

Maternal Satisfaction of Reproductive Health Care and Associated Factors Among Women Attending Primary Health Care Facilities in ILE-IFE, Nigeria

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ABSTRACT

Background: Healthcare providers have recently placed emphases on the significance of the perception and views of the patients in health care with the aim of assessing satisfaction of patients with care received from the health care centres. The aim of the study was to determine the satisfaction with reproductive health care and the factors associated with satisfaction of women in primary health care facilities in Ile-Ife.

Methods: This study employed a descriptive cross-sectional study design. A simple random sampling technique was used to select 330 study subjects. Pre-tested questionnaire was used for data collection. ChiSquare and odds ratio were used to identify the factors influencing maternal satisfaction.

Results: Eighty-seven percent were satisfied with reproductive health care received. Factors that significantly influenced satisfaction with reproductive health care received by women were structural factors ($\chi^2 = 55.27, p < 0.001$), process factors ($\chi^2 = 66.94, p < 0.001$), and output factors ($\chi^2 = 65.85, p < 0.001$).

Conclusion: Majority are satisfied with reproductive health care received and the factors influencing satisfaction of reproductive health care as identified by the study were education, employment status and income status. Appropriate information, education, and communication are needed to solve the problem of satisfaction of reproductive health care among women.

Keywords

Satisfaction, Reproductive, Maternal, Health Care.

Introduction

Patient satisfaction is the extent to which patients are happy with

their healthcare, both inside and outside of the doctor's office [1]. It is a measure of the quality of care. It is the level in which patient feels their aspiration, expectation, and needs are being taken care of and adequately met by the health care provider [2]. Patient-based assessment of health services is becoming popular

in measuring the standard of care [3]. Assessment of patient satisfaction is of great significance in evaluating the quality of healthcare received as expressed by the patients [2]. Patient's perspectives are recognized as acceptable and valid indicators of quality of care [4]. Moreover, research on patient satisfaction has also been attracting much attention because it serves as sources of information to management, and insightful feedbacks to stakeholders for evaluating policies and developing suitable action plans for quality improvement [5]. Although quality of care could be relative in patient's perception as there are three universal indicators for assessment of the quality of care [6].

Modern medicine recently has been placing emphases on the significance of the perception and views of the patients in health care with the aim at assessing satisfaction of patients with care received from the primary health care [7]. However, reproductive health of women continue to generate discuss as most women were not satisfied with reproductive health care received. In recent studies carried out in Nigeria, women reported dissatisfaction with reproductive healthcare; many were not satisfied at all or had some areas of dissatisfaction of reproductive health care [8]. Areas for dissatisfaction identified includes access to the reproductive health services needed, high cost of services, long waiting time, poor staff attitude, poor attention and courtesy to women in labour room [9].

Although there had been some studies on satisfaction with reproductive health care, majority had been focused on the assessment of the health care workers perception of patient's right and how the healthcare workers feel the satisfaction of patients can be met. However, this study focused on the perception and experiences of the women on satisfaction of reproductive health rights. The outcomes of this finding concerning women's insights and views can be used to identify underlying factors influencing women's satisfaction with reproductive health care in state primary hospitals. The aim of this study was to assess the satisfaction with reproductive health care among women and to identify the factors associated with satisfaction of women with reproductive health care in primary health care facilities in Ile-Ife.

Materials and Methods

Study type: This study employed a descriptive cross sectional study design using a mixed-method approach.

Study place (Hospital) and period: This study was conducted in primary health care facilities in Ile-Ife town. Ile-Ife is located in Osun State, Southwest Nigeria and has two local government areas namely Ife Central and Ife East. The study was conducted between June 2024 and July 2025.

Selection criteria of the patients: Women aged 15 to 45 years, who have been attended to by the care givers, and were willing to participate in the survey were included in the study. However, the study excluded patients who were emergency cases as well as those that were making use of the health facility for the first time.

Procedure: Sample size was estimated using the Fischer formula for cross-sectional studies involving quantitative studies. The estimated sample size was 330 patients after including 10% non-response rate. The sample size was selected from the two local government areas in Ile-Ife; there was equal representation of 165 women from both local government areas. Two stage sampling technique was used; at stage 1, six primary health care facilities were selected from each of the two local governments using simple random sampling. The number of women from each primary health care was determined proportionate to estimated number of women utilizing reproductive health services on monthly basis. At stage two the participants were selected from the women utilizing reproductive health services on the days of the survey from each primary health care facility selected in the two local governments using simple random sampling technique by balloting.

Data were collected from women attending clinic in the primary health care using a pretested questionnaire. The dependent variable in this study was maternal level of satisfaction, and the explanatory variable was socio demographic characteristics (age, religion, marital status, occupation, level of education and income status). In assessing women's satisfaction with reproductive health care, fifteen questions were asked; women that responded very satisfied and satisfied were categorized as satisfied, women that responded fairly satisfied, not satisfied or undecided were categorized unsatisfied. The level of satisfaction of women with reproductive health care was determined by the mean of the frequencies of both satisfied responses.

Ethical approval

Ethical clearance was obtained for this study from the Ethics and Research Committee of Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. All participants were duly informed about the study, and reserve the right to voluntarily withdraw for whatever reasons without penalty.

Statistical analysis

The data were entered and analysed using Statistical Product for Service Solution (IBM SPSS 23). Three levels of analysis were employed. The univariate analysis (descriptive statistics) was used to determine the satisfaction with reproductive health care among women attending primary health care facilities in Ile-Ife. The summary statistics of satisfaction was also derived. The bivariate analysis was used to determine relationship between socio demographic characteristics of respondents and satisfaction with reproductive health care using Chi square test. At the multivariate level, a binary logistic regression analysis was used to identify factors associated with satisfaction with reproductive health care in primary health care facilities in Ile-Ife. Level of significance was determined at p-value less than 0.05.

Results

A total of 330 completed questionnaires were analyzed. The mean age was 27.85 ± 6.05 . 73.7% are Christians and 90.8% are married. About half (49.3%) of the respondents completed secondary

education. Majority (92.9%) of the women are Yoruba and 73% of them were self-employed and 66.8% depends on their husband for hospital bills (Table 1).

Table 1: Socio-Demographic Characteristics of respondents.

Socio-demographic	Frequency (n=330)	Percentage (%)
Age		
15 – 24	87	26.3
25 – 34	192	58.2
35 – 49	51	15.5
Mean ± SD	28.0±5.9	
Religion		
Christianity	240	72.6
Islam	88	26.7
Traditional	2	0.7
Marital Status		
Single	25	7.6
Married	305	92.4
Level of Education		
None	7	2.1
Primary Education	74	22.4
Secondary Education	162	49.1
Tertiary Education	87	26.4
Tribe		
Yoruba	317	92.9
Hausa	9	2.6
Igbo	15	4.4
Occupation		
Full housewife	63	19.1
Self employed	244	73.9
Civil servant	9	2.7
Apprentice	14	4.3
Income Status		
High	21	6.4
Average	81	24.7
Low	226	68.9

Satisfaction with reproductive health care was high (87.4%) among respondents, more than 90% were satisfied with the courtesy and

respect by health care workers, cleanliness of the ward, and cost of healthcare received. However, the lowest of the satisfaction is the waiting time as about quarter of the respondents were not satisfied with the waiting time (Figure 1), (Table 2).

Factors influencing satisfaction of women with reproductive health care, it was revealed that level of education of the women ($\chi^2 = 8.182$ and $P = 0.042$) and source of hospital bill ($\chi^2 = 9.252$ and $P = 0.026$) has significant effect on satisfaction of women with reproductive health care. Also employment status ($\chi^2 = 3.689$ and $P = 0.050$) has no significant effect on satisfaction of women with reproductive health care. However, other socio demographic and economic factors do not have significant effects on satisfaction of women with reproductive health care (Table 3).

Results showed respondents who paid their hospital bills are less likely to be satisfied with reproductive health care than respondent that governments paid their bills (OR = 0.89, CI = -0.13 – 1.90), also women who had more than secondary school education are seven times more likely to be satisfied with reproductive health care than women who had none or primary education (OR = 0.88, CI = 0.17 – 1.59). Also, women who were unemployed are more likely to be unsatisfied with reproductive health care than women who are employed (OR = 0.69, CI = -0.02 – 1.40) (Table 4).

Table 3 shows the factors influencing satisfaction with reproductive health care. the socio demographic factors does not have any significant influence on satisfaction with reproductive health care, all the socio-demographic such as age ($\chi^2=5.49$, $p > 0.05$), marital status ($\chi^2=0.01$, $p > 0.05$), level of education ($\chi^2=8.18$, $p > 0.05$), employment status ($\chi^2=3.73$, $p > 0.05$) and reproductive health care services history such as source of hospital payment ($\chi^2=9.25$, $p > 0.05$) and types of reproductive healthcare services ($\chi^2=2.71$, $p > 0.05$) accessed had no significant influence on satisfaction with reproductive health care.

Table 4 shows that the structural factors are significantly associated with the satisfaction with reproductive health care received by women. Cleanliness of the ward and hospital

Table 2: Satisfaction of women with Reproductive Health Care.

Satisfaction		Yes F (%)	No F (%)
Structural Factors	Cleanliness of the ward	301 (91.8)	29 (8.2)
	Health facility environment	292 (89.9)	38 (10.1)
	Security of the hospital	288 (88.9)	42 (11.1)
	Quietness of the environment	272 (82.9)	58 (17.1)
	Physical facilities of the health care	264 (80.0)	66 (20.0)
Process Factors	Explanation of diagnosis in the way patients could understand	308 (93.3)	22 (6.7)
	Courtesy and respect from health care workers	298 (90.3)	32 (9.7)
	Promptness of response by caregivers when patients called for help	285 (86.3)	45 (13.7)
	Confidentiality and privacy of the patients	299 (90.6)	31 (9.4)
	Waiting time of patients	251 (76.5)	79 (23.5)
Outcome Factors	Cost of health care received	303 (91.8)	27 (8.2)
	Outcome of treatment	301 (91.2)	29 (8.8)

F = Frequency % = Percentage.

Table 3: Socio demographic factors influencing satisfaction of women with reproductive health care.

Variables	Satisfaction with care RHC		χ^2	df	p-value
	Satisfied n = 289	Not satisfied n = 41			
Age					
15 – 24	80 (92.0)	7 (8.0)			
25– 34	169 (88.0)	23 (12.0)	5.49	2	0.064
35 – 49	40 (78.4)	11 (21.6)			
Marital Status					
Unmarried	22 (88.0)	3 (12.0)	0.01	1	0.947
Married	267 (87.5)	38 (12.5)			
Level of Education					
None or primary	73 (90.7)	8 (9.3)	8.18	3	0.103
Secondary	146 (90.1)	16 (9.9)			
Tertiary	70 (80.5)	17 (19.5)			
Employment Status					
Unemployed	48 (80.0)	12 (20.0)	3.73	1	0.053
Employed	238 (87.5)	29 (12.5)			
Source of Hospital bill payment					
Self	21 (77.8)	6 (22.2)	9.25	2	0.073
Free services	75 (93.8)	5 (6.2)			
Husband	193 (86.0)	30 (14.0)			
Type of services accessed					
Family Planning	34 (82.9)	7 (17.1)	2.71	2	0.258
Ante-natal	224 (89.2)	27 (10.8)			
Post-natal	31 (87.6)	41 (12.4)			

environment are significantly associated with satisfaction with reproductive healthcare ($\chi^2=58.06$, $p = 0.001$). Healthcare physical facilities was significantly associated with satisfaction with reproductive healthcare ($\chi^2=44.91$, $p = 0.001$). Quietness of the ward was significantly associated with satisfaction with reproductive healthcare ($\chi^2=25.89$, $p = 0.001$). Security of the hospital environment had significant influence on satisfaction with reproductive healthcare ($\chi^2=51.59$, $p = 0.001$).

Table 5 shows that the process factors have significant effects on the satisfaction with reproductive health care received by women. Attitude of health care workers had significant influence on satisfaction with reproductive healthcare ($\chi^2=33.75$, $p = 0.001$). Courtesy and respect from health care workers had significant influence on satisfaction with reproductive healthcare ($\chi^2=41.05$, $p = 0.001$). Explanation given to patients by health care workers had no significant influence on satisfaction with reproductive healthcare ($\chi^2=14.99$, $p = 0.05$). Promptness of health care workers to patient's call had significant influence on satisfaction with reproductive healthcare ($\chi^2=24.54$, $p = 0.001$). Waiting time of patients before being attended to by health care workers had significant influence on satisfaction with reproductive healthcare ($\chi^2=28.27$, $p = 0.001$). Professionalism of health care workers had significant influence on satisfaction with reproductive healthcare ($\chi^2=40.11$, $p = 0.001$).

Table 6 showed that the outcome factors have significant effects on the satisfaction with reproductive health care received by women. Outcome of diagnosis and prescription had significant influence on satisfaction with reproductive healthcare ($\chi^2=53.159$, $p =$

0.001). Cost of health care received had significant influence on satisfaction with reproductive healthcare ($\chi^2=58.059$, $p = 0.001$).

Table 4: Structural factors influencing satisfaction of women with reproductive healthcare.

Variables	Satisfaction with care RHC		χ^2	df	p-value
	Satisfied	Not satisfied			
Security					
Yes	279 (96.9)	9 (3.1)	51.59	1	0.001*
No	28 (66.7)	14 (33.3)			
Physical Facilities					
Yes	258 (97.7)	6 (6.8)	44.91	1	0.001*
No	49 (74.2)	17 (25.8)			
Cleanliness of the Ward					
Yes	290 (96.3)	11 (3.7)	58.06	1	0.001*
No	17 (58.6)	12 (41.4)			
Quietness of the ward					
Yes	262 (96.3)	10 (3.7)	25.89	1	0.001*
No	45 (77.6)	13 (22.4)			

*Significant

Logistics Regression showing factors influencing satisfaction of women with reproductive health care

Table 7 shows hierarchical binary logistic regression model of the relationship between overall satisfaction with reproductive health care and selected background characteristics, and structure, process and outcome satisfaction indicators among women utilizing reproductive healthcare services in primary healthcare facilities in Ile-Ife. The table revealed socio demographic factors such of age was significant for women who are above 25 years but not up to

Table 5: Process factors influencing satisfaction of women with reproductive health care.

Variables	Satisfaction with care RHC		χ^2	df	p-value
	Satisfied	Not satisfied			
Courtesy and Respect from Health care workers					
Yes	286 (96.0)	12(4.0)			
No	21 (65.6)	11(34.4)	41.05	1	0.001*
Attitude of Health care workers to work					
Yes	286 (95.7)	13(4.3)	33.75	1	0.001*
No	21 (67.7)	10(32.3)			
Explanation of diagnosis given to patients					
Yes	291(94.5)	17(5.5)	14.99	1	0.002*
No	16 (72.7)	6 (27.3)			
Promptness of healthcare workers					
Yes	273(95.8)	12(4.2)	24.54	1	0.001*
No	34 (75.6)	11(24.4)			
Waiting Time					
Yes	244 (97.2)	7(2.8)	28.27	1	0.001*
No	63 (79.7)	16(20.3)			
Privacy of patients					
Yes	281 (96.2)	11(3.8)	40.11	1	0.001*
No	26 (68.4)	12 (31.6)			

*Statistically significant

Table 6: Outcome factors influencing satisfaction of women with reproductive health care.

Variables	Satisfaction with care RHC		χ^2	df	p-value
	Satisfied	Not satisfied			
Outcome of diagnosis and drug prescription					
Yes	288 (96.3)	11(3.7)			
No	19 (61.3)	12(38.7)	53.159	1	0.001*
Cost of healthcare received					
Yes	290 (96.3)	11 (3.7)	58.059	1	0.001*
No	17(58.6)	12 (41.4)			

*Statistically significant

35 years old. Women who seek ante-natal and post-natal were also significantly satisfied with reproductive health care received. The Odd ratio of the socio-demographic factors revealed that women were less satisfied with reproductive health care received.

The table revealed that adding the process factors to socio demographic factors, age was significant for women who are above 25 years but not up to 35 years old. Women who seek ante natal and post-natal were also significantly satisfied with reproductive health care received. The Odd ratio of the socio-demographic factors revealed that women were less satisfied with reproductive health care received after adding the process factors except for marital status and primary and tertiary level of education. In addition, waiting time of women and privacy of patients were significantly influencing satisfaction with reproductive health care received in the primary health care facilities. The Odd ratio of the process factors revealed that women were less satisfied with reproductive health care received except for the attitude of health care worker that more women are satisfied with.

The addition of structural factors to process factors and socio demographic factors, age was significant for women who are above 25 years but not up to 50 years old. Women who seek

ante-natal and post-natal were also significantly satisfied with reproductive health care received. The Odd ratio of the socio-demographic factors revealed that women were less satisfied with reproductive health care received after adding the process factors except for marital status (married and separated) and primary and tertiary level of education. In addition, security of the health care facilities was the only variable found to be significantly influencing satisfaction with reproductive health care received in the primary health care facilities. The Odd ratio of the process and structural factors revealed that women were less satisfied with reproductive health care received except for security of the health care facilities and explanation of diagnosis in a way the women understand.

The addition of outcome factors to process, structure and socio demographic factors, age was significant for women who are above 25 years but not up to 35 years old. Women who seek ante-natal and post-natal were also significantly satisfied with reproductive health care received. The Odd ratio of the socio-demographic factors revealed that women were less satisfied with reproductive health care received after adding the process, structure and outcome factors except for marital status (married and separated) and primary and tertiary level of education. In addition, the Odd ratio of the process, structural and outcome

factors revealed that women were less satisfied with reproductive health care received except for explanation of diagnosis in a way the women understands.

Table 7: Result of the binary logistic regression model of the social demographic factors associated with overall satisfaction with reproductive health care and among women utilizing RHC services in PHC facilities in Ile-Ife.

Variables	OR	P	95% C.I	
			Lower	Upper
Age group				
15-24	1.00			
25-34	0.63	0.04	0.15	2.90
35-49	0.08	0.13	0.19	2.66
Religion				
Christianity	1.00			
Islam	0.01	1.00	0.01	3.91
Traditional	0.01	1.00	0.01	5.34
Marital Status				
Single	1.00			
Married	0.20	1.00	0.01	4.13
Separated	0.28	1.00	0.01	9.21
Level of Education				
None	1.00			
Primary	0.99	1.66	0.01	2.34

Table 8: Result of the binary logistic regression model of the factors associated with overall satisfaction with reproductive health care and among women utilizing RHC services in PHC facilities in Ile-Ife.

Variables	OR	P	95% C.I.		OR	p	95% C.I.		OR	P	95% C.I.	
			Lower	Upper			Lower	Upper			Lower	Upper
Courtesy from healthcare workers												
Yes	0.27	0.02	0.04	0.79	0.29	0.24	0.06	2.67	0.33	0.28	0.05	2.69
Attitude of healthcare workers												
Yes	1.14	0.90	0.12	3.79	0.93	0.95	0.09	5.65	0.96	0.94	0.09	6.35
Explanation of diagnosis												
Yes	0.76	0.76	0.19	3.62	1.56	0.68	0.19	8.21	2.42	0.46	0.27	8.87
Promptness of healthcare workers												
Yes	0.68	0.61	0.11	1.13	0.60	0.55	0.25	5.86	0.69	0.68	0.29	9.01
Waiting time of patients												
Yes	0.13	0.01	0.19	4.63	0.33	0.14	0.14	1.91	0.27	0.09	0.09	1.39
Privacy of patients												
Yes	0.23	0.03	0.04	0.53	0.78	0.77	0.19	4.63	0.68	0.66	0.19	4.69
Security												
Yes					1.19	0.03	0.04	0.53	0.24	0.07	0.47	0.78
Physical Facilities of the healthcare												
Yes					0.26	0.07	0.45	0.57	0.37	0.25	0.05	0.76
Cleanliness of the ward												
Yes					0.35	0.25	0.09	2.39	0.41	0.31	0.09	2.53
Quietness of the ward												
Yes					0.77	0.78	0.18	3.17	0.99	1.01	0.25	6.55
Outcome of diagnosis												
Yes									0.86	0.86	0.14	3.12
Cost of health care received												
Yes									0.32	0.26	0.05	1.37
Cox & Snell R ²	0.171			0.215				0.218				
Nagelkerke R ²	0.429			0.540				0.548				

Discussion

In this study, the security of the healthcare facilities, the cleanliness of the ward, physical healthcare facilities and quietness of the ward and environment have association with satisfaction of women with reproductive health care received. Studies in Nigeria, India, Bangladesh, and Ethiopia have shown a positive association between the physical environment of health care facilities and the satisfaction of women. In India, Bangladesh, and Nigeria, women who rated the infrastructures good were significantly more satisfied with reproductive care than those who rated the service poor, research in public and private hospitals in Addis Ababa found that, on average, mothers believed that hospitals had adequate space and number of beds. In addition, the availability of space and beds was a significant predictor of mothers' perception of higher quality of care [9].

Cleanliness of the ward and hospital environment has association with satisfaction of women with reproductive healthcare. Studies

in Iran, Gambia, Ethiopia, India, and Nigeria have shown that environmental cleanliness has contributed significantly to the quality of reproductive care. In a study in hospitals in Addis Ababa, women concluded that the supply of clean and working toilets is poor and that the cleanliness of facilities is considered to be a significant factor in evaluating the satisfaction with the care they receive [10]. Similar studies conducted in India, Ethiopia and Nigeria have shown that cleanliness of the facility has an effect on patient satisfaction with reproductive health care provided [11,12].

Availability and adequacy of resources has association with satisfaction with reproductive healthcare. Significant predictors of care quality in studies conducted in developing countries in Asia, Africa, and Latin America have been established for the availability and adequacy of essential equipment, prescribed drugs, laboratory facilities, and emergency supplies such as blood transfusion [13]. Likewise, the provision of medications and testing facilities in the health facility has been shown to have a strong impact on perceived satisfaction with reproductive health care in the Addis Ababa hospitals [11].

Promptness of health care workers to patient's call association with satisfaction of women with reproductive healthcare. Waiting time of patients before been attended to by health care workers association with satisfaction of women with reproductive healthcare. Prompt care means providing treatment without delay, as shown by a review of literature, extended waiting time is an important factor associated with patient satisfaction [13]. Research in a tertiary hospital in north-central Nigeria showed that waiting time has an association with satisfaction of women with reproductive healthcare [2]. The Ethiopia study also found that mother's waiting time to see their doctor significantly contributed to the overall satisfaction of mothers with reproductive health care [11,14].

Attitude of health care workers has association with satisfaction of women with reproductive healthcare. Researchers had identified interpersonal aspects of care as key determinants of satisfaction, therapeutic communication, caring behavior, and interpersonal skills of staff, which have been identified as influencing client satisfaction with care in Nigeria, Ghana, Lebanon, and Gambia [13].

A study conducted in Nigeria in outpatient clinics revealed that the behaviour of health service providers was one of the main causes of discontent with reproductive health care [2]. The research in South West Nigeria at the primary care level also found that courtesy and respect from health care workers make a significant contribution to the quality of antenatal facilities [15]. In a similar study in the Addis Ababa Maternity Referral Hospital, it was also stated that the courtesy and attitude of health workers were found to have a relatively higher satisfaction score [11].

Privacy of patients has association with satisfaction of women with reproductive healthcare, which is in agreement with previous

studies. In surveys carried out in Tanzania, Kenya, Madagascar, and Rwanda, more than half of the women were in auditory and visual privacy rooms. Open physical examinations are always associated with shame, increasing women's discomfort and lowering their level of satisfaction. In the Ethiopian study, most people were in open labor rooms with no curtains to divide patients and no way to talk without being overheard [16]. In a study carried out in the Southwest area, the researchers found that privacy was associated with the dissatisfaction of mothers. Mothers who indicated privacy during the physical examination were more comfortable than those who considered privacy absence [15].

Diagnosis and prescription and cost of health has association with satisfaction of women with reproductive healthcare. In research carried out in the northern central region of Nigeria, the quality of mothers' health was substantially related to mothers' satisfaction with delivery services [2]. Likewise, a study from the west Ethiopia area found that moms with free services were twice as happy as those with out of pocket payment [17].

The study showed that the socio demographic factors does not have association with satisfaction of women with reproductive healthcare, all the socio-demographic such as age, marital status, this is in agreement with study carried out in north central Nigeria, where socio-demographic factors such as maternal age, marital status, and religion did not have a significant association with mother satisfaction of reproductive health care [2,18,19]. Reproductive health care services history such as source of hospital payment and types of reproductive healthcare services accessed had no significant influence on satisfaction with reproductive health care [11]. However, level of education, employment status were found to be significant in other studies [15,17]. which is in disagreement with the findings of this study.

Study limitations

The limitation of the study is that it is self-reported by the women and response bias could not be avoided, however, the purpose of the study was explained to the women, to minimize the bias. Also, the study was cross sectional study and cause and effect relationship could not be determined, also what a patient felt satisfied with another may not which makes it difficult to have a uniform scale of assessment.

The strength of the study is that it has a relatively large sample size and survey was carried out in twelve primary health care facilities which gave variety of experiences.

Conclusion

Satisfaction with reproductive health care was high. The factors influencing satisfaction of reproductive health rights as identified by the study is the factors associated with satisfaction of reproductive health rights are structural, process and outcome factors. Socio demographic and economic factors such as level of education of women, employment status of the women and source of hospital bills does not influence satisfaction with reproductive health care.

Recommendation

Appropriate information, education, and communication is needed to solve the problem of satisfaction of reproductive health care among women. Therefore sensitization, awareness and education among women of reproductive age should be encouraged.

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