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Women's Satisfaction from Services at a Delivery Hut: A Critique

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Abstract

Research evidence demonstrates the women's satisfaction strongly influences her choice of place for delivery. It is with this background that the present study was carried out to understand the components of satisfaction and their association with women's intention regarding the place of delivery. The aim of the study was to look at the three components of satisfaction, i.e. communication satisfaction, service satisfaction and experiential satisfaction against the backdrop of an innovative scheme of "Delivery Huts" that aimed to promote institutional delivery by addressing these components of satisfaction. Hence, the study assessed the efficacy of Delivery Huts as a model to promote safe motherhood. The research was carried out in the villages of Haryana and perceptions pertaining to satisfaction of 120 women in the age –group of 18-40 years were obtained using a pre-tested and validated satisfaction scale. The study found a significant correlation existed between the three components of satisfaction and the overall satisfaction. This highlights that overall satisfaction of an expectant mother was dependent on how she was treated at an interpersonal level, what kind of services were being provided at the Delivery Hut and finally how satisfying an experience at the Delivery Hut was.

Keywords: Satisfaction, Delivery Huts, Components of satisfaction, Communication satisfaction, Service satisfaction, experiential satisfaction.

Introduction

According to WHO, 2014, every day, approximately 800 women die from preventable causes related to pregnancy and childbirth and among these 99% of all maternal deaths occur in developing countries[1]. It is established that the health of any person is based on the public health interventions, which are carried out by the State[2] , women aren't an exception. Hence, the existing lacuna in the health system may be cited as one of the reasons for these dreaded figures. Evidence from parts of India and elsewhere demonstrates that it is possible to substantially reduce maternal mortality by addressing health system factors alone to ensure that all women have access to safe delivery services[3]. There is a need for greater attention to improve health care services and awareness among common people and also requires the proper monitoring, both during and after pregnancy, in order to improve maternal and foetal outcomes by providing good health care services[4]. Safe Motherhood is easily accessible by one and all. However, the female population stands on the back foot in comparison to the males in the access to health infrastructure [5]. A study done by Kumar and Gupta found a significant difference in the utilization of maternal health care services by caste, women' age at first birth, educational attainment, place of residence, economic status and region[6]. Also it is seen that a young and poor woman reports more complications during pregnancy and lesser use of any health care services[7].

There is also a need for continued focus and investments in strengthening health systems that provide individual and family centered comprehensive package of interventions with equitable reach and that which is provided free at the point of service delivery[8]. Health systems have to be strengthened with better infrastructure, better services and better service providers and above all far better outreach. Also, community participation can play a vital role in behaviour change, hence influencing satisfaction of clients; and it is here that the health works cam play their role. Through interpersonal communication, they try to establish a relation and win confidence of the clients. A review study on aspects of maternal satisfaction found that interpersonal behavior was the most widely reported determinant, with the largest body of evidence generated around provider behavior in terms of courtesy and non-abuse[9]. Thus, capacity building of the Frontline Health Workers is essential in catalyzing their potential and performance. However, the health system has realized that performance is strongly driven by the provision of incentives and hence, the health system has devised the incentive mechanism not just for the providers but also for the beneficiaries; e.g. women belonging to a scheduled caste/tribe and below poverty line gets incentive for delivering at an institution under JSY.

All interventions towards reducing mortality must be participative and involve women. Very often the top-down planning ignores valuable insights of the beneficiary women, making bottom-up approach regressive. Aspects of care most commonly women have deemed important while seeking health services have been: *availability of health providers and appropriate medical care (primarily drugs) in case of complications; emotional support; privacy; clean place after delivery; availability of transport to reach the institution; monetary incentives that exceed expenses; and prompt care, kind interpersonal behavior, cognitive support,*

faith in the provider's competence, and overall cleanliness of the facility and delivery room[10].

Lastly, it has been pointed out that the patient's judgment on the quality and goodness of care is indispensible to improving the management of healthcare systems. A study done by Bhattacharyya et al., in 2013 highlighted that healthcare quality-improvement programmes in India need to include non-clinical aspects of care as women want to be treated humanely during delivery--they desire respectful treatment, privacy, and emotional support.

Against this backdrop, that, women's satisfaction from delivery is influenced by the lacunae in health system, the present study was carried out to appraise an innovative scheme as a unique intervention of the health system, i.e. the "Delivery Hut Scheme". The scheme, recommended for an in-depth review has been launched as a state-specific innovation in Haryana under National Rural Health Mission to promote institutional delivery and hence provides free of cost 24X7 services, health care providers at Delivery Hut making delivery services accessible to one and all[11]. Thus, this study aimed at understanding the components of satisfaction of women in the reproductive age of 18-40 years availing or having availed services from these huts. The study also tried to understand the association between these components and the women's intention to deliver at the Delivery Hut.

Material and Methods

Since Delivery Hut is a state specific scheme, valid only under Haryana, the locale of the study was limited to villages of the state. Four villages from four respective blocks were selected from three districts, i.e. Rohtak, Gurgaon and Jhajjar, purposively selected based on their Human Development Index scores. Ten women from each village making it to a total of 120 women were asked to share their perceptions regarding maternal satisfaction from the Delivery Hut Scheme. Satisfaction of the beneficiary women was measured on a satisfaction scale which was developed by incorporating twenty statements pertaining to satisfaction of women from services available at the DH validated post the pilot study results. These statements were categorized under communication satisfaction (5 statements); service satisfaction (10 statements) and experiential satisfaction (5 statements). While communication satisfaction dealt with satisfaction from inter-personal communication with the health worker; service satisfaction focused on satisfaction from various services at DH such as, ANC, family planning, incentives, ambulance etc.

Last, but not the least, experiential satisfaction was based on satisfaction of women from any experience they've had at the DH for any service like immunization or child birth. Based on these three categories, the scores of the satisfaction scale were computed out of twenty and then ranking was given (≤10=unsatisfied, 11-14=satisfied and >14=highly satisfied).

Results and Discussion

Satisfaction of Women from DHs: As seen from figure 1, majority of the sample were satisfied and highly satisfied based on the composite scores of the satisfaction scale. The rest of the findings are reported under the respective components of satisfaction.

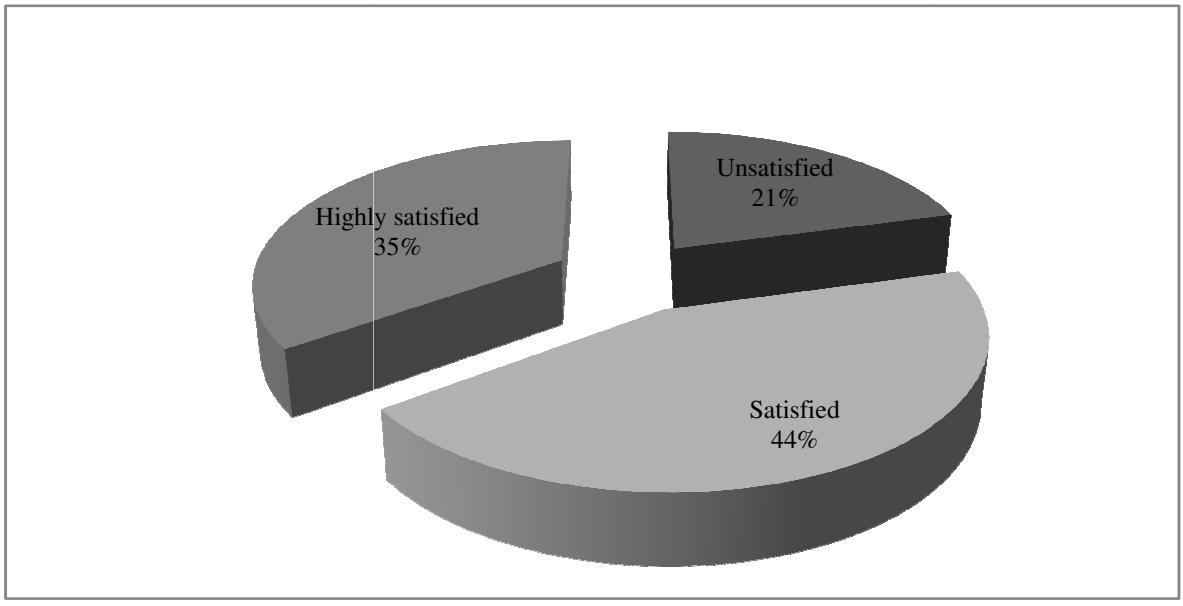

Figure-1
Distribution of women based on their satisfaction from services at a Delivery Hut

Communication Satisfaction: If a woman was satisfied in discussing her health concerns without any inhibitions with the health worker, this only conveyed that her communication experience at the DH was satisfying. Five parameters that were used to assess the communication satisfaction were: interaction with the staff, availability of the staff, comfortable climate for communication, mobilization and trust on the health workers. All the hundred and twenty women were then given scores specifically on their satisfaction from communication at DH and then the scores were categorized as unsatisfied, satisfied and highly satisfied. A significant difference was found between the communication satisfaction of the women and their intention to deliver at the DH as seen from table-1. The $\chi 2$ value for this association was 15.248, with p=.000 which was significant at 5% level of significance.

It was seen that majority i.e. nearly seventy three percent of the women were satisfied and of this nearly 56% intended to deliver their present child at the DH. Only about one fourth of them were unsatisfied and of this majority did not intend to deliver at the DH. This justifies the importance of Behaviour Change Communication and its application in promoting safe motherhood. If a woman is not satisfied communicating her concerns or if the health worker is unable to provide a comfortable climate for interaction, then it may greatly influence her intention to deliver at the DH. Further, just about three percent were highly satisfied.

Service Satisfaction: Since a DH provides a plethora of services, it was imperative to seek the beneficiaries' perception pertaining to their satisfaction from services being provided to them. A ten point parameter checklist was formed and tested on the 120 beneficiaries which focused on accessibility of DH, ANC provision, ambulance service, family planning service, delivery and child birth services, provision of incentives to name a few. If a woman was satisfied with the services and the services were within her reach, her intention to deliver at the DH may have got influenced in positive manner. Those who scored upto five, were ranked as unsatisfied, those between 6 and 7 as satisfied, and those who scored above 7 were ranked as highly satisfied. A significant difference was found between the satisfaction levels of women from the services at DH with respect to their intention to deliver at the DH. The χ^2 value for this difference was 30.094, with p=.000, that was significant at 5% level of significance.

As seen from table-2, more than half of the women were satisfied with the services at DH, while about one fourth of them were highly satisfied. This justifies that if a client is getting satisfactory services and most of them being free of cost; their intention to deliver at the DH was getting stronger. Also, about one fifth of the beneficiaries were unsatisfied and majority of them did not wish to have their delivery at the DH.

Table-1
Association of Communication Satisfaction of Women Beneficiaries with their intention to deliver the present child at DH

Communication Satisfaction		Intention to deliver present child at DH		Total
		Yes	No	
Up to 2 – Unsatisfied	Count	11	18	29
	% of Total	9.2%	15.0%	24.2%
3 to 4 – Satisfied	Count	67	20	87
	% of Total	55.8%	16.7%	72.5%
> 4 - Highly Satisfied	Count	3	1	4
	% of Total	2.5%	0.8%	3.3%
Total	Count	81	39	120
	% of Total	67.5%	32.5%	100.0%

$\chi^{2=}$15.248, df=2, p=.000 (which is ≤ .05)

Table-2
Association of Service Satisfaction of Women Beneficiaries with their intention to deliver the present child at DH

Service Satisfaction		Intention to deliver present child at DH		Total
		Yes	No	
Up to 5 - Unsatisfied	Count	5	19	24
	% of Total	4.2%	15.8%	20.0%
6 to 7 – Satisfied	Count	55	13	68
	% of Total	45.8%	10.8%	56.7%
> 7 - Highly Satisfied	Count	21	7	28
	% of Total	17.5%	5.8%	23.3%
Total	Count	81	39	120
	% of Total	67.5%	32.5%	100.0%

$\chi^{2=}$30.094, df=2, p=.000 (which is ≤ .05)

Experiential Satisfaction: At the end of it, what a satisfying experience can provide for cannot be provided by the mere list or a brief about the service from a health worker. If a woman has experienced a process, a service or an interaction which sought to answer her health problem, she would be more than convinced to come again to the DH for availing more services. This component of satisfaction was measured on the parameters of care at DH, satisfaction in terms of expected outcome, recommendation of DH to a friend/relative and future visit to a DH. Those who scored up to two were ranked as unsatisfied, those who scored between 3 and 4 as satisfied, and those who scored above 4 were ranked as highly satisfied. As seen from the table below majority of the women were satisfied with their experience at the DH, of which most of them intended to deliver at the DH. Similarly, of about eleven percent of women who were highly satisfied, all expect one wanted to deliver at the DH. The reverse was seen with almost one fourth of the lot who were unsatisfied in terms of experiential satisfaction, wherein majority did not intend to deliver at the DH. A significant difference was found between the satisfaction levels of women from their experience at DH with respect to their intention to deliver at the DH. A significant difference was found between the satisfaction levels of women from their experience at DH with respect to their intention to deliver at the DH. The χ^2 value for this difference was 26.180, with p=.000, that was significant at 5% level of significance.

Overall Satisfaction: Overall satisfaction of the beneficiary women composed of the communication satisfaction, service satisfaction and experiential satisfaction. As seen from table-4, a significant correlation with p=.000 at 1% level of significance was obtained between the three components of satisfaction and the overall satisfaction which highlights that overall satisfaction of a client was dependent on how a client was treated at an interpersonal level, what kind of services were being provided at the DH and finally how satisfying an experience at the DH has been.

Hence, the three components can be identified as the key factors that influenced a beneficiary woman's satisfaction from availing a service from the DH.

Table-3
Association of Experiential Satisfaction of Women Beneficiaries with their intention to deliver the present child at DH

Experiential Satisfaction		Intention to deliver present child at DH		Total
		Yes	No	
Up to 2 – Unsatisfied	Count	7	19	26
	% of Total	5.8%	15.8%	21.7%
3 to 4 – Satisfied	Count	62	19	81
	% of Total	51.7%	15.8%	67.5%
> 4 - Highly Satisfied	Count	12	1	13
	% of Total	10.0%	0.8%	10.8%
Total	Count	81	39	120
	% of Total	67.5%	32.5%	100.0%

$\chi^{2=}$26.180, df=2, p=.000 (which is ≤ .05)

Table-4
Correlation between Components of Satisfaction and Overall Satisfaction of Women Beneficiaries

Satisfaction Components		Communication Satisfaction	Service Satisfaction	Experiential Satisfaction	Total Satisfaction
Communication Satisfaction Mean=3.15 Std Dev=.923	Pearson Correlation	1	.626**	.595**	.842**
	Sig. (2-tailed)	-	.000	.000	.000
	N	120	120	120	120
Service Satisfaction Mean=6.64 Std Dev=1.098	Pearson Correlation	.626**	1	.611**	.874**
	Sig. (2-tailed)	.000	-	.000	.000
	N	120	120	120	120
Experiential Satisfaction Mean=3.21 Std Dev=1.076	Pearson Correlation	.595**	.611**	1	.859**
	Sig. (2-tailed)	.000	.000	-	.000
	N	120	120	120	120
Total Satisfaction Mean=12.99 Std Dev=2.674	Pearson Correlation	.842**	.874**	.859**	1
	Sig. (2-tailed)	.000	.000	.000	-
	N	120	120	120	120

**. Correlation is significant at the 0.01 level (2-tailed)

Discussion: A significant association between communication satisfaction and intention to deliver at the Delivery Hut justifies the importance of Behaviour Change Communication and its application in promoting safe motherhood. If a woman is not satisfied communicating her concerns or if the health worker is unable to provide a comfortable climate for interaction, then it may greatly influence her intention to deliver at the DH.

Further, a significant association between service satisfaction and intention to deliver at the Delivery Hut justifies that if a client is getting satisfactory services and most of them being free of cost; their intention to deliver at the DH was getting stronger. Hence, satisfaction from services may have been a crucial dependent variable that strongly influenced the call on choosing the DH as the place for delivery. This also highlights, that personal satisfaction of a client matters much more than other independent variables as caste and educational qualification, while deciding for the place of delivery. It also influences the opinion of others as in rural areas, publicity by word of mouth is a significant factor and is more overpowering than social and educational factors.

Also a significant association between experiential satisfaction and intention to deliver at the Delivery Hut asserts that first hand satisfaction of an experience at DH can pertinently influence one's intention to deliver at the DH. May be most of these women's positive experience at the DH influenced their intention to deliver at the DH and may be a negative and unsatisfying experience for the minority influenced their intention to not deliver at the DH.

Last, but, not the least, a significant correlation was obtained between the three components of satisfaction including communication, service and experiential satisfaction. This conjectures that a woman's satisfaction from a scheme like DH was dependent on the quality of inter-personal communication by the health worker, the kind of services she received and the quality of care at the DH. \

Conclusion

The study found a significant correlation existed between the three components of satisfaction and the overall satisfaction. This highlights that overall satisfaction of an expectant mother was dependent on how she was treated at an interpersonal level, what kind of services were being provided at the Delivery Hut and finally how satisfying an experience at the Delivery Hut was. A synergistic dynamics between these three components is essential to address the gaps in the health system. A scheme like Delivery Hut can be successful only if it focuses on addressing these components, as it is only then that the beneficiary client group shall experience maternal satisfaction in the true sense. Hence, focus on quality of care is must.

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