., Spaanderman, M. E. A., Smits, L. J. M., de Vries, R. G., et al. (2020). Perinatal factors related to pregnancy and childbirth satisfaction: A prospective cohort study. Journal of Psychosomatic Obstetrics and Gynecology [Internet], 0(0), 1–9. Available from: https://doi.org/10.1080/0167482X.2019.1708894
23. Mocumbi, S., Högberg, U., Lampa, E., Sacoor, C., Valá, A., Bergström, A., et al. (2019). Mothers' satisfaction with care during facility-based childbirth: A cross-sectional survey in southern Mozambique. BMC Pregnancy and Childbirth, 19(1), 1–14.
24. Mrisho M, Schellenberg JA, Mushi AK, Obrist B, Mshinda H, Tanner M. Factors affecting home delivery in rural Tanzania. 2007;12(7):862–72.
25. Boyle, S., Thomas, H., & Brooks, F. (2016). Women's views on partnership working with midwives during pregnancy and childbirth. Midwifery [Internet], 32, 21–29. Available from: http://dx.doi.org/10.1016/j.midw.2015.09.001
26. Nigenda, G., Langer, A., Kuchaisit, C., Romero, M., Rojas, G., Al-Osimy, M., et al. (2003). Women's opinions on antenatal care in developing countries: Results of a study in Cuba, Thailand, Saudi Arabia, and Argentina. BMC Public Health, 3, 1–12.