



ORIGINAL RESEARCH PAPER

Statistics

ASSESSMENT OF WOMEN'S SATISFACTION LEVEL WITH MATERNITY SERVICES: EVIDENCE FROM KALABURGI

KEY WORDS: Maternity services, Level of Satisfaction, Accessibility, Health services Received

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ABSTRACT

The present study deals with the assessment of women satisfaction with maternity services received by the healthcare centers in Kalaburagi City. The number of factors plays an important role in determining or assessing the women healthcare service satisfaction level. Analysis of level of satisfaction with maternity service factors on accessibility, health services received during pregnancy, health services received during delivery and health services received after delivery was done.

1.1 Introduction

Utilization of maternal health care services and satisfaction has a positive relationship, and this helps to reduce maternal mortalities and morbidity [5]. When women utilize their services and feel satisfied, it may lead them to use these services regularly and adhere to professional recommendations thus regarding their risk for developing serious problems[7]. Satisfaction of patients has been increasingly recognized as an important outcome for health care delivery systems[4] and is increasingly studied in developing countries[2][6]. The World Health Organization(WHO) promotes skilled birth attendance during delivery to reduce maternal mortality and recommends that women's satisfaction be assessed to improve the quality and effectiveness of health care [8].

Several studies of maternal health care and women's healthcare facility factors in developing countries have assessed whether the satisfaction of services received by the healthcare centers are related to multiple aspects of quality of care. Hence an attempt is made to study whether women utilizing maternal services are satisfied with maternal health care provided to them. In the present study the assessment of women satisfaction with maternity services factors was determined and analyzed on the factors of maternity services determinants on Accessibility, Health services received during pregnancy and Health services received during delivery and Health services received after delivery which covers the factors, Time taken to travel, Mode of travel, Average amount of time waited, Number of visits, health services received, delivery attended, attended by, satisfaction from birth attendant, Problems after your delivery, Referral to secondary clinic or hospital.

1.2 Data Collection and Methodology

For this study we have used a structural questionnaire which is a cross sectional survey of 100 women who had utilized maternity services in the past and was conducted at various government and private hospitals in Kalaburagi city. The frequency distribution under each category was obtained and preliminary statistical analysis was done based on the results obtained.

1.3 Survey of Literature

Stephanie Brown and Judith Lumley (March 1994) [3] deals with the problem of Satisfaction with Care in Labor and Birth: A survey of 790 Australian Women. Data on satisfaction with care in labor and birth were gathered in a survey conducted in Victoria,

Australia. They collected the data on all women who gave birth in one week in 1989. For analyzing the data they used a logistic regression model, the following factors were observed ,highly related to dissatisfaction with intrapartum care: lack of involvement in decision making ($p < 0.001$), insufficient information ($p < 0.001$), a higher score for obstetric intervention ($p = 0.015$), and perception that caregivers were unhelpful ($p = 0.04$). No association was found between satisfaction and maternal age, marital status, total family income, country of birth, or health insurance status.

Albrecht Jahn, Maureen Dar lang,Usha Shah. H.J Diesfeld(2000) [1] deals the problem of Maternity care in rural Nepal: A health service analysis. This study assesses the performance of maternity care and its specific service components (preventive interventions in antenatal care, antenatal screening, referral, obstetric care) in Banke District, Nepal, using a set of structure, process, and output/outcome indicators. Data sources included health service documents in 14 first level health units and two hospitals, covering 1378 pregnancies and 1323 deliveries, structured observations, antenatal exit interviews ($n = 136$) and interviews with maternity users ($n = 146$). Research finding reveals that ,Coverage of antenatal care (28%) and skilled delivery care (16%) was low. In antenatal care, preventive interventions were only partially implemented (effective iron supplementation in 17% of users). On average one minute was spent on individual counseling per consultation. 41% of pregnancies were identified as high risk and 15% received referral advice, which was followed in only 32%. Hospital deliveries accounted for 9.8% of all deliveries. Hospital-based maternal mortality was 6.8/1000 births and the stillbirth rate 70/1000. High rates of stillbirth were observed in breech delivery (258/1000 births), caesarean section (143/1000) and twin delivery (133/1000). The risk of stillbirth was higher for rural women (RR 2.3; 95% CI 1.51–3.50) and appeared to be related to low socio-economic status.

1.4 Frequency and Percentage Distribution of Overall Satisfaction of Women with Maternity Services

In this section the collected data has been classified and presented in frequency and percentage distribution. The statistical analysis of level of satisfaction of women with maternity services was done.

Overall Satisfaction of Women with Maternity Services

Table-1		Overall satisfaction	
Factors		Completely satisfied (N %)	Partially satisfied (N %)
Accessibility			
Time taken to travel	Less than 30 mins	71.4%	28.6%
	30 mins to 1 hour	65.4%	34.6%

	1 to 2 hours	72.7%	27.3%
	more than 2 hours	92.3%	7.7%
	Total	73.0%	27.0%
Mode of transport	Walking	.0%	.0%
	Ambulance	83.3%	16.7%
	Public transport (auto, bus etc)	62.2%	37.8%
	Car	74.1%	25.9%
	Total	73.0%	27.0%
Average amount of time waited	Less than 30 mins	79.3%	20.7%
	30 mins to 1 hour	62.5%	37.5%
	1 hour to 2 hours	71.4%	28.6%
	More than 2 hours	66.7%	33.3%
	Total	73.0%	27.0%
Health services received during pregnancy			
Number of visits	1 to 3 visits	71.4%	28.6%
	more than 3 visits	74.1%	25.9%
	Total	73.0%	27.0%
Health services received	Physical examination (including weight , blood pressure , heart rate)	69.5%	30.5%
	Gynecological examination	78.0%	22.0%
	Total	73.0%	27.0%
Health services received during delivery			
Delivery attended	Yes	75.6%	24.4%
	No	57.1%	42.9%
	Total	73.0%	27.0%
Attended by	Doctor	75.6%	24.4%
	Nurse	57.1%	42.9%
	Others	.0%	.0%
	Total	73.0%	27.0%
Satisfaction from birth attendant	Completely satisfied	93.8%	6.2%
	Partially satisfied	36.1%	63.9%
	Neither satisfied nor dissatisfied	.0%	.0%
	Dissatisfied	.0%	.0%
	Total	73.0%	27.0%
Health services received after delivery			
Problems after your delivery	Yes	69.6%	30.4%
	No	74.0%	26.0%
	Total	73.0%	27.0%
Referral to secondary clinic or hospital	Yes	69.6%	30.4%
	No	74.0%	26.0%
	Total	73.0%	27.0%

Analysis

From the table 3.3 it is evident that in accessibility 73% of respondents are completely satisfied by the factor time taken to travel to the healthcare facility centers. This is due to the reason that nowadays the ambulance facility is available in each and every village.

And from the factor mode of transport 83.3% of respondents using ambulance service and are completely satisfied by the services since nowadays ambulance are well equipped with all life support systems.

One can also observe that 79.3 % of the respondents who have waited less than 30 minutes to get their service in the health facility center have expressed that they are completely satisfied by the time taken to commence the treatment. This may be due to the reason that the health facility center has skilled staff and systematic approach towards the treatment of respondent.

From the table 3.8 in the factor health services received during the pregnancy 73% of the respondents are completely satisfied by the factor number of visits they made to the health facility during pregnancy.

Within that 74% respondents are completely satisfied who have visited the healthcare facility centers more than 3 time during their pregnancy. This may be due to the efficient treatment was provided each time they visited to the healthcare facility centers.

From the table 3.8 the factor health services received during

delivery 27% of the respondents are partially satisfied by the physical examination. This may be due to that they are not attending the gynecological problems. One can also observe that 70% of the respondents are completely satisfied by the services received during delivery because the respondents were attended by skilled attendants. Nearly 43% of respondents whose deliveries were not attended by skilled attendants are partially satisfied. The determinant satisfaction from the birth attendant nearly 94% of respondents are completely satisfied because their deliveries were attended by skilled doctors 64% were partially satisfied the factor satisfaction from the birth attendant and because they may be handled by less skilled doctors compared to others

In the factor health services received after delivery there are nearly 70% of the respondents are completely satisfied by the services because problems occurred after delivery were successfully cured and referred to secondary health facilities for better treatment of the problem.74% of the respondents did not have any problems after delivery are completely satisfied. Overall 73% respondents are completely satisfied this because the respondents whose problem occurred during delivery are cured and did not face any problems.

Conclusion

One can observe that the major determinant of the study reveals, in all the maternity service factors viz: Accessibility, Health services received during pregnancy, Health services received during delivery and Health services received after delivery 73% of the respondents are completely satisfied by the services received from the maternal health care centers in Kalaburagi City

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