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Article

Evaluation of the Levels of Satisfaction with the Utilisation of Institutional Maternal Delivery Services: A Case Study of Mangochi District Hospital

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Abstract

Maternal satisfaction is a key indicator of the quality of institutional delivery services and plays an important role in improving maternal health outcomes and service utilization. The experiences and perceptions of postpartum women provide valuable insights for strengthening maternity care services. This study assessed maternal satisfaction with institutional delivery services at Mangochi District Hospital and examined the association between selected socio-demographic characteristics and overall satisfaction. A cross-sectional quantitative study was conducted among 125 postpartum women aged 18 years and above at Mangochi District Hospital. Participants were recruited using consecutive sampling. Data were collected using a structured, self-administered questionnaire that assessed socio-demographic characteristics and maternal satisfaction. Satisfaction levels were measured using a 5-point Likert scale. Data were analyzed using SPSS version 20, with descriptive statistics used to summarize satisfaction levels and Chi-square tests applied to examine associations between socio-demographic variables and overall maternal satisfaction. Overall maternal satisfaction with institutional delivery services was high, with 74.4% of respondents reporting being satisfied or very satisfied. The mean overall satisfaction score was 3.9 (SD = 1.0). High satisfaction was observed in interpersonal care, respect and dignity from healthcare providers, emotional support, and cleanliness of labour and delivery rooms. Moderate satisfaction was reported regarding waiting time, involvement in decision-making, and availability of amenities such as beds and water. Chi-square analysis showed that marital status was significantly associated with overall maternal satisfaction ($p = 0.043$), while age, educational level, and parity were not significantly associated with satisfaction ($p > 0.05$). The findings indicate that maternal satisfaction at Mangochi District Hospital is generally high, particularly in relation to interpersonal care and provider competence. However, areas such as facility comfort and service organization require improvement. Strengthening respectful maternity care, improving physical amenities, and promoting patient involvement in care decisions may further enhance maternal satisfaction.

Keywords: institutional delivery services; Mangochi District Hospital; maternal satisfaction; quantitative study; service quality

1.1. Background of the Study

About 140 million women give birth worldwide every year, according to the World Health Organization (WHO, 2022). Many women have normal pregnancies, but serious complications can occur unexpectedly during labour and delivery. To prevent these complications, the WHO recommends that women give birth in health facilities with skilled health workers. Institutional delivery means giving birth in a properly equipped health facility that can provide safe delivery and emergency care for both mother and baby. In Malawi, maternal and newborn deaths remain a serious public health concern, despite improvements in healthcare services. Although most women in Malawi now deliver in health facilities, the quality of care and women's experiences during childbirth

vary greatly. Maternal satisfaction, how women feel about the care they receive during delivery, strongly influences whether they will use health facilities again. In districts such as Mangochi, challenges such as cultural beliefs, distance to health facilities, and transport difficulties may affect women’s experiences with delivery services. Assessing women’s satisfaction and the factors that influence it is essential for improving maternal healthcare services and promoting safe, facility-based childbirth.

1.2. Problem Statement

Institutional delivery with skilled health workers is widely recognized as the safest way to reduce maternal and newborn deaths. Malawi has achieved a high institutional delivery rate, with about 91% of women giving birth in health facilities (DHS, 2022). Despite this high coverage, many women are not fully satisfied with the delivery services they receive (Bohren et al., 2015). Poor experiences during childbirth, such as disrespectful treatment, poor communication, long waiting times, and lack of privacy, reduce women’s satisfaction. Studies in Malawi have reported cases of neglect, disrespect, and abusive maternity care in health facilities. Maternal dissatisfaction can discourage women from returning to health facilities for future deliveries.

In Mangochi District, home deliveries continue to occur, despite the presence of a district referral hospital (Ólafsdóttir, Munthali, & Gunnlaugsson, 2020). These home deliveries suggest that barriers and dissatisfaction with facility-based delivery services still exist. Women’s satisfaction with delivery services strongly influences their health-seeking behaviour and trust in the health system. Inadequate context-specific evidence on maternal satisfaction at Mangochi District Hospital limits targeted service improvements.

1.3. Research Objectives

1.3.1. Main Objective

Th research was conducted to evaluate the levels of maternal satisfaction with the utilization of institutional delivery services at Mangochi District Hospital.

1.3.2. Specific Objectives

1. To assess the levels of maternal satisfaction with institutional delivery services at Mangochi District Hospital.
2. To identify the factors associated with maternal satisfaction regarding the utilization of institutional delivery services at Mangochi District Hospital.

1.4. Research Questions

- a. How satisfied are mothers with the institutional delivery services provided at Mangochi District Hospital?
- b. What factors determine maternal satisfaction with institutional delivery services at Mangochi District Hospital?

2.1. Study Methodology

Table 1. Summary presentation of study methodology.

Component	Description
Study Design	Quantitative, cross-sectional
Study Setting	Mangochi District Hospital, Southern Malawi; main secondary referral facility
Study Population	Postnatal women aged 18-49 years admitted in the postnatal ward

Inclusion Criteria	Women aged 18-49, delivered at the hospital, admitted postnatally, provided informed consent
Exclusion Criteria	Women under 18, critically ill, or unable to communicate
Sampling Method	Consecutive (non-probability) sampling of eligible participants
Sample Size	125 participants (calculated using single population proportion formula; 90% confidence level, 6% margin of error)
Data Collection Tool	Structured interviewer-administered questionnaire; pre-tested and translated into Chichewa
Data Collection Procedure	Administered in private areas; assistance provided for women unable to read; confidentiality maintained
Data Analysis	IBM SPSS v20; descriptive statistics (means, proportions, frequencies), Chi-square tests; significance $p < 0.05$
Ethical Considerations	Approval from Catholic University Research Ethics Committee & Mangochi District Health Office; informed consent, confidentiality, beneficence, justice

3.1. Results and Discussion

3.1.1. Demographic Characteristics of the Research Participants

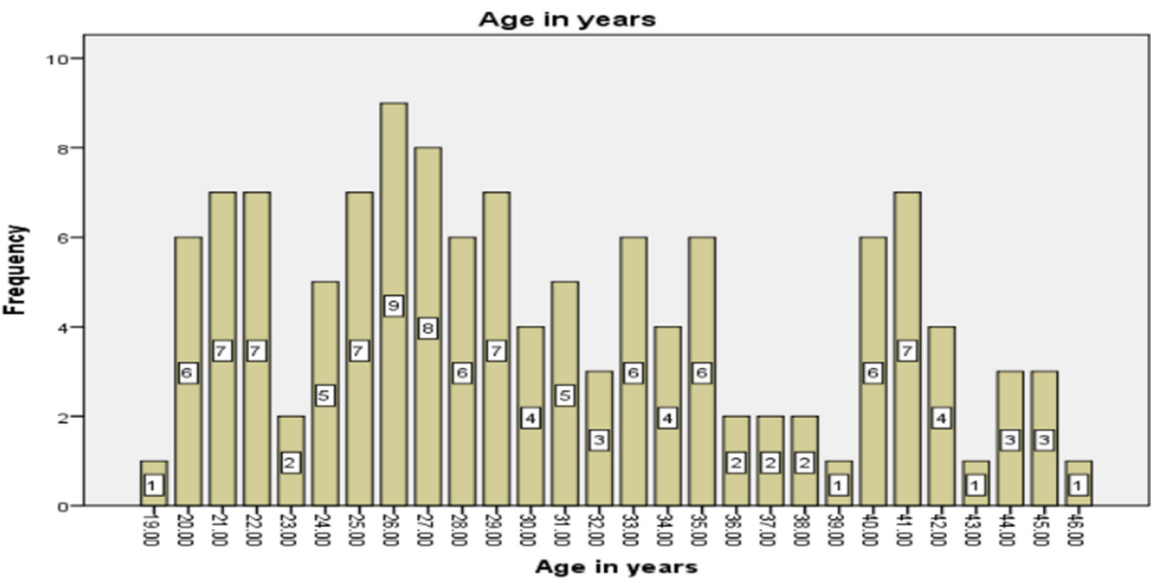


Figure 1. age distribution of respondents. A total of 125 women who had recently delivered at Mangochi District Hospital participated in the study. Most of the respondents were aged between 20 and 29 years (52%), followed by those aged 30-39 years (28%), while 20% were 40 years or older.

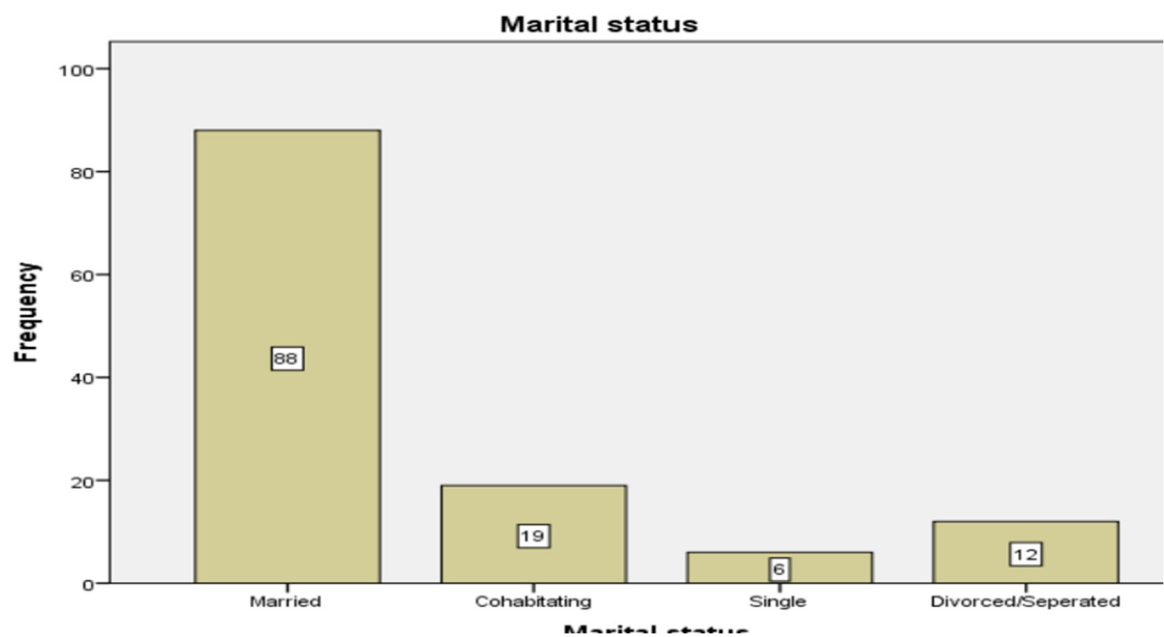


Figure 2. Marital status of the respondents. Most women were married (70%), 15% were cohabiting, and the remaining 15%were single, divorced, or widowed, reflecting typical marital patterns in the district.

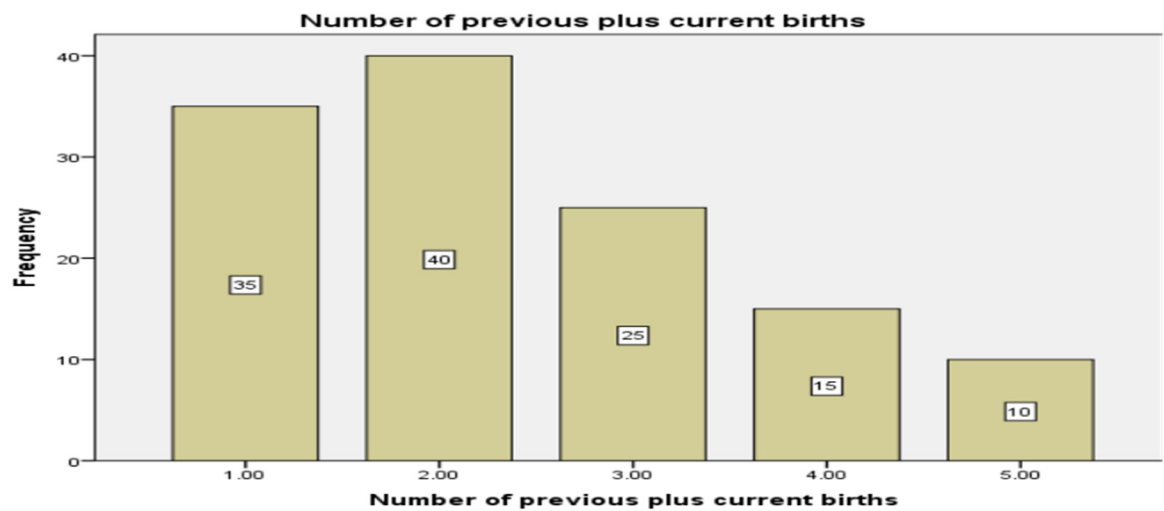


Figure 3. parity status of the women. The average number of children per woman (parity) was 2.3, indicating that most participants had previous childbirth experience.

3.2. Presentation of Results

3.2.1. Satisfaction Across Service Domains

Interpersonal Care & Communication

Descriptive Statistics

	N	Mean	Std. Deviation
Respect and dignity from nurses/midwives	125	4.1200	1.03643

Respect and dignity from doctors	125	4.0880	1.03966
Clarity of explanations during labor	125	4.0080	1.08134
Staff willingness to listen	125	3.9440	1.10937
Emotional support and encouragement	125	3.9360	1.10530
Valid N (listwise)	125		

Women generally felt respected and treated with dignity by nurses and midwives (mean = 4.12) and doctors (mean = 4.09). Most respondents reported that healthcare providers explained procedures clearly (mean = 4.01) and were willing to listen to questions and concerns (mean = 3.94). Emotional support and encouragement during labour was also rated positively (mean = 3.94), though this area may benefit from further attention.

Physical Environment & Amenities

Descriptive Statistics

	N	Mean	Std. Deviation
Cleanliness of labour/delivery rooms	125	4.1200	1.03643
Comfort of bed/beddings	125	4.0400	1.11731
Availability of clean toilet/bathroom	125	3.8640	1.10237
Availability of clean drinking water	125	3.8640	1.10237
Privacy during examinations/delivery	125	3.9680	1.09938
Valid N (listwise)	125		

Cleanliness of labour and delivery rooms was highly rated (mean = 4.12), as was the comfort of beds (mean = 4.04). Availability of clean toilets and drinking water received moderate positive ratings (mean = 3.86), while privacy during examinations was generally satisfactory (mean = 3.97). These findings indicate that the hospital environment is generally acceptable, but some basic amenities could be improved.

Technical Quality & Resources

Descriptive Statistics

	N	Mean	Std. Deviation
Confidence in midwife's skills	125	3.9840	.95870
Confidence in doctor's skills	125	3.9440	1.01046
Availability of medicines	125	3.8160	1.11720
Availability of medical supplies	125	3.7680	1.15797

Assistant with pain management	125	3.8800	1.07463
Valid N (listwise)	125		

Confidence in the skills of midwives (mean = 3.98) and doctors (mean = 3.94) was high, showing that women trusted the competence of healthcare providers. Availability of medicines (mean = 3.82) and medical supplies (mean = 3.77) was rated moderately positively, indicating occasional shortages. Pain management support during labour was rated positively (mean = 3.88).

Service Delivery Process

Descriptive Statistics

	N	Mean	Std. Deviation
Waiting time before being attended	125	3.6800	1.20215
Involvement in decisions about care	125	3.7760	1.14204
Care and support for newborn	125	4.0560	.96138
Valid N (listwise)	125		

Satisfaction with waiting time before being attended was slightly lower (mean = 3.68), indicating some delays. Most women felt involved in decisions about their care (mean = 3.78) and were highly satisfied with care and support for their newborns (mean = 4.06).

Socio-Demographic Factors & Maternal Satisfaction

Socio-Demographic Variable	χ^2 (Pearson)	Df	p-value
Age group	106.699	108	0.517
Education level	6.416	12	0.894
Marital status	21.513	12	0.043
Parity	8.615	16	0.928

Age, education, and parity were not significantly associated with overall maternal satisfaction, indicating that women’s satisfaction did not vary significantly across these factors. Marital status, however, was significantly associated with satisfaction (p = 0.043), with married women reporting higher satisfaction compared to single, cohabiting, or widowed women. This suggests that social support and family structure may influence how women perceive and experience maternity care. Overall, these results highlight that while satisfaction is generally high, attention should be paid to improving waiting times, availability of basic amenities, and inclusion in decision-making to enhance women’s experiences further.

3.3. Discussion of Results

The majority of women in the study were aged 20–29 years, reflecting the peak reproductive age and their higher likelihood of using institutional delivery services, as young women are often more aware of the benefits of skilled birth attendance (Jang et al., 2024). Most respondents were married,

highlighting the importance of social and economic support in accessing healthcare services. Marriage can facilitate timely decisions, transportation, and overall support during childbirth, influencing maternal satisfaction positively (Zelege et al., 2025). Educational attainment varied, with most women having completed primary or secondary education. Higher education empowers women to understand health information, navigate healthcare systems, and make informed decisions about their care, which can enhance satisfaction (Srivastava et al., 2015).

Overall, age, parity, and education did not significantly affect maternal satisfaction, suggesting that the hospital provides relatively equitable care across different demographic groups. However, unmarried or adolescent mothers may face unique challenges that require targeted support. Interpersonal care and communication were highly rated, with women reporting that nurses, midwives, and doctors treated them with respect and dignity, listened to their concerns, and provided clear explanations, reinforcing trust in the facility and promoting continued use of services (Srivastava et al., 2015; Jang et al., 2024). Emotional support during labor, while generally positive, showed room for improvement. Providing reassurance, encouragement, and empathetic gestures can reduce anxiety, enhance satisfaction, and strengthen trust in healthcare providers (Ope et al., 2025).

Mothers expressed high satisfaction with the cleanliness of labor rooms and privacy during examinations and delivery, reflecting the importance of these factors in shaping perceptions of care quality. Clean and private environments are essential for both physical safety and emotional comfort (WHO, 2016; Bohren et al., 2019; Afulani et al., 2018). Satisfaction with the availability of basic amenities, such as comfortable beds, clean toilets, and essential supplies, was moderate, indicating that resource limitations can affect overall experience despite high-quality interpersonal care (Srivastava et al., 2015; Banda et al., 2021).

Mothers reported strong confidence in the technical competence of midwives and doctors, which positively influenced feelings of safety and satisfaction. However, occasional shortages of medicines and medical supplies highlighted the need for reliable logistical support to complement skilled care (Srivastava et al., 2015; Turigye et al., 2025)

4.1. Conclusion

Approximately 75% of mothers at Mangochi District Hospital reported satisfaction with delivery care, highlighting generally positive experiences with institutional maternal services. Interpersonal aspects of care, including respect, kindness, and effective communication from healthcare providers, were key factors influencing maternal satisfaction. Confidence in the technical competence and skills of doctors and midwives emerged as a critical pillar of maternal satisfaction, reinforcing the importance of professional expertise in delivery care. While the hospital performed well in clinical care, some environmental and comfort-related aspects, such as hospital bed quality and availability of basic amenities, received lower satisfaction ratings, indicating areas for improvement. The findings underscore the need for ongoing staff training, strengthening interpersonal and technical skills, and improving hospital resources and infrastructure to enhance maternal experiences and overall satisfaction, offering guidance for policymakers and hospital managers.

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