

Women's satisfaction with Intrapartum Services in Basrah-Iraq



Original Research Article

ISSN : 2456-1045 (Online)

(ICV-MDS/Impact Value): 63.78

(GIF) Impact Factor: 4.126

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Journal Code: ARJMD/MDS/V-23.0/I-1/C-1/MCH-2018

Category : MEDICAL SCIENCE

Volume : 23.0 / Chapter- I / Issue -1 (MARCH-2018)

Journal Website: www.journalresearchijf.com

Paper Received: 19.03.2018

Paper Accepted: 26.03.2018

Date of Publication: 07-04-2018

Page: 01-05



Name of the Author:

Shukrya Kamil^{1*}, Jasim al asadi², Asaad Al Yassen³, Sabah Agha⁴

^{1,2,3} Community Medicine, College of Medicine, University of Basrah, IRAQ

⁴ General Directorate of Health in Basrah, IRAQ

Citation of the Article

Kamil S. ; Al. Asadi J. ; Al. Yaseen A. ; Agha S. (2018)
Women's satisfaction with intrapartum services in Basrah-Iraq;
Advance Research Journal of Multidisciplinary
Discoveries.23.0,C-1 (2018) 01-05

ABSTRACT

Objective: Satisfaction is one of the most commonly described consequent measures for quality of care. This study aimed to define the mothers' level of satisfaction with intrapartum care received during hospitalization for delivery, and to recognize socio demographic and health care-related issues associated with satisfaction.

Methods: Four hundred and fifty nine women recruited from 14 primary health care centers were interviewed in a descriptive cross-sectional study using a structured questionnaire. Items in the questionnaire included; socio-demographic and obstetric variables, reasons behind dissatisfaction, and assessment of the levels of satisfaction. Data analysis was done using frequency distribution tables; Chi-square was used to determine the association. The p-value <0.05 was considered significant.

Results: Nearly one half of the women (47.9%) of the studied women were dissatisfied with the hospital-based intrapartum service, 12.6% very dissatisfied and 35.3% dissatisfied to some extent. The main reasons for their dissatisfaction; bribery has to be paid (86.3%), non-availability of medications (75.9%), prevention of companion to stay with them (65.1%), and non-preservation of confidentiality (64.3%). Women's satisfaction with intrapartum care was significantly related to educational level, occupation, and parity.

Conclusions: the overall satisfaction of the women with the intrapartum care was low. Health care providers, policy makers as well as hospital managers requisite to reflect the problems which contribute to low satisfaction with childbirth in any work to recover the care.

Key words: Basrah, intrapartum, satisfaction, women.

Advances in knowledge

Despite the improvement in health care services, such services still do not meet the patients' expectation, which will affect their satisfaction. In addition, the socio cultural factors may affect the level of satisfaction.

The study marks one of the first studies to assess the level of satisfaction with the intrapartum services in Basrah.

Application to patients care

The results of this study can help the health policy makers to improve quality of the delivered intrapartum health care services and consequently alteration of patients' satisfaction.

I. INTRODUCTION

Satisfaction can be described as the degree of an individual's involvement paralleled with his or her anticipation, which is correlated to the extent to which common health care needs are met.¹

Recently, patient's satisfaction investigations have got increasing attentiveness as expressive and crucial sources of evidence for finding gaps and emerging an applicable action plan for excellence development in healthcare administrations.²

The healthcare executives that attempt to attain excellence take patient opinion into excuse when planning the policies for characteristic improvement of care.³

Patients' evaluation of care is an accurate instrument to deliver chance for perfection, augments considered decision making, meets patients' anticipations, and offers benchmarking throughout the healthcare organizations.⁴

Women satisfaction is a distinctive and dynamic awareness of the extent to which the anticipated health care is acknowledged.⁵

Treatment effects, doctor skill and clarification, assistances by nurses, medical charges, hospital situation and availability of medical care, all these affect consumption and patient satisfaction to on-going facilities.⁶

Overall, patients presume their physicians to act pleasurably, and communicate in their language. They anticipate care, and gentility, so deprived interaction with physicians, and absence of empathy can lead to dissatisfaction. This is possibly the utmost significant pointer to determine the patient gratification consequence.⁷

Birth is a life-changing experience and the care given to women during labor has the likely to touch them both physically and psychologically in the short and longer terms.⁸ Compassionate care involves verbal and nonverbal conducts and actions that the health care provider uses to support, and enhance a woman's ability to cope with labor and birth.⁹

Support of a caregiver considerably reduced feeling of having had a difficult birth in mothers 24 hours postpartum. It also had a positive effect on number of mothers who were still breast-feeding.¹⁰ and can reduce the requirement for pharmacological pain relief, and thus recovers the childbirth experience.¹¹ Being active during labor is more comfortable, and it allows the mother to cope with her pain better. One of the recommendations of WHO is that women must participate in decisions about their birth experiences.¹² it is imperative that optimum carefulness be given to the woman during this period without difficulties, which may arise.^{13, 14}

Satisfactory childbirth experience has contributed to a woman's sense of achievement and has led to anticipations for future positive childbirth experiences.¹⁵

In spite of the importance of such health issue, no previous study was done to explore it in Basrah, therefore this study was carried out to measure the levels of satisfaction with intra-partum care among women delivered at Basrah public hospitals and the related socio demographic and health related factors.

II. MATERIALS AND METHODS

A descriptive cross - sectional study, with multi stage sampling technique was conducted to evaluate the women satisfaction regarding the intra partum care for the period from November 2016 to January 2017 in 14 Primary Health Care

(PHC) centers in Basrah city. Those PHC centers were selected randomly by using systematic random sampling technique from a list of the PHC that contains 45 centers, every third center was chosen. A convenient sample of 600 women was decided upon.

All women who attended the chosen primary health care centers in their post partum period (up to 6 months after delivery) for any reason were asked to participate in the study. Women with complications and those who were delivered by elective caesarian section were excluded from the study. Of 600 women, 459 of them agreed to be involved in the study, with a response rate of 76.5%.

Each primary health care center was visited 2-3 times /week by one of the researchers, 10-15 consecutive women were interviewed per day.

The data were collected using special questionnaire form, which was designed for the purpose of the study after extensive literature review.^{5, 9, 14} It consisted of four parts: the first part includes socio - demographic parameters such as age, educational level, and occupation of the women. The second part included questions related to obstetric history such as number of children, and way of delivery. The third part of the questionnaire included questions about woman satisfaction with the intra partum care, the answers were ranked, using 5 – likert scale; very satisfied, satisfied to some extent, don't know, dissatisfied, and very dissatisfied. For statistical purpose, the level of satisfaction was categorized into 3 groups; satisfied, don't know, and dissatisfied.

The fourth part included questions related to the reasons behind dissatisfaction with the intra partum care including; the way of receiving, respectability, privacy and confidentiality in the labor room, support and pain management, availability of the medicine and health care providers, and care during the first few post partum hours.

The participants were aware about the aim of the study and they were informed that participation is voluntary. Verbal consent was taken before the data collection and they were informed that the data would be anonymous and confidential.

The data were coded for entry and analyzed using SPSS (Statistical Package for Social Sciences) version 20 (IBM, Chicago, Illinois, USA). Data were presented using descriptive statistics in the form of frequencies and percentages. Chi-square test was used to compare the categories among various groups and a P-value of <0.05 was considered statistically significant.

The Ethical Committees of College of Medicine, Basra University and Basra General Health Directorate approved the study protocol.

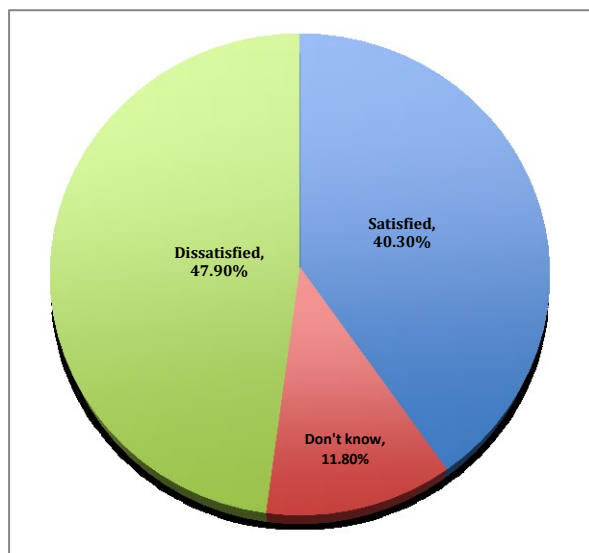
III. RESULTS

A total of 459 women who were delivered at the maternity units of four major public hospitals in Basrah City were included. The socio-demographic characteristics of them were shown in table1. The mean age was 28.61±5.52 years (ranging from 15-43 years). Women aged 25-34 years constituted 59.3% of the studied population. More than half of them were housewives (56%), and 67.3% were with high educational level. The majority (88.2%) of the women were multipara.

Table 1 Socio-demographic and obstetric characteristics of the study population.

Character	No. (%)
Age (years)	
≤ 24	118 (25.7)
25 - 34	272 (59.3)
> 34	69 (15.0)
Educational level	
≤ 12 years	150 (32.7)
> 12 years	309 (67.3)
Occupation	
Housewife	257 (56.0)
Worker	202 (45.0)
Parity	
Primipara	54 (11.8)
Multipara	405 (88.2)
Way of delivery	
Vaginal	358 (78.0)
Caesarian section	101 (22.0)
Sex of bay	
Boy	169 (42.7)
Girl	263 (57.3)

Figure 1 revealed the levels of satisfaction of the studied women about the intra partum care. Less than half (40.3%) of the women were satisfied with the intra partum services (13.9% of them had high level of satisfaction and 26.4% of them showed some degree of satisfaction), while 47.9% of them were not satisfied with the services provided by the maternity units. (Ranged between 12.6% very dissatisfied and 35.3% dissatisfied to some extent).

**Figure 1 Levels of satisfaction of the studied population with the intra partum service in Basrah.**

The causes behind the dissatisfaction are shown in table 2. The main reason behind women dissatisfaction with the intra partum care (86.3%) was the compulsory payments of the bribery, while non availability of medicine and health care providers were reported by 75.9%, and 60% of them respectively as another important causes for their dissatisfaction with the intra partum care. The problem of the confidentiality of the women, which was not preserved, made 64.3% of them not to be satisfied with the provided services. Their accompanied prevented from staying with them (by the law of the hospitals) for support was another big reason made 65.1% of the women dissatisfied. The post partum women in those hospitals were discharged homes on their responsibilities after short stay without examination, and this made 54.9% of the mothers dissatisfied. Half of the women (51.6%) were not

satisfied because they had to confine to the bed and not allowed to move around during labor. The least mentioned cause for the dissatisfaction (6.5%) was their exposure to physical violence.

Table 2 Reasons behind dissatisfaction of the women about the intra partum service in Basrah (N=395)

Causes of dissatisfaction of the women with the intra partum service	No. (%)
Bribery has to be paid	341 (86.3)
The medicines were not available	300 (75.9)
The accompanying person was not allowed to stay with her	258 (65.1)
Her confidentiality was not preserved.	254 (64.3)
Health care providers numbers were not enough	237 (60.0)
Discharged on her responsibility after short stay	217 (54.9)
She was not allowed to move from the bed	204 (51.6)
She did not share the decision of giving her IV fluid and syntocinon infusion.	191 (48.3)
The way of receiving her was not respected	180 (45.5)
She did not receive any assistance during contraction	176 (44.5)
The staff apply pressure on the uterus	143 (36.2)
The pain killer was not enough	137 (34.6)
She and her baby were not examined post partum by the doctor	107 (27.0)
Fetal heart did not checked	90 (22.7)
She was exposed to verbal violence	40 (10.1)
She was exposed to physical violence	26 (6.5)

As shown in table 3; occupation, educational level, and number of children were significantly associated with the levels of satisfactions of the women. While the age of the women, way of delivery and the sex of the baby did not associate significantly with the levels of satisfaction.

Table 3 Association of socio-demographic and obstetric characteristics with the levels of satisfaction.

Character	Satisfied	Don't know	Dissatisfied	P-value
Age (years)				
≤24	58 (48.7)	15 (12.8)	45 (38.5)	0.080
25-34	106 (39.2)	30 (11.0)	136 (49.8)	
>35	21 (30.4)	9 (13.1)	39 (56.5)	
Educational level				
≤ 12 years	80 (53.3)	22 (14.7)	48 (34.0)	0.001
> 12 years	105 (34.0)	32 (10.3)	172 (55.7)	
Occupation				
Housewife	138 (53.7)	25 (9.7)	94 (36.6)	< 0.001
Worker	47 (23.3)	29 (14.4)	126 (62.4)	
Parity				
Primipara	35 (64.8)	2 (3.7)	17 (31.5)	0.001
Multipara	149 (36.9)	52 (12.9)	203 (50.2)	
Way of delivery				
Vaginal	148 (41.4)	47 (13.1)	163 (45.5)	0.084
Caesarian	37 (36.6)	7 (6.9)	57 (56.5)	
Sex of the baby				
Boy	91(46.4)	21(10.7)	84(42.9)	0.069
Girl	94(35.7)	33(12.6)	136(51.7)	

IV. DISCUSSIONS

Many patients in our state criticized health care services; among the services intra partum service is the one. To recognize exactly which factors cause dissatisfaction necessitates exploration.

This study helps to evaluate health care services from the patient's point of view, facilitates the identification of problem areas, and helps generate ideas towards resolving these problems.

This study investigated women's satisfaction with intra partum care. Also determined main causes affecting their perception and prevent them from feeling satisfied with this kind of care like (availability of resources, the privacy, interpersonal care). Less than half of the women (40.3%) who participated in this study stated satisfaction with overall care. This result is comparable with other studies done in Sudan by Handady et al¹⁴, the study done in Uganda by Nabbuye-sekani et al.¹⁷ A previous study that had been done in Jordan by Mohammad et al¹⁶ also reported low rate of satisfaction (17.8%) even lower than our result. All of these countries are considered as part of the developing countries while other studies done in some of the developed countries reported higher levels of satisfaction with such kind of care like the studies done in USA and Australia.^{18, 19} this difference in the rates of satisfaction could be related to the cultural, environmental, and health system variations all over the world. Differences in socioeconomic status and the expectations of the women also could influence the rate of satisfaction with health care or there is an actual disparity in the feature of service offered.

Majority of the women in this study were dissatisfied because of the bribery, which is highly propagated in the hospitals, and other state service centers where the people demand help, this is part of the corruption in the country. The health care in Iraq is free of charge to all people as documented in the constitution, so this extra informal payments against the expectations of the women but they have to pay to the midwives or the nurses or even the workers, otherwise they will not get proper service, they will be treated badly, neglected and may end with complications. A study done in Lithuania reported the same problem.²⁰

Another main reason behind dissatisfaction of the women whom were delivered at the public hospitals in Basrah was the non –availability of the human resources, in the public hospitals unfortunately there were shortage of the midwives and the nurses so they have to look after many patients in the labor room at the same time.²¹ This defect in the service also causes dissatisfaction to the women during labor in Nigeria, Ghana, and Jordan.²²⁻²⁴ The availability of free charge medicine and other supplies during childbirth is considered as a prerequisite for good care. Therefore, their non-availability had its negative effect on the satisfaction and this against the expectation of the women, because of this, the patients were obligated to buy medicine from the pharmacies out side and more cost was added. Similar results also were seen in studies done in Nigeria, and India.^{22,25}

Privacy is crucial for women using the maternal health service, so the lack of confidentiality during examination and deliveries leads to dissatisfaction with the service. A result, which is found in this study and other studies.²⁶⁻²⁸

Under the regulation of the hospitals, the companion of the woman is prevented from staying with her during labor. Consequently, the woman feels deprived from a necessary emotional support resulting in a significant negative effect on her satisfaction with overall birth experience, a result that agrees with that of other studies.^{29,30}

Keeping patients in bed and not allow them to move, in addition to performing lithotomy position during labor, which is a common practice in Arab countries, may lead to increase pain experience resulting in reduced satisfaction rate, and this finding also shown by another study.³¹

The mother during labor is in need for support from caregiver, which can be in form of; allowing the mother to be involved in decision making, to express her feeling during childbirth, and information. This support could be considered as predictor for childbirth satisfaction.^{32, 33} this study revealed suboptimal support from the caregivers and so the level of the satisfaction was low also.

Although no significant association was found between age and satisfaction in this study, younger and primi para women were found to be more satisfied than older and multipara women. A result, which agrees with that of others,³⁴⁻³⁶ but it differs from what was reported in Sri Lanka where multipara showed a higher satisfaction than primi para.³⁷ Also another study revealed that older women were more satisfied than their younger counterparts were.³⁸

Regarding women's education status, less educated participants have higher satisfaction than the educated ones; this is similar to other studies done previously.^{35,36,39} This could be attributed to high expectation of highly educated women.

Because this study was cross-sectional in nature, this leads to lack of inferring causality, and recall bias may be present due to a fairly long time gap after childbirth, those are considered as limitations of the study. Despite these limitations, our results are in line with that published else were.

V. CONCLUSION

This study revealed low rate of gratification with care in labor. Women satisfaction with the intra partum care is significantly associated with; educational status, parity, and occupation.

The compulsory payments of the bribery, the non-availability of the medicine, and absence of preservation of the privacy were found to be the main causes of dissatisfaction. These could hint to discontinue utilization of the public hospitals in forthcoming time by the women or using the hospitals only as a last resort.

VI. RECOMMENDATIONS

The study strongly suggested that more could be done to assure that service provided is more patient centered. Health care providers, policy makers as well as hospital managers are requested to assess the measures and guidelines concerning childbirth practices in their hospitals. To improve satisfaction with carefulness in maternity hospitals, the principal work needs to be focused mainly at midwife help during labor. Future studies can offer a comparison of public and private sector hospitals.

VII. CONFLICT OF INTEREST

The authors declared that there is no conflict of interest.

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Corresponding Author :**Dr .Shukrya Kamil Al Maliki ***Assistant professor @Community Medicine Department . IRAQ
Tel; +9647713550539

Email: shukryakamil[at]gmail.com

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