

# Client Satisfaction on Maternal and Child Health Services in Rural Bengal

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## ABSTRACT

**Background:** Services are being provided by health functionaries to the community with the objective of fulfilling their satisfaction but sometimes this is not working for the target population. **Objectives:** The study was conducted to assess the satisfaction of clients' receiving maternal and child health services and to elicit clients' suggestion for improving the services. **Materials and Methods:** An exit interview was employed to collect data using a predesigned and pretested schedule. **Results:** Most of the populations were adult clients. In respect of satisfaction, responses of the clients were either satisfactory (54.31%) or good (23.56%) on maternal and child health services; 'poor or very poor around 20% and it was significantly worse in respect of satisfaction'. Most of the clients (63.06 to 73.94%) expressed their responses as satisfactory and good regarding the assessment of doctors and it was significant. Most of them (73.31%) expressed "satisfactory" response on the quality of services given by nursing staffs. Suggestions of clients for improving the level of satisfaction were sought and in this respect, response was little. **Conclusions:** Mostly satisfactory observations on maternal and child health services were found in respect of clients' satisfaction and there was scope to improve the quality and quantity of services, and accordingly actions may be taken in the working field.

**Keywords:** Assessment, client satisfaction, maternal and child health services

## Introduction

The assessment of client satisfaction measurement has become an administrative and a practical reality. Government agencies, professional bodies, and numerous health care certification and standardization authorities expect attempts to measure patient satisfaction and the results to be examined as evaluation criteria.<sup>(1)</sup> Taking into account that more than 72% of over 1 billion population of India lives in the countryside,<sup>(2)</sup> this particular study was conducted to assess the satisfaction

of clients receiving maternal and child health services and to elicit clients' suggestion for improving the services in rural area.

## Materials and Methods

### Settings and design

This study was an institutional, descriptive case series conducted in the maternal and child health clinics of health centers and four other subcenters under Rural Health Unit and Training Centre, Singur, West Bengal, 50 km away from Kolkata. The study was done during June–September 2006. There were no medical interventions.

### Sample size and sampling design

We selected a target sample size of 1600 from different health facilities (one health center and four subcenters) based on the value of client satisfaction found to be 0.20 from a pilot study and allowable error of 10%. All

Access this article online	
Quick Response Code: 	Website: www.ijcm.org.in
	DOI: 10.4103/0970-0218.74344

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Received: 04-10-09, Accepted: 16-06-10

the clients attending the service centers on alternate days for 4 months were selected for an interview. The proportion of beneficiaries who refused the interview was around 6.5%.

### Study instrument

The data collection tool used was an interview schedule that was developed at the Institute with the assistance from the faculty members and other experts. This predesigned and pretested questionnaire contained questions relating to the information on maternal and child health care. By initial translation, back-translation, and retranslation followed by the pilot study, the questionnaire was custom-made for the study. The pilot study was carried out among general subjects following which some of the questions were modified.

### Main outcome variables

Age, family size, occupation, education, distance of clients' houses from health service facilities, means of transport, care-seeking preferences, and expectations and level of satisfaction related to waiting and consultation time were considered. An assortment of aspects related to providers' technical competence during consultations included why the patient had presented for consultation, whether client had been supplied with a description of the nature of the health problem, whether the clients' privacy had been respected, and whether a physical examination had been conducted and an advice had been offered.

### Data collection procedure

The study was approved by the institutional ethics committee and informed consent was obtained from all participants. The health workers informed and motivated the families to participate in the study along with the scope of future intervention, if necessary. All the participants were explained about the purpose of the study and were ensured strict confidentiality, and then informed consent was taken from each of them before the total procedure. The participants were given the option of not participating in the study if they wanted. In the exit interview, beneficiaries included those who had already contacted a health provider to avail the services and who were leaving the health facility, maintaining the uniformity in data collection by investigators themselves. A scoring system was developed for each response. The

total score for each person was determined and based on this, gradation was done into five grades – poor, very poor, satisfactory, good, excellent.

### Statistical application

The data collected were thoroughly cleaned and were finally tabulated, analyzed, and interpreted by using percentages and chi-square test and Z-test where applicable analyzed by Epi Info. 3.4.1 software and  $P < 0.05$  was used as the definition of statistical significance.

### Results

In this present study, the client response rate was 93.5%. Nearly half of the total beneficiaries (47.12%) were in the age group of 20–24 years and 27.63% were in the age group of 25–29 years. Among the Muslims, 42.03% were in the age group of 15–19 years contrary to the Hindus (16.78%). The average family size was 2.4. Most of the clients were homemakers and literate. They were from nearby areas and were coming to the health centers either by walk or by van-rickshaw. Good or satisfactory scoring was obtained equally for Muslims and Hindus (77.86% and 78.25%, respectively), more from housewives (81.69%) than working women. All the illiterate mothers considered the quality of services to be satisfactory or good whereas graduate mothers responded mostly by considering them as very poor (72.97%) and poor (16.21%).

Among the clients, 42.12% received antenatal care, 14.56% postnatal care, 40.37% immunization service, and family planning service was availed by 02.93% ( $\chi^2 = 103.53$ ,  $df = 9$ ,  $P < 0.0001$ ). So most of the clients came for antenatal and immunization services [Table 1].

Around 90% of the clients in respect of doctor's assessment expressed their level of satisfaction either as satisfactory or good (82–94%). A significant statistical association between services from doctors and level of client satisfaction was noted ( $\chi^2 = 376.9$ ,  $df = 10$ ,  $P < 0.0005$ ) [Table 2].

Most of them (73.31%) expressed a satisfactory response on the quality of services in favor of nursing staffs ( $Z = 32.52$ ,  $P < 0.05$ ) [Table 3].

**Table 1: Distribution of clients according to the level of satisfaction about components of maternal and child health services**

Service availed	Level of satisfaction				Total no.
	Very poor	Poor	Satisfactory	Good	
Antenatal	53 (07.89)	115 (17.11)	429 (63.84)	77 (11.46)	674 (42.12)
Postnatal	7 (03.01)	37 (15.87)	127 (54.51)	62 (26.61)	233 (14.56)
FP	4 (08.51)	6 (12.76)	22 (46.81)	15 (31.91)	47 (02.94)
Immunization	31 (04.8)	101 (15.63)	291 (45.05)	223 (34.52)	646 (40.38)
Total	95 (05.94)	259 (16.19)	869 (54.31)	377 (23.56)	1600 (100.00)

$\chi^2 = 103.53$ ,  $df = 9$ ,  $P < 0.0001$ . Figures in parenthesis are in percentage

**Table 2: Distribution of client satisfaction with respect to doctors**

Assessment of doctor	Level of satisfaction				Total no.
	Very poor	Poor	Satisfactory	Good	
Availability of doctors	117 (7.31)	151 (9.44)	1183 (73.94)	149 (9.31)	1600 (100)
Doctor's response to patient's queries	0	89 (5.56)	1009 (63.06)	502 (31.38)	1600 (100)
Attitude of doctors to listen	0	89 (5.56)	1009 (63.06)	502 (31.38)	1600 (100)
Future course of problem told by doctors	0	154 (9.63)	1063 (66.44)	383 (23.93)	1600 (100)
Confidence in doctors	0	154 (9.63)	1063 (66.44)	383 (23.93)	1600 (100)
Satisfaction on visit to doctors	0	154 (9.63)	1063 (66.44)	383 (23.93)	1600 (100)

$\chi^2 = 376.9$ ,  $df = 10$ ,  $P < 0.0005$ . Figures in parenthesis are in percentage.

Suggestions were made largely on waiting time, sitting arrangement, and laboratory services. No suggestions were made on cleanliness of examination room and immunization services. Suggestions were reduction of waiting time, separate laboratory in respective centers, separate waiting room for males and females with fan, light and more accommodation, privacy in clinic, etc. Trivial suggestions were available on the services of doctor and nurse [Table 4].

## Discussion

In the present study, we observed that the maternal and child health services rendered by the rural health centers had succeeded in achieving satisfaction and ensuring utilization among majority (nearly two-thirds) of the studied population. With the increasing level of education, one's expectation increases, which may explain less satisfaction among the highly educated women. Housewives were inclined to use the services and were more satisfied than working women. Apart from the differences, the center seemed to have provided good quality services so as to achieve a good or satisfactory level of perception among majority of the beneficiaries served.

Das *et al.*<sup>(3)</sup> observed that antenatal care coverage and contraceptive use rate were very low even though the population under study had two important sources of antenatal care (the community health center and rural health training center).

Banerjee, in a similar type of study at Urban Health Centre, Chetla, Kolkata, showed that nearly 75% of the beneficiaries could be categorized as good or excellent in terms of knowledge, convenience, utilization, and satisfaction.

In our study, both Hindu and Muslim mothers considered the services satisfactory or equally good. Our peer observed that 55.9% of Hindu and 89.4% Muslim mothers considered the services to be excellent or good. Education might have played its great role there.

All the illiterate mothers considered the quality of services to be satisfactory or good in our study. Similar

**Table 3: Distribution of client satisfaction with respect to nurses**

Level of satisfaction	Number	Percentage
Very poor	147	9.19
Poor	193	12.06
Satisfactory	1173	73.31
Good	87	5.44
Total	1600	100.00

$Z = 32.52$ ,  $P < 0.05$ .

**Table 4: Suggestions of clients for improving the level of satisfaction**

Suggestion area	Number with suggestion	Percentage	Number without suggestion	Percentage
Accessibility	22	1.38	1578	98.62
Waiting time	641	40.06	959	59.94
Clinic time	44	2.76	1556	97.24
Sitting arrangement	769	48.06	831	51.94
Waiting place	33	2.06	1567	97.94
Examination room	75	4.69	1525	95.31
Service environment	107	6.69	1493	93.31
Doctors' services	118	7.40	1482	92.60
Nurses' services	11	0.69	1589	99.31
Pharmacists' services	11	0.69	1589	99.31
Other staffs' services	44	2.75	1556	97.25
Drug supply	129	8.06	1471	91.94
Lab. services	760	47.50	840	52.50
Immunization services	0	0.00	1600	100.00

Bold values indicate multiple responses present

study in an urban area noted the same inverse relation with education.<sup>(4)</sup>

A great majority of housewives were satisfied with the services. In a similar study, housewives appeared to be more satisfied (63.8%), while 44.8% of the working women felt so.<sup>(4)</sup>

Satisfaction on privacy was found among women in 86.75% cases in this study. A similar study in rural Bangladesh delineated that privacy was maintained in less than 45.1% cases.<sup>(5)</sup>

The strength of the study was that it revealed that the availability of the services, conduct of the service provider, and service arrangement in the facility were

found most important factors in determining the level of satisfaction. In respect of suggestion, satisfaction was not universal among the beneficiaries of clients leading to scope of improvement in services to accommodate the service components according to public demand.

The limitation of the study was that it could not be developed into a multicentric study otherwise the results could have been declared more general for this part of the country.

To, sum up, in our study an effort was made to give an overview of client satisfaction receiving some components of maternal and child health services at health centers and subcenters in a rural area of Hooghly district of West Bengal. In this microperspective, the degree of patient satisfaction was closely related to the services given, recipients' perception on care providers. The deficiency that remained might be overcome by generating awareness among the community by

holding mothers' meetings and extensive IEC program, inviting opinions and suggestions from the clients and encouraging enhanced community participation.

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**Source of Support:** Nil, **Conflict of Interest:** None declared.