Maternal satisfaction with postnatal home visitation services by community health nurses in Ashanti Region, Ghana: A cross-sectional correlational study

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Abstract

Efforts have been made to improve maternal and child health care globally, with a focus on promoting postnatal home visitation care. Despite the known significance of postnatal home visits, concerns still exist regarding mothers’ satisfaction with home visitation care. This study examined maternal satisfaction with postnatal home visitation care in the Ashanti Region. A cross-sectional correlational study design was used to gather data from the study participants using the Jipi’s questionnaire to assess maternal satisfaction with healthcare. Ten (10) district hospitals were randomly selected from 27 district hospitals in the region. A sample size of 170 postnatal mothers were then selected randomly from the 10 districts hospitals according to proportion of mothers at each facility. SPSS version 25 was used to analyse the data using descriptive statistics and Chi-square at a p-value = 0.05. The results indicated that the mothers were satisfied with the overall home visitation services, yet, showed dissatisfaction towards some specific postnatal care, including the quality of information on maternal care and support rendered by the CHNs regarding the care of the newborn during their visit. The satisfaction levels of mothers with these services are high, yet there are still opportunities for improving them by addressing specific challenges and tailoring these services to the diverse needs of postnatal mothers. In conclusion, CHNs’ work during postnatal period is essential in promoting the health of both the baby and the mother. (Afr J Reprod Health 2024; 28 [5]: 13-21).

Keywords: Community health nurse, home visitation, maternal satisfaction, postnatal care

Introduction

Maternal health is a global priority due to the significant disparities in the well-being of mothers between high-income and low-middle-income countries\(^1\). Despite numerous campaigns focusing on the utilisation of maternal healthcare services to improve the health of women and children, the desired impact has not been achieved in certain parts of the world, including Africa and Asia\(^2-4\).

The World Health Organization maintains that the postpartum period is as strenuous for the mother as the delivery itself. Therefore, it is critical to ensure that postnatal care is provided to promote the health of mothers and newborns. However, despite the known significance of postnatal home visits, concerns still exist regarding mothers’ satisfaction with home visitation care. This study examined maternal satisfaction with postnatal home visitation care in the Ashanti Region.
mother as it is for the newborn. Many women and children die in sub-Saharan Africa each year including Ghana due to postpartum bleeding and infections and other complications related to prematurity respectively. Every year, approximately 2.6 million babies die in their first month of life. Up to half of all deaths take place within the initial 24 hours of life, with 75% occurring during the first week. Similarly, in the Ashanti Region of Ghana, 53.9% of babies died within 1-4 days, 31.3% within 5-14 days, and 14.8% within 15-28 days, with causes ranging from asphyxia, low birth weight, infections and congenital anomalies, to respiratory distress syndrome.

With increasing skilled birth attendance in most hospitals, coupled with the demand for the few hospital beds, women who deliver in the various hospitals of Ghana and other low- and middle-income countries are being discharged home within the first 6 hours after spontaneous vaginal delivery. The Ghana Newborn Strategy and Action Plan (GNSAP) seeks to encourage facility deliveries but goes on further to state that, even if facility deliveries are encouraged, mothers and babies may return home shortly after birth, some after just a few hours and as such, care must be continued at community level and home. Timely intervention during the postpartum period can potentially avert health issues from progressing into chronic conditions, which could have lasting consequences on women, infants, and their families.

CHNs have been at the forefront of delivering postnatal care through home visits since 2014 in Ghana. However, both CHNs and postnatal mothers encounter challenges that hinder the effectiveness of postnatal care delivery. Previous studies have demonstrated poor satisfaction of mothers with their postpartum care providers either at the facility or in their homes. Some authors have cited lack of continuity with care, concerns with education and information delivery by care providers on maternal and newborn care practices and concerns with communication. Some mothers have as well expressed concerns about availability of resources.

Available studies conducted in Ghana looked at the determinants of utilisation of maternal health services at the facility level, with none focusing on maternal satisfaction with postnatal home visits to improve maternal and child health care. The study therefore aimed to examine maternal satisfaction of postnatal home visitation care provided by CHNs in selected districts in the Ashanti Region of Ghana. It also sought to examine the relationship between demographic features of the postnatal mothers and their level of satisfaction with the current postnatal visitation strategy.

**Methods**

This study employed a cross-sectional correlational study design to obtain information about the satisfaction of postnatal mothers with postnatal home visitation services given in a single point in time.

**Study setting**

The study was conducted in the Ashanti Region of Ghana. The population of the Ashanti Region is estimated at 5,440,463, making it the second-largest region in the country. The region is divided into 30 administrative and health districts, with 530 health facilities, of which 325 are public health institutions. The Ashanti Region was chosen for the study due to the fact that maternal and neonatal mortality has increased, postnatal care (PNC) coverage has decreased. The selected districts were chosen because they had hospitals that are well-equipped with more skilled and competent public health staff including CHNs who are required to conduct frequent home visits in and around the communities.

**Population, sampling and recruitment**

The population for this study constituted 300 mothers who had completed the six-week postnatal period in the last two weeks before the study and had had a CHN visit them in their home at least once. Cochran’s formula for sampling estimation was used to calculate the sample size from the total study population. The respondents were recruited through a simple random sampling technique from the list at the postnatal unit of the hospitals with a probability proportionate to size (PPS). The names of the 27 district hospitals were listed, followed by a simple random selection (i.e. the lottery method) of 10 district hospitals. A random sample of 170 respondents was drawn from all 10 district hospitals as sub-samples. The researcher calculated the

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proportion of mothers at each hospital by dividing
the number of mothers at each hospital (x) by the
total number of postnatal mothers (N=300) for the
10 hospitals. This proportion (x/300) was then
multiplied by the calculated total sample size (N) to
calculate sub-samples (x/300*N) for each hospital.

Data collection

Data were collected with self-administered
questionnaires on current practices of postnatal
home care provision related to maternal satisfaction.
Jipi’s Postnatal Satisfaction with Nursing Care
Questionnaire (JPSNQ) was adopted for evaluating
postnatal mother’s satisfaction following nursing
care and was used as a guide to assess maternal
satisfaction with postnatal home visitation. The
questionnaire was divided into two parts: the
demographic information and the maternal
satisfaction scale. A total of 37 items on a 4-point
Likert scale (1=very dissatisfied to 4=very satisfied)
measuring satisfaction with information,
communication, comfort and care, assisting with
specific postnatal care and values and preference for
postnatal mothers. The four-point Likert scale was
adopted with anchors: ‘very dissatisfied’ (1),
‘dissatisfied’ (2) ‘satisfied’ (3) and ‘very satisfied’
(4). The minimum mean response value acceptable
to show agreement with a measuring item was
therefore calculated as: [1+2+3+4] ÷ 4 = 2.5. A
composite mean score was then obtained from all the
components of postnatal home visitation
services. The mean scores in either case were
categorized as 3.51-4.0 = very satisfied, 2.52-
3.50 = satisfied, 1.51-2.50 = dissatisfied and
1.00-1.50= very dissatisfied. Higher mean score
therefore denoted higher satisfaction and vice
versa. There were also 9 items measuring
demographic variables of respondents. The
Cronbach’s alpha (α) for the scale after pre-testing
was 0.84.

The questionnaires were administered to the
mothers after they had received their care at the
facility by four well trained research assistants. It
took about 30 minutes to complete them. Mothers
who could not read either “English” or “Twi”
were allowed to select their preferred interpreters who
interpreted the questionnaires to them. With two
research assistants at each facility at a given time,
the process continued until the required sample size
was reached before moving to another facility. Data
collection took an average of 3 weeks at each
facility, and a total of 7 months to complete. Data
was collection from July, 2020 to January, 2021.

Data analysis

Data from the study were cleaned and checked for
its accuracy before entered into SPSS statistical
software (version 25). Descriptive statistics were
used to describe the general characteristics of
respondents in terms of demographics and maternal
satisfaction. Categorical variables were summarised
using frequencies and percentages while continuous
variables were also summarised using means and
standard deviations. A chi-square analysis was
conducted to determine associations between
demographic features and maternal satisfaction with
postnatal home visitations at a significance level of
p=0.05.

Ethics

Ethics approval for the study was obtained from the
Biomedical Ethics Committee of the University of
the Western Cape (BM19/5/8) and the Ethics
Review Committee of Ghana Health Services (GHS-
ERC002/12/19). The researcher gained entry into
the selected hospitals after permission had been
granted by the hospital administrators. Respondents
were asked for verbal and written informed consent.
They were informed about the purpose of the study
and that their participation was completely
voluntary. Respondents were taken to a quiet, serene
place further from the postnatal clinic to prevent any
form of pressure in answering the questionnaire.
Anonymity of respondents was maintained
throughout the process of the study by giving codes
to questionnaires.

Results

The age distribution of mothers who were
respondents in the study shows that a majority
(88.2%, n=150) of the respondents were younger
than 40 years. A response rate of 93.4% for mother
respondents was obtained. Marital status indicated
that 61.8% (n=105) respondents were married. The
majority of respondents (88.2%, n=150) were
Christians. Almost half of the respondents had basic
education (43.5%, n=74), and the majority (79.4%,
n=135) of the respondents were self-employed in trading and farming. More than half (55.9%, n=95) of the respondents receive an average monthly income of less than Gh₵ 450. Majority (93.5%, n=159) of the respondents had a maximum of four (4) children. Details of the participants’ demographic features are presented in Table 1.

### Maternal satisfaction with the current postnatal home visitation services

The mother’s satisfaction (Table 2) of postnatal home visitation services was determined using the composite mean scores of the scales measuring each component of maternal satisfaction.

The postnatal mothers were satisfied with CHNs’ communication services (M=3.14, SD=0.65), orientation of mothers (M=3.20, SD=0.71), information delivered to mothers (M=2.70, SD=0.58), comfort and care to mothers (M=2.76, SD=0.90), specific postnatal care to mothers (M=2.53, SD=0.58) but were dissatisfied with respecting the values and preference of mothers during postnatal home visitation (M=2.25, SD=0.69).

### Table 1: Respondents’ demographic features

<table>
<thead>
<tr>
<th>Variables</th>
<th>Categories</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>Less than 25</td>
<td>28</td>
<td>16.5</td>
</tr>
<tr>
<td></td>
<td>25-29</td>
<td>41</td>
<td>24.1</td>
</tr>
<tr>
<td></td>
<td>30-34</td>
<td>64</td>
<td>37.6</td>
</tr>
<tr>
<td></td>
<td>35-39</td>
<td>24</td>
<td>14.1</td>
</tr>
<tr>
<td></td>
<td>40-44</td>
<td>10</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>45+</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
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<td>Single</td>
<td>59</td>
<td>34.7</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>105</td>
<td>61.8</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>6</td>
<td>3.5</td>
</tr>
<tr>
<td>Religion</td>
<td>Christians</td>
<td>150</td>
<td>88.2</td>
</tr>
<tr>
<td></td>
<td>Muslims</td>
<td>16</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>Traditionalist</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Educational background</td>
<td>No formal education</td>
<td>33</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>74</td>
<td>43.5</td>
</tr>
<tr>
<td></td>
<td>Secondary/Vocational</td>
<td>47</td>
<td>27.7</td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td>16</td>
<td>9.4</td>
</tr>
<tr>
<td>Occupation</td>
<td>Farming</td>
<td>83</td>
<td>48.8</td>
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<tr>
<td></td>
<td>Trading</td>
<td>52</td>
<td>30.6</td>
</tr>
<tr>
<td></td>
<td>Employees on salary</td>
<td>16</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>19</td>
<td>20.6</td>
</tr>
<tr>
<td>Average monthly income</td>
<td>&lt; Gh₵450</td>
<td>95</td>
<td>55.9</td>
</tr>
<tr>
<td></td>
<td>Gh₵450-900</td>
<td>52</td>
<td>30.6</td>
</tr>
<tr>
<td></td>
<td>&gt;Gh₵900</td>
<td>23</td>
<td>13.5</td>
</tr>
<tr>
<td>Number of children</td>
<td>1</td>
<td>13</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>64</td>
<td>37.7</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>49</td>
<td>28.8</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>33</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>5 or more</td>
<td>11</td>
<td>6.5</td>
</tr>
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</table>

### Table 2: Maternal satisfaction with the current postnatal home visitation services

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>Communication with mothers</td>
<td>3.14</td>
<td>0.65</td>
</tr>
<tr>
<td>Orientation of mothers</td>
<td>3.20</td>
<td>0.71</td>
</tr>
<tr>
<td>Information to mothers</td>
<td>2.70</td>
<td>0.58</td>
</tr>
<tr>
<td>Comfort and care of mothers</td>
<td>2.76</td>
<td>0.90</td>
</tr>
<tr>
<td>Specific postnatal care for mothers</td>
<td>2.53</td>
<td>0.58</td>
</tr>
<tr>
<td>Respecting the values and preferences of mothers</td>
<td>2.25</td>
<td>0.69</td>
</tr>
<tr>
<td><strong>Total satisfaction</strong></td>
<td>2.76</td>
<td>0.69</td>
</tr>
</tbody>
</table>
Table 3: Association between demographic variables and mothers’ satisfaction with postnatal home visitation services provided by CHNs

<table>
<thead>
<tr>
<th>Variables</th>
<th>Satisfied with information delivery N=89 (52.4%)</th>
<th>Not satisfied with information delivery N=81 (47.6%)</th>
<th>Chi-square value (χ²)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 25</td>
<td>28 (16.5)</td>
<td>0 (0)</td>
<td>104.50</td>
<td>.000</td>
</tr>
<tr>
<td>25-29</td>
<td>2 (1.2)</td>
<td>39 (22.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>22 (12.9)</td>
<td>42 (24.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35+</td>
<td>37 (14.1)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>30 (17.6)</td>
<td>29 (17.1)</td>
<td>5.67</td>
<td>.06</td>
</tr>
<tr>
<td>Married</td>
<td>53 (31.2)</td>
<td>52 (30.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>6 (3.5)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christians</td>
<td>69 (40.6)</td>
<td>81 (47.6)</td>
<td>20.67</td>
<td>.000</td>
</tr>
<tr>
<td>Muslims</td>
<td>16 (9.4)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditionalists</td>
<td>4 (2.4)</td>
<td>0 (0)</td>
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<td></td>
</tr>
<tr>
<td>Highest education:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>26 (15.3)</td>
<td>7 (4.1)</td>
<td>118.05</td>
<td>.000</td>
</tr>
<tr>
<td>Basic level</td>
<td>4 (2.4)</td>
<td>70 (41.2)</td>
<td></td>
<td></td>
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<tr>
<td>Second cycle</td>
<td>43 (25.3)</td>
<td>4 (2.4)</td>
<td></td>
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<tr>
<td>Tertiary</td>
<td>16 (9.4)</td>
<td>0 (0)</td>
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<td></td>
</tr>
<tr>
<td>Main occupation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farming</td>
<td>70 (41.2)</td>
<td>13 (7.6)</td>
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<td>.000</td>
</tr>
<tr>
<td>Trading</td>
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<td>52 (30.6)</td>
<td></td>
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<tr>
<td>Unemployed</td>
<td>19 (11.2)</td>
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<td></td>
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</tr>
<tr>
<td>Average monthly income:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>&lt;Gh₵450</td>
<td>30 (31.6)</td>
<td>65 (68.4)</td>
<td>43.31</td>
<td>.000</td>
</tr>
<tr>
<td>Gh₵450-900</td>
<td>36 (69.2)</td>
<td>16 (30.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;Gh₵900</td>
<td>23 (10.0)</td>
<td>0 (0)</td>
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<td></td>
</tr>
<tr>
<td>Number of children:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>13 (7.6)</td>
<td>0 (0)</td>
<td>88.43</td>
<td>.000</td>
</tr>
<tr>
<td>2</td>
<td>38 (22.4)</td>
<td>26 (15.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>0 (0)</td>
<td>49 (28.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>27 (15.9)</td>
<td>6 (3.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or more</td>
<td>11 (6.5)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Socio-demographic factors that influence mothers’ satisfaction with postnatal home visitation services

Table 3 provides the association between the socio-demographic characteristics of mothers and their satisfaction with the postnatal home visitation services. All mothers younger than 25 years, and those from age 35 years and above reported being satisfied with the information delivered to them by the CHNs. On the other hand, for those between the ages of 25 years and 34 years, 47.6% (n=81) expressed dissatisfaction with the postnatal services provided by the CHNs. The result shows significant association (χ²=104.50, p<0.001) between mothers’ age and their satisfaction with postnatal home visitation services provided by the CHNs. It was also established that all the Muslims and traditionalists expressed satisfaction towards postnatal home visitation by the CHNs. However, 47.6%, (n=81) of Christian mothers were not satisfied with CHNs for their home visitation services. The Chi-square result (χ²=20.67, p<0.001) indicates a positive association between mothers’ religion and their satisfaction with CHNs’ home visitation services. The level of education of the mothers demonstrated an
association ($\chi^2=118.05, p<0.001$) with their satisfaction with home visitation services by the CHNs. For mothers who had attained basic education, 41.2%, (n=70), a tertiary-level education (n=19, 9.4%), farmers, 41.2%, (n=70) and unemployed mothers (11.2%) reported that they were satisfied with the postnatal home visitation services respectively. Conversely, all mothers who were salaried workers (9.4%) and traders (30.6%) expressed dissatisfaction with the postnatal home visitation by the CHNs. Occupation was then seen to have a significant association ($126.05, p < 0.001$) with CHNs' home visitation services.

Moreover, mothers’ income level had a significant association ($\chi^2=43.31, p<0.001$) with the service delivery by the CHNs. Mothers who earned more than Gh₵900, mothers with only one child, mothers with five or more children affirmed being satisfied with CHNs’ home visitation services. Inversely, mothers with three children (n=49, 28.9%) were not satisfied with the postnatal home visitation services. There was significant association between mothers with specific number of children and postnatal home visitation satisfaction with a chi-square value of 88.43 ($p<0.001$).

**Discussion**

The study assessed the satisfaction of postnatal mothers with home visitation care provided by CHNs. The findings of the study dwelt on the expectations of the mothers towards specific activities performed by the CHNs, including how they should communicate with them, assist them and educate them, among others. Though the work of these CHNs is very critical in the provision of healthcare in rural settings, their work may be misunderstood or devalued. Thus, most clients are not privy to the duties expected of the CHN during postnatal visitation. This notwithstanding, every patient's most important right is to be satisfied with the services given by health facilities. Over the years, satisfaction with maternal health care services has been recognised as an essential outcome for the health care delivery system.

Generally, the mothers were satisfied with postnatal home visitation services provided by the CHNs. The finding is similar and corroborates other studies previously done in Ghana and other LMICs which have reported that generally, mothers were satisfied with the services and care provided by the CHNs. More specifically, mothers were satisfied with the aspects of communication, specific information and assistance offered by CHNs. It has been argued that communication plays the most important role between care providers and the recipients of care and the importance of professional communication between care providers with their clients and families is unblemished in their satisfaction with care received. Accordingly, maternal satisfaction with communication, if positive will significantly impact the implementation of the postnatal home visitation programme and its quality and subsequently, the outcome of the process. There are, however, relative differences between the findings of the current study and the others, and this may stem from the fact that this study elicited responses from clients receiving services from nurses in their homes, as compared to most other studies that assessed level of satisfaction with communication in the hospital environment. This notwithstanding, other similar studies done on postnatal maternal health services also suggest that mothers are not very satisfied with the communication skills used by nurses in conducting patient-centred care.

Maternal satisfaction increases when mothers receive adequate information on what to do whenever they encounter health problems. The findings from the current study suggest that mothers were generally satisfied with the information provided by the CHNs on postnatal care based on the general satisfaction score for information. This corroborates other studies that have reported that mothers are generally satisfied with the information and education given by care providers during postnatal services. However, mothers’ satisfaction with the information given by the CHNs on specific health issues such as nutrition, vaginal care, family planning and the importance of follow-up visits were average. This suggests a higher expectation of the mothers from the CHNs regarding the depth and quality of information they give on these specific postnatal activities. This supports an earlier study in Ghana that suggested that women were not satisfied with the information on postnatal follow-up visit and the danger signs of the postnatal period.

Moreover, the study indicated that mothers were dissatisfied with the education provided concerning their health and care. Although CHNs...
are mandated to educate the mothers on how to care for the baby and provide some specified care at some specified periods during the postnatal period to the mother\textsuperscript{3,6}, the current study suggests the CHNs with less concern about the latter.

Furthermore, the study revealed a significant association between the demographic variables of respondents and their satisfaction/dissatisfaction with the postnatal care provided by the CHNs. The study identified age, income level, educational background, religion, parity and occupation as some key demographic variables that can determine satisfaction with service delivery.

Concerning variables that were associated with dissatisfaction, mothers aged from 25 years to 35 years, Christians, low-income earners (below GH₵ 450), and low education level were the very particular categories among the various demographic groupings that were not very satisfied with aspects of the CHNs service delivery. Satisfaction with postnatal home visitation services was found to be significantly associated with all demographic variables of the mothers. For age, all mothers below age 25 years, and all mothers above age 35 years were satisfied with postnatal home visitation services by the CHNs. For mothers within 25 years and 34 years, more than two-thirds (77.1\%) expressed dissatisfaction with the services received from the CHNs. This may be due to the exposure and experience of the mothers and their respective expectations of services from the CHNs\textsuperscript{44}.

Mothers within the ages of 25 and 34 may be mostly multiparous; has received care severally and can clearly compare and evaluate care from previous services. They may expect to be given more information about activities undertaken at the postnatal stage than they received during their previous delivery. These mothers, if literate will mostly require postnatal home visitation in respect of the experience they had with their previous pregnancy, labour and postnatal. They will therefore expect the CHNs to provide more services than what they already know. Parity and maternal age are believed to significantly relate to satisfaction with maternal care\textsuperscript{45}. However, those above 34 years may as well be multiparous, but are believed to perceive both optimal information and connection from care providers and for that matter may become satisfied with care\textsuperscript{46}. This however contradicts the findings of Panth and Kafle\textsuperscript{47} who averred that those mothers above 25 years of age are more likely to be satisfied with maternal care services than those younger than 25 years. However, the culture and demographic background in the latter study (Nepal) may greatly be related to this variation.

The results of the study indicate that just like specific information, lower educational level, low-income status and younger age (25 to 34 years) are associated with dissatisfaction with specific education by the CHNs. These findings on socio-demographic variables and their relationships with maternal satisfaction/dissatisfaction support other findings in earlier research works\textsuperscript{48-50}.

**Limitation**

The study did not determine causality and assess changes in satisfaction over time. Furthermore, the study relied solely on self-reported data, which are susceptible to response bias. Postnatal mothers’ experiences and expectations can be explored in depth through qualitative research.

**Conclusion**

Postnatal home visitation services in Ghana are generally well received by mothers, indicating the importance of this healthcare intervention in the postpartum period. There are, however, challenges especially in respecting mothers’ values and preferences regarding services delivered, appropriate health education on specific baby care and information on dangerous signs of postnatal period. Therefore, streamlining service delivery processes and being culturally sensitive to service delivery are vital to improving maternal satisfaction and, ultimately, maternal and infant health outcomes. As a result of these findings, existing policies and programs can be improved in Ghana to enhance postnatal care services and improve the overall healthcare experience for mothers. Thus, taking careful steps to improve communication between the CHNs and mothers, their information delivery and education on vital maternal and child care practices.

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Authors contribution

YA: Conceived and designed the study, conducted data collection, data analysis, and interpretation of the results, and prepared the manuscript. MB: Supervised the study methodology, data analysis, reviewed and edited the manuscript.

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