

CHILDBIRTH SATISFACTION AMONG PRIMI POSTNATAL MOTHERS ADMITTED UNDER NRHM SCHEME: Association with selected socio-demographic variables

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ABSTRACT

Assessment of the socio-demographic factors associated with the satisfaction is related to the childbirth experience. Objective: A mother's satisfaction with the childbirth experience may have instant and lasting effects on her wellbeing, and on the bonding with her infant. The main aim of the study was to assess which socio-demographic factors are associated with this satisfaction. The present paper is an attempt to examine the association of childbirth satisfaction among primi postnatal mothers admitted under NRHM scheme with selected socio-demographic variables in a selected government hospital of Amritsar (Punjab). The Socio-demographic variables include Age, Religion, Education, Duration of marriage and Type of delivery of the primi postnatal mothers admitted under NRHM scheme. Sample for the study includes 200 primi postnatal mothers admitted in Civil Hospital, Amritsar. Purposive sampling technique was followed to select the sample. A Structured scale was used to assess childbirth satisfaction among primi postnatal mothers. The data was collected in the month of August, 2014. ANOVA was applied to assess the association of childbirth satisfaction among primi postnatal mothers with socio demographic variables. The findings of the study revealed no significant association between childbirth satisfaction and Age, Religion, Education, Duration of marriage and Type of delivery of the primi postnatal mothers admitted under NRHM scheme.

Key words: Childbirth satisfaction, Primi Postnatal mothers

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INTRODUCTION

The health of the mother and child constitutes one of the most serious health problems affecting the community, particularly in developing countries like India. To alleviate this problem, Maternal and Child Health (MCH) services have seen a spectrum of changes dating from antiquity to the most recent development of National Rural Health Mission (NRHM). Promotion of maternal and child health has been one of its most important aspects. But any programme, however, relevant its components are likely to fail unless it succeeds in improving the knowledge and achieving satisfaction of its patients. The assessment of patient satisfaction measurement has become an administrative and a practical reality.¹

Concerns about postnatal care have become critical as the hospitals have been under increasing strain to meet the expectations of the patient as consumers, because medical care has come into the ambit of services under the Consumer Protection Act. So it is necessary to monitor quality services in the hospital by the management. Assessment of care adequacy must go beyond the usual measures of structure, process and outcome variables, to include consumer evaluation of quality; indeed any evaluation of care outcome may be incomplete without including outcomes as perceived by the patient.²

Maternal satisfaction with care is critical to enhancing the utilisation of health services and to ensure improved health outcome. Consequently its measurement is indispensable for identifying areas of quality improvement in maternal care. The assessment of maternal satisfaction is challenging in developing countries, primarily due to diversity of delivery care services, especially the variability in care according to place of delivery home and institution and socio-economic level.³

Satisfaction is one of the most frequently reported outcome measures for quality of care. Enhanced satisfaction has been identified as a goal for improvement in health care. Women's satisfaction with maternity services, especially care during labour and childbirth, has become increasingly important to healthcare providers, administrators, and policy makers.⁴

Women's satisfaction with their childbirth experience is pertinent to health care providers, administrators and policymakers as an indicator of quality of maternity care. A woman's satisfaction with her childbirth experience might have abrupt and long-standing effects on her health and her relationship with her infant.⁵

Expert talks with the women can be a determining factor. They influence how women forge delivery and their level of confidence and personal control. Prenatal courses and prenatal consultations carried out by midwives and physicians took part in banishing and soothing fears, and boosting women's confidence and self-esteem.⁶

Every woman should be satisfied with the care and support she received during pregnancy, delivery and postpartum periods and to feel that she and her baby have been the centre of care. For every woman, labour and childbirth is a time of excitement and anticipation alongside uncertainty, anxiety, fear and pain.⁷

A woman's satisfaction with the delivery service may have immediate and long-term effects on her health and subsequent utilisation of the services.⁸

A pleasing childbirth experience adds to a woman's sense of achievement and self-esteem and guides to expectations for future positive childbirth experiences. The wellbeing of the infant is tremendously affected by woman's own satisfaction with the childbirth experience.⁹

Negative experiences of first childbirth increase risks for maternal postpartum depression and may negatively affect mother's attitudes toward future pregnancies and choice of delivery method.¹⁰ Personal control during childbirth was an important factor related to the women's satisfaction with the childbirth experience. Helping women to increase their personal control during labour and birth may increase the women's childbirth satisfaction.

National Rural Health Mission forms an integral part of the National Health Care System. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care.

Across the continuum of antenatal, perinatal, and postnatal care, satisfaction with the aspects of care is strongly influenced and shaped by socio-demographic characteristics of women such as the level of education, age, marital status, and economic status, the number of personal factors (values, attitudes, threshold of pain, health literacy, and personal support), as well as the sense of security and perceived control and expectations formed on the basis of previous experiences and outcomes of previous pregnancies and births.¹¹

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Public health programmes need to work together so that all families have access to a continuum of care that extends from pregnancy (and even before), through childbirth and on into childhood, instead of the often fragmented services available at present. It makes no sense to provide care for a child while ignoring the mother's health, or to assist a mother giving birth but not the newborn child.¹³

MATERIALS AND METHODS:

Research setting

The study was conducted in Civil Hospital of Amritsar, Punjab.

Target population

The target population of present study was primi postnatal mothers admitted under NRHM scheme in Civil Hospital, Amritsar, Punjab.

Sample & sampling technique

The sample of the study was 200 primi postnatal mothers. Purposive sampling technique was used to select the sample.

Research Variables

Dependent variables: Childbirth satisfaction regarding normal vaginal delivery among primi postnatal mothers

Socio-demographic variables: Age (in years), religion, education, duration of marriage (in years) and type of delivery.

Selection and Development of tool

As the study was to assess Childbirth Satisfaction among primi Postnatal mothers admitted in a selected Hospital of Amritsar, Punjab. A structured scale was prepared to assess childbirth satisfaction among primi postnatal mothers. Scale was prepared after an extensive review of literature and after consulting with subject experts

Description of tool

The tool consists of following parts:

Part I: Socio-demographic Profile.

The part consisted of items for obtaining personal information about subjects such as Age (in years), religion, education, duration of marriage (in years) and type of delivery.

Part II: Structured Scale to assess Childbirth Satisfaction among Primi Postnatal Mothers.

This part consists of a structured scale to assess childbirth satisfaction among primi postnatal mothers. Scale consisted of total 50 items, each having three options and final tool was divided into eight domains. So maximum score was 100 and minimum score was 0.

Criteria Measures

Primi Postnatal mothers childbirth satisfaction score was categorised in 3 levels.

Level of Satisfaction	Score	Percentage (%)
Not Satisfied	≤ 50	$\leq 50\%$
Satisfied	51-75	51-75%
Fully Satisfied	≥ 76	$\geq 76\%$

Validity of tool

The structured scale consisting of childbirth satisfaction among primi postnatal mothers was circulated among experts from various field of specialization, such as from Obstetrics & Gynaecology Nursing, Medical Surgical Nursing, Community Health Nursing, Psychiatric Mental Health Nursing & Paediatric Nursing. Their valuable suggestions were obtained & incorporated.

Reliability of tool

Reliability refers to the accuracy and consistency of the measuring tool. Reliability of tool was computed by split half technique & was calculated by Spearman Brown's prophecy formula & the reliability of the structured scale was $r = 0.8$. Hence, the tool was highly reliable.

Data collection procedure

Data collection was done in the month of February, 2014. The sample consists of 200 primi postnatal mothers admitted under NRHM scheme. Purposive sampling was used to select samples from the population. Prior to the data collection procedure, formal permission was obtained from the Senior Medical Officer of Civil Hospital, Amritsar. The structured scale on childbirth satisfaction was used to collect data. The researcher explained items verbally to the subjects and according to their responses tick the exact option. Before the data collection, the investigator gave self introduction to the subjects and explained the purpose of gathering information. A good rapport was established with the re 18-only for the research purpose. Verbal consent was taken from the primi postnatal mothers who had undergone vaginal delivery. The time given to each respondent for filling the scale was average 20-30 minutes and their doubts were clarified after data collection.

RESULTS:

The results shows that, 48% of Primi postnatal mothers were 18-20 years age, followed by 23-27 were 37%, 28-32 years age were 12% and >33 years of age were 3% satisfied. In religion, maturity 53.5% of primi postnatal mothers belongs to Sikhism, followed by Hinduism were 41% and Christian were 3.5% and Islam were 2% satisfied. In education, majority 39.5% of post natal mothers were with middle education, followed by 33% were matric, 20% were primary and 7.5 with Senior Secondary primi post natal mothers were satisfied. In duration of marriage maturity 53.5% of primi post natal mothers were 2-5 years, followed by 33.5% were ≤ 1 , 9% were 6-10 years and 4% of 11-15 years duration of marriage were satisfied. In types of delivery majority 57.5% of primi post natal mothers were with NVD, followed by 24.5% were with forceps delivery & 18% of primi post natal mothers were satisfied.

Percentage Distribution Socio-Demographic Variables Among Primi Post Natal Mothers Admitted Under NRHM Scheme. N =200

Socio-demographic Variables	(n)	(%)
Age (in years)		
18-22	96	48
23-27	74	37
28-32	24	12
>33	6	3
Religion		
Hinduism	82	41
Islam	4	2
Christianity	7	3.5
Sikhism	107	53.5
Education		
Primary	40	20
Middle	79	39.5
Matric	66	33
Senior Secondary	15	7.5
Duration of Marriage (in years)		
≤ 1	67	33.5
2 to 5	107	53.5
6 to 10	18	9
11 to 15	8	4

Types of Delivery		
NVD	115	57.5
Episiotomy Delivery	36	18
Forceps Delivery	49	24.5

DISCUSSION:

The analysis of data regarding the childbirth satisfaction of 200 primi postnatal mothers admitted under NRHM scheme revealed no significant association between the socio-demographic variables of primi postnatal mothers and their childbirth satisfaction.

On the contrary, similar study findings revealed that there was significant association of childbirth satisfaction among postnatal women with age and religion.¹⁴

The mothers > 33 years of age group were more satisfied than other lower age groups. Contrary to this study findings, in another study middle aged (20-34) postpartum mothers were likely to be more satisfied compared to their counterparts in 35-49 age groups.¹⁵

Similarly, contrary to this study finding, in another study, women with an educational level of college and more were more satisfied with the childbirth experience than women with an educational level of high school or less.

CONCLUSION

To sum up, an effort was made to give an overview of patient satisfaction with childbirth process in Civil Hospital, Amritsar of Punjab. In this perspective, the childbirth satisfaction was associated with the socio-demographic variables of the primi postnatal mothers. It was deduced that there is no association between the Socio-demographic variables (Age, Religion, Education, Duration of marriage and Type of delivery) and Childbirth satisfaction of the primi postnatal mothers admitted under NRHM scheme.

RECOMMENDATIONS

On the basis of findings of the study it is recommended that:

1. A similar study can be under-taken on a large sample for making a more valid generalisation.
2. A comparative study can be conducted to assess childbirth satisfaction with selected variables among Primipara & Multipara postnatal mothers.
3. A similar study can be conducted about the impact on the childbirth satisfaction of Primi Postnatal Mothers basis their employment status.

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