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Research Article

Assessment of Maternal Satisfaction on Receiving Maternity Care Among Women Admitted in Maternity Ward in Selected Hospital, Purba Bardhaman, West Bengal

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A B S T R A C T

Introduction: Pregnancy and childbirth are crucial experiences in a woman's life. As per the WHO, every day in 2017, approximately 810 women died related to pregnancy that could be prevented.[1] Maternal satisfaction is the important indicator for the assessment of the quality of care provided by health personnel in the hospital.[2]

Problem Statement: Assessment of maternal satisfaction with receiving maternity care among women admitted to the maternity ward in the selected hospital, Purba Bardhaman, West Bengal.

Objectives: The study aims to assess maternal satisfaction with maternity care among women admitted to the maternity ward and to identify the association between this satisfaction and selected socio-demographic variables.

Materials & Methods: This descriptive study was conducted at Burdwan Medical College & Hospital, Purba Bardhaman, West Bengal, for 2 years after taking ethical permission from the Institutional Ethics Committee of Burdwan Medical College & Hospital, Purba Bardhaman. 200 postnatal mothers with spontaneous vaginal delivery admitted to the hospital who fulfilled the inclusion criteria were selected as the study sample by the non-probability purposive sampling technique, and their consent was taken. The semi-structured demographic questionnaire and structured maternal satisfaction questionnaire were given to participants in a paper-pencil format after explaining all the items of the questionnaires in detail for data collection. Data were tabulated, analyzed, and interpreted by using descriptive and inferential statistics.

Results: The findings of the study result showed that 67% (134) women had moderate satisfaction, 17% (34) women had high satisfaction and 16% (32) women had low satisfaction with the maternity care they received. Women were more satisfied with availability of hospital facilities and less satisfied with postpartum care and baby care.

Mean satisfaction score was 133.61± 17.29. There was no statistically significant association between level of satisfaction and selected socio-demographic variables of the study.

Conclusion: In conclusion, it may be safely asserted that to achieve a satisfactory level of maternal satisfaction, the health care services should be improved and provided in a systematic way. This will help increase maternal satisfaction with maternity care among women in West Bengal. This study is also helpful in nursing practice and nursing research to enhance quality of care and achieve desired satisfaction of women.

Keywords: Maternity care, Maternal satisfaction, Maternity services, Women, Hospital Purba Bardhaman

Introduction

For many women, pregnancy and childbirth are periods of excitement along with anxiety, fear, pain, and pregnancy outcome. The memories, happenings, and experiences of childbirth remain with the woman throughout her life. Pregnancy and childbirth are crucial experiences in a woman's life, as they are associated with psychological, emotional, and physical impact and have a significant impact on her ability to bond with her baby. Care of a pregnant woman is not only important at home but also in health centers and hospitals.[3] A child makes a woman's life full of joy and happiness. A child gives her a feeling of completeness. So, a mother always tries to protect and save her child from any negativity. Thus, basically, it becomes a great responsibility for health care providers to identify their area of problem and keep them all safe, happy, and satisfied with the health care services provided at home, in the hospital, and in the community.

A woman's faith or satisfaction with maternity services is very important for the well-being of the mother and newborn. Maternal satisfaction is the important indicator for the assessment of the quality of care provided by health personnel in the hospital.[2] The Maternal Mortality Ratio in developing countries (2015) was 239 per 100000 live births versus 12 per 100000 live births in developed countries, and 94% of all maternal deaths occur in low- and lower-middle-income countries.[1]. According to the WHO (2017), every day 810 (approx.) women died due to pregnancy-related causes that could be prevented. Most of the women die due to lack of care and non-availability of adequate supply and resources. Most of these deaths could be prevented. By considering this huge gap in health care services provided in developing countries, they place emphasis on increasing the availability of services up to the grassroots level and maintaining the provision for quality care. WHO recommends respectful maternity care worldwide.[4] The components of RMC lead to the achievement of maternal satisfaction with health care services. Various studies showed that women who were satisfied with childbirth services tended to have better self-esteem and confidence and were able to develop a maternal-neonatal bond faster, and they were more likely to breastfeed their babies in comparison to those women who were dissatisfied. In a study done by Laura B. et al. (2015), it was found that women who were confident during labor had a good sense of control, made decisions by themselves, and felt delivery was less painful.[5] Government renders maternal and child health care services free of cost worldwide. Health personnel provide competent and comprehensive care to individuals, families, and communities with proper utilization of resources. Health personnel provide services to fulfill maternal and child needs, but sometimes this is not working for the target population. There may be a gap between care and responsibilities.[4] This study will help to determine the areas of lacking and help to find the areas of satisfaction. The area of lacking will help us to overcome deficiencies and to fulfill their demands in the future.

Identifying maternal satisfaction regarding maternity care not only shows the maternal point of view regarding health care services but also indicates the utilization of supplies and resources. The interest in studying maternal satisfaction with childbirth services started as researchers were concerned with mother and child well-being. They are the vulnerable group of this society. They need more love, affection, safety, security, and belongingness. Client satisfaction is an important indicator for assessment of the quality of care provided. Assessment of satisfaction with maternity services is crucial and helps in future utilization of services, but there are very few studies regarding assessment of maternal satisfaction level in India.

Keeping this in mind, this study is conducted to assess maternal satisfaction with receiving maternity care among women admitted to the maternity ward.

The conceptual framework of the present study is based on modified Baker's pragmatic model of women's satisfaction and maternity care received. This model was developed on the basis of the findings of the present study.

Problem Statement

Assessment of maternal satisfaction with receiving maternity care among women admitted to the maternity ward in the selected hospital, Purba Bardhaman, West Bengal.

Objectives

- To assess maternal satisfaction on receiving maternal care among women admitted in maternity ward.
- To find out association between maternal satisfaction on receiving maternity care and selected socio-demographic variables.

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Materials & Methods

This descriptive study was conducted at Burdwan Medical College & Hospital, Purba Bardhaman, West Bengal, over a period of 2 years from October 2018 to September 2020 after taking ethical permission from the Institutional Ethics Committee of Burdwan Medical College & Hospital, Purba Bardhaman. 200 postnatal mothers with spontaneous vaginal delivery admitted to the hospital who fulfilled the inclusion criteria were selected and enrolled in the study. Inclusion criteria were postnatal mothers with spontaneous vaginal delivery with or without episiotomy who had delivered within 48 hours in this selected hospital, who were willing to participate in this study, and who were able to read or write the Bengali language. Exclusion criteria were postnatal mothers of sick babies or babies admitted to SNCU or NICU. The study sample was selected by the non-probability purposive sampling technique. They were selected on every third day who had planned for discharge, and their consent was taken. The semi-structured demographic questionnaire and structured maternal satisfaction questionnaire were given to participants in a paper-pencil format after explaining all the items of the questionnaires in detail for data collection. Data collection was done in multiple small groups (5 to 10). 30 minutes of time was given to each participant. Filled-up questionnaires were taken back on the same day shortly afterward. A semi-structured demographic questionnaire was developed to collect information regarding demographic variables selected for the study, like age, religion, education, occupation, family monthly income, number of children, number of antenatal check-ups, postpartum period, and episiotomy. There was no scoring for these items. The structured maternal satisfaction questionnaire comprises 30 items under 5 domains with five choices per item related to maternal satisfaction. Domains were orientation (4 items), information and communication (4 items), intrapartum care (7 items), postpartum care and baby care (8 items), and availability of hospital facilities (7 items). The maximum score was 150, and the minimum score was 30. Maternal satisfaction was assessed on the basis of the total score achieved by each participant. Reliability of Structured Maternal Satisfaction The questionnaire was done by applying Cronbach's alpha method, and the reliability was 0.91. At the end of the study, findings were tabulated, analyzed, and interpreted by using descriptive and inferential statistics. Descriptive statistics were used to describe the sample characteristics of women by frequency and percentage distribution.

Data from a structured maternal satisfaction questionnaire were analyzed by inferential statistics. A chi-square test was used to find out the association of level of satisfaction with the selected socio-demographic variables.

The grading system was formed on the basis of discussion and suggestions given by validators and statisticians.

Table 1.Scores For Level Of Satisfaction

Level of satisfaction	Score
Low ≤ (x-1σ)	≤ 116
Moderate {> (x-1σ) to < (x +1σ)}	117 – 149
High ≥ (x +1σ)	150

Results

The findings of the study organized under following sections

Section I

Table 2.Frequency Percentage Showing The Demographic Characteristics Of The Women Receiving Maternity Care In Terms Of Age, Religion, Education And Occupation.

n = 200

Demographic variables	Frequency	Percentage
Age (in years)	-	-
<20	100	50
20-25	76	38
>25	24	12
Religion	-	-
Hindu	108	54
Muslim	92	46
Education	-	-
Primary	42	21
Secondary	104	52
Higher Secondary	42	21
Graduation	12	06
Occupation	-	-
Home maker	158	79
Government employee	10	05
Private employee	12	06
Tailor	20	10

Data presented in table 2 depicted that half of the women i.e. 50% (100) belonged to less than 20 years of age group, 38% (76) belonged to age group of 20-25 years and 12% (24) belonged to age group of more than 25 years. More than half of women i.e. 54% (108) women belonged to Hindu religion and 46% (92) of them belonged to Muslim religion. Half of the women i.e. 52% (104) had completed secondary education, 21% (42) had completed higher secondary education, 21% (42) had completed primary education and only 6% (12) women were graduate. Majority

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of the women i.e.79% (158) were home maker, 10% (20) were tailor, 6% (12) were private employee and only 5% (10) women were government employee.

Table 3.Frequency Percentage Showing The Demographic Characteristics Of The Women Receiving Maternity Care In Terms Of Family Monthly Income, Number Of Children And Number Of Antenatal Check-Up.

n = 200

Demographic variables	Frequency	Percentage
Family monthly income (in Rs.)	-	-
<5000	104	52
5000-20000	73	36.5
>20000	23	11.5
Number of children	-	-
1	127	63.5
>1	73	36.5
Number of antenatal check-up	-	-
<4	94	47
≥4	106	53

Data presented in table 3 depicted that 52% (104) of women had family monthly income less than Rs.5000, 36.5% (73) of women had family income ranging between Rs.5000 and Rs.20000 per month, and only 11.5% (23) of women had family monthly income more than Rs.20000. Most of the women, i.e., 63.5% (127), had one child, and 36.5% (73) of the women had more than one child. 53% (106) of women had come to the hospital 4 times or more than 4 times for antenatal checkups, and the remaining 47% (94) of women had come to the hospital less than 4 times for antenatal checkups.

Table 4.Frequency Percentage Showing The Demographic Characteristics Of The Women Receiving Maternity Care In Terms Of Postpartum Period And Episiotomy.

n = 200

Demographic variables	Frequency	Percentage
Postpartum period	-	-
Delivered in 24 hours	68	34
Delivered in 24-48 hours	132	66
Episiotomy	-	-
With episiotomy	138	69
Without episiotomy	62	31

Data presented in table 4 depicted that 34% (68) women delivered baby in 24hours, 66% (132) women delivered baby in 24-48 hours. Most of the women i.e. 69% (138) delivered with episiotomy and 31% (62) women delivered without episiotomy.

Section II

Table 5.Findings Related To Frequency Percentage Showing The Level Of Maternal Satisfaction On Receiving Maternity Care Among Women Admitted In Maternity Ward.

n=200

Level of satisfaction	Score	Frequency	Percentage
Low ≤ (x-1σ)	≤ 116	32	16
Moderate{>(x-1σ) to < (x +1σ)}	117-149	134	67
High ≥ (x +1σ)	150	34	17

Data presented in table 5 shows that 16% (32) of women had low satisfaction with the maternity care they received, 67% (134) of them had moderate satisfaction with the maternity care they received, and 17% (34) of them had high satisfaction with the maternity care they received in the hospital. These findings imply that the majority of women were moderately satisfied with receiving maternity care in the maternity ward.

Table 6.Findings Related To Range, Mean, Median, Standard Deviation Showing The Level Of Maternal Satisfaction On Receiving Maternity Care Among Women Admitted In Maternity Ward

n = 200

Level of satisfaction	Score	Obtained range	Mean	Median	S.D	Mean %
Low	≤ 116	80-116	100.71	104	11.48	67.14
Moderate	117-149	117-149	137.30	138	8.66	91.53
High	≥ 150	150	150.0	150	0.0	100.0

Data presented in Table 6 shows the level of maternal satisfaction with receiving maternity care. In the low level of satisfaction, the obtained mean was 100.71 with a median of 104, showing that the responses were not normally distributed. The calculated S.D. was 11.48,

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showing moderate variation among the scores with a mean percentage of 67.14.

In the moderate level of satisfaction, the obtained mean was 137.30 with a median of 138, showing that the obtained data were almost normally distributed. The calculated S.D. was 8.66, showing mild variation among the scores with a mean percentage of 91.53.

In the high level of satisfaction, the obtained mean was 150 with a median of 150, showing that the responses were normally distributed. The calculated S.D. was 0, showing no variation among the scores with a mean percentage of 100.

The data findings imply that the satisfaction levels are more scattered in the lower level of satisfaction than in the higher level of satisfaction.

Table 7.Findings Related To Mean, Median, Standard Deviation Showing The Level Of Maternal Satisfaction Domain Wise On Receiving Maternity Care Among Women Admitted In Maternity Ward

n = 200

Domain	Range	Mean	Median	S.D	Mean%	Rank
Orientation	8 – 20	18.19	19	2.18	90.95	2
Information and communication	4 – 20	17.98	19	2.60	89.90	3
Intrapartum care	16 – 35	30.67	33	5.03	87.62	4
Postpartum care and baby care	14 – 40	34.47	37	7.85	86.17	5
Availability of hospital facilities	10 – 35	32.29	34	4.90	92.25	1

Data presented in Table 7 shows the various domains of the level of maternal satisfaction on receiving maternity care. In the first domain, Orientation, the scores range from 8 to 20; the obtained mean was 18.19 with a median of 19, showing that the obtained data or responses were almost normally distributed. The calculated S.D. was 2.18, showing mild variation among the scores with a mean percentage of 90.95 and ranking as 2nd.

In the information and communication domain, the scores range from 4 to 20; the obtained mean was 17.98 with a median of 19, showing that the obtained data or responses were not normally distributed. The calculated S.D. was 2.60, showing mild variation among the scores with a mean percentage of 89.90 and ranking as 3rd.

In the intrapartum care domain, the score ranges from 16 to 35; the obtained mean was 30.67 with a median of 33, showing that the obtained data or responses were not normally distributed. The calculated S.D. was 5.03, showing mild variation among the scores with a mean percentage of 87.62 and ranking as 4th.

In the postpartum and baby care domain, the scores range from 14 to 40; the obtained mean was 34.47 with a median of 37, showing that the obtained data or responses were not normally distributed. The calculated S.D. was 7.85, showing mild variation among the scores with a mean percentage of 86.17 and ranking as 5th.

In the availability of hospital facilities domain, the scores range from 10 to 35; the obtained mean was 32.29 with a median of 34, showing that the obtained data or responses were not normally distributed. The calculated S.D. was 4.90, showing mild variation among the scores with a mean percentage of 92.25 and ranking as 1st.

Findings revealed that availability of hospital facilities domain ranked as 1st and postpartum care and baby care domains ranked last (5th). The mean percentage in the intrapartum care domain (87.62%) and the postpartum care and baby care domain (86.17%) were lower than other domains, suggesting giving emphasis to these two domains of maternity care.

Figure 1 shows the level of satisfaction of each item in the orientation domain. Among 200 women, 12% (24) had a low level of satisfaction, 25% (50) had moderate and 63% (126) had a high level of satisfaction in the friendly behaviour of health personnel, whereas for the bathroom item, 8% (16) of women had low, 22.5% (45) had moderate and 69.5% (139) had a high level of satisfaction. In the orientated-to-doctor's-visiting-hours item, 9% (18) of women had low, 18% (36) of women had moderate and 73% (146) of women had a high level of satisfaction. On the other hand, 13% (26) of women had low, 18% (36) of women had moderate and 69% (138) of women had a high level of satisfaction in the orientated-to-family-visiting-hours item.

Figure 2 shows the level of satisfaction of each item of information and communication domain. Among 200 women, 12.5% (25) had a low level of satisfaction in answering all doubts, 25% (50) had moderate, and 62.5% (125) had a high level of satisfaction, whereas in answering with a positive attitude, 9% (18) of women had low, 20% (40) had moderate, and 71% (142) had a high level of satisfaction. In verbal consent for vaginal examination, 9.5% (19) of women had low satisfaction, 18.5% (37) of women had moderate satisfaction, and 72% (144) of women had a high level of satisfaction. On the other hand, 15% (30) of women had low, 16.5% (33) of women had moderate, and 68.5% (137) of women had a high level of satisfaction with the doctor communicating family matters.

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Figure 3 shows the level of satisfaction of each item of the intrapartum care domain. Among 200 women, 14% (28) had a low level of satisfaction, 23% (46) had moderate, and 63% (126) had a high level of satisfaction with the maintained privacy item, whereas in the doctor-attended-without-delay item, 17.5% (35) of women had low, 21% (42) had moderate, and 61.5% (123) had a high level of satisfaction. In the explained breathing and relaxation technique item, 15.5% (31) of women had low satisfaction, 22% (44) of women had moderate satisfaction, and 62.5% (125) of women had a high level of satisfaction. On the other hand, 13% (26) of women had low, 27% (54) of women had moderate, and 60% (120) of women had a high level of satisfaction with the explained bearing-down-effort item. The figure also shows that 23% (46) of women were low, 9.5% (19) of women were moderate, and 67.5% (135) of women were highly satisfied with the provided emotional support item, while in showing the sex of the baby item, 6.5% (13) of women had low, 33% (66) of women had moderate, and 60.5% (121) of them had a high level of satisfaction. The data further shows that 12.5% (25) of women had a low level of satisfaction, 13% (26) of them had a moderate level of satisfaction, and 74.5% (149) had a high level of satisfaction with the allowed to hold baby after birth item. Figure 4 shows the level of satisfaction of each item of postpartum care and baby care domain. Among 200 women, 22.5% (45) had a low level of satisfaction with the informed personal hygiene item, 18.5% (37) had moderate, and 59% (118) had a high level of satisfaction. Whereas with the early ambulation item, 19.5% (39) of women had low, 19% (38) had moderate, and 61.5% (123) had a high level of satisfaction. In the positioning of a baby during breastfeeding, 19% (38) of women had low satisfaction, 14.5% (29) of women had moderate satisfaction, and 66.5% (133) of women had a high level of satisfaction. On the other hand, 27% (54) of women had low, 16.5% (33) of women had moderate, and 56.5% (113) of women had a high level of satisfaction with the explained burping after breastfeeding item. The figure also shows that 28% (56) of women were low, 15% (30) of women were moderate, and 57% (114) of women were highly satisfied with the importance of exclusive breastfeeding items, while in the informed about nutrition items, 20% (40) of women had low, 17.5% (35) of women had moderate, and 62.5% (125) of them had a high level of satisfaction. The data further shows that 20% (40) of women had a low level of satisfaction, 10.5% (21) of them had a moderate level of satisfaction, and 69.5% (139) had a high level of satisfaction with the informed about family planning methods item, and in health education about the baby care item, 19% (38) of women had low, 8% (16) of women had moderate, and 73% (146) of them had a high level of satisfaction.

Figure 5 shows the level of satisfaction of each item of availability of hospital facilities domain. Among 200 women, 9.5% (19) women had low level of satisfaction, 16.5% (33) women had moderate and 74% (148) of them had high level of satisfaction in provided separate bed item whereas in supplied sanitary napkins free of cost item, 09% (18) women had low, 14.5% (29) of them had moderate and 76.5% (153) women had high level of satisfaction. In supplied medicines free of cost item, 9.5% (19) women had low, 11.5% (23) women had moderate and 79% (158) women had high level of satisfaction. On the other hand, 09% (18) women had low, 11% (22) women had moderate and 80% (160) women had high level of satisfaction in adequate water in bathroom item. The figure also shows that 13% (26) women were low, 7.5% (15) women were moderate and 79.5% (159) of women were highly satisfied with adequate safe drinking water item while in good food quality item, 11% (22) women had low, 7.5% (15) of women had moderate and 81.5% (163) of them had high level of satisfaction. The data further shows that 13.5% (27) women had low level of satisfaction, 6.5% (13) of them had moderate level of satisfaction and 80% (160) had high level of satisfaction in adequate food quantity item.

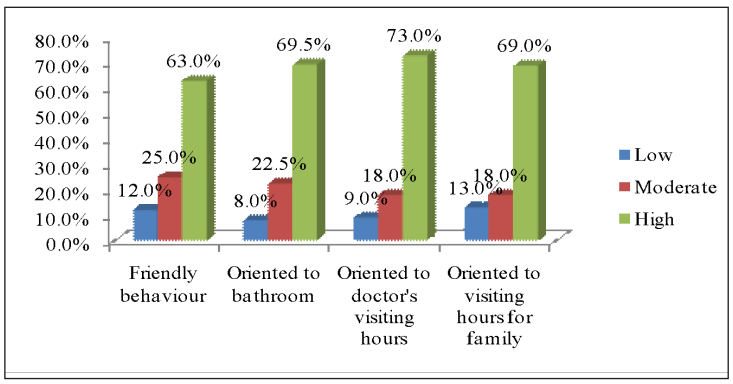

Figure 1.Column Diagram Showing The Percentage Distribution Of Level Of Satisfaction According To Orientation Domain

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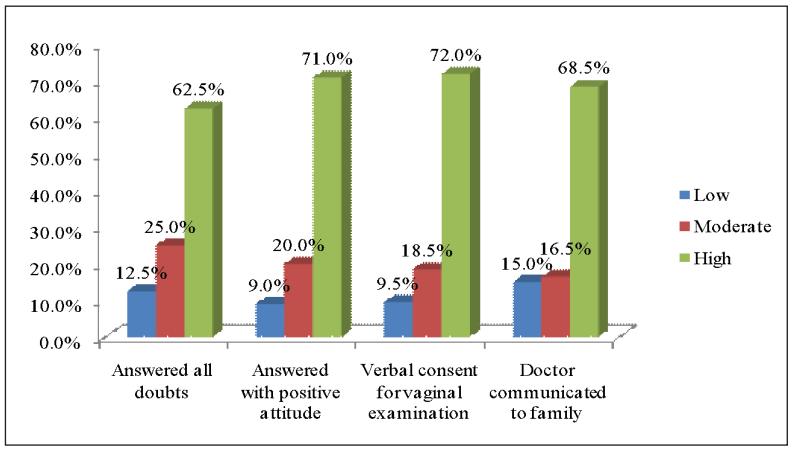

Figure 2.Column Diagram Showing The Percentage Distribution Of Level Of Satisfaction According To Information And Communication Domain

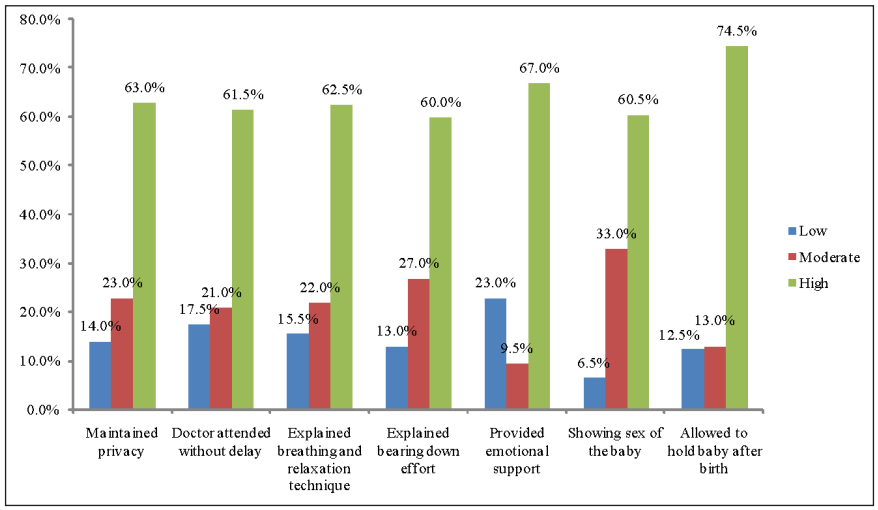

Figure 3.Column Diagram Showing The Percentage Distribution Of Level Of Satisfaction According To Intrapartum Care Domain

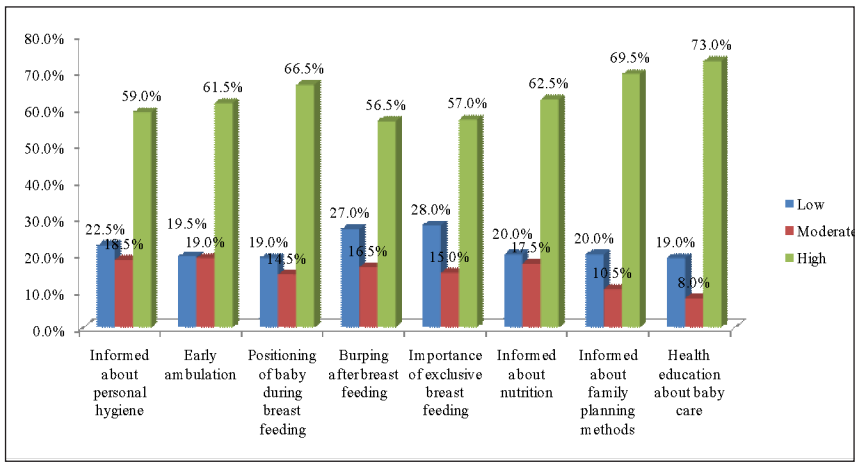

Figure 4.Column Diagram Showing The Percentage Distribution Of Level Of Satisfaction According To Postpartum Care And Baby Care Domain

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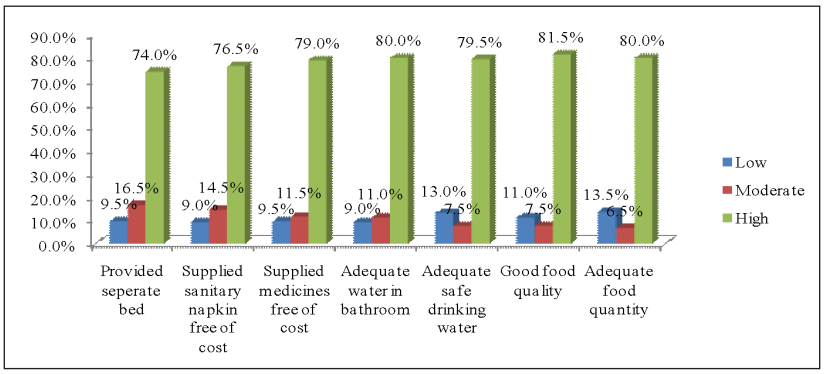

Figure 5.Column Diagram Showing The Percentage Distribution Of Level Of Satisfaction According To Availability Of Hospital Facilities Domain

Section III

Table 8: Findings Related To Association Between The Level Of Maternal Satisfaction On Receiving Maternity Care And Socio-Demographic Variables In Terms Of Age, Religion, Education And Occupation

n = 200

Demographic Variables	Level of satisfaction			Chi-square (χ^2) value
	Low	Moderate	High	
*Age (in years)	-	-	-	-
≤ 25	27	118	31	0.233
> 25	05	16	03	
Religion	-	-	-	-
Hindu	15	71	22	1.643
Muslim	17	63	12	
Education	-	-	-	-
Below HS	21	98	27	1.592
HS and above	11	36	07	
Occupation	-	-	-	-
Employed	07	28	07	0.018
Unemployed	25	106	27	

Yates correction done
χ^2 df = 2 (5.99), p >0.05

Data presented in table 8 depicted that women belonged to the age group of ≤ 25 years; among them, 27 women had a low level of satisfaction, 118 women had a moderate level of satisfaction, and 31 of them had a high level of satisfaction. Women belonged to the age group of > 25 years; among them, 05 women had a low level of satisfaction, 16 women had a moderate level of satisfaction, and 03 women had a high level of satisfaction. The chi-square with Yates' correction computed between the age of women and level of satisfaction was 0.233. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the age of women and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance (p > 0.05).

Women belonged to the Hindu religion; among them, 15 women had a low level of satisfaction, 71 women had

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a moderate level of satisfaction, and 22 of them had a high level of satisfaction, whereas women belonged to the Muslim religion; among them, 17 women had a low level of satisfaction, 63 women had a moderate level of satisfaction, and 12 women had a high level of satisfaction. The chi-square computed between the religion of women and level of satisfaction was 1.643. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the religion of women and the level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance ($p > 0.05$).

Women with a below HS level of education: among them, 21 women had a low level of satisfaction, 98 women had a moderate level of satisfaction, and 27 of them had a high level of satisfaction, whereas women with an HS and above level of education: among them, 11 women had a low level of satisfaction, 36 women had a moderate level of satisfaction, and 07 women had a high level of satisfaction. The chi-square computed between the education of women and level of satisfaction was 1.592. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the education of women and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance ($p > 0.05$).

Women who were employed, among them, 7 women had a low level of satisfaction, 28 women had a moderate level of satisfaction, and 7 of them had a high level of satisfaction, whereas women who were unemployed, among them, 25 women had a low level of satisfaction, 106 women had a moderate level of satisfaction, and 27 women had a high level of satisfaction. The chi-square computed between the occupation of women and level of satisfaction was 0.018. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the occupation of women and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance ($p > 0.05$). Hence, it could be interpreted from these findings that there was no statistically significant association between socio-demographic variables of the study and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance.

Table 9.Findings Related To Association Between The Level Of Maternal Satisfaction On Receiving Maternity Care And Socio-Demographic Variables In Terms Of Family Monthly Income, Number Of Children And Number Of Antenatal Check-Up

n = 200

Demographic Variables	Level of satisfaction			Chi-square (χ^2) value
	Low	Moderate	High	
*Family monthly income	-	-	-	-
≤ 20000	24	121	32	5.320
> 20000	08	13	02	
Number of children	-	-	-	-
1	22	85	20	0.699
>1	10	49	14	
No. of antenatal check-up	-	-	-	-
< 4	18	63	13	2.145
≥ 4	14	71	21	

Yates correction done
χ^2 df = 2 (5.99) p>0.05

Data presented in table 9 showed that women with family monthly income ≤ Rs 20000, among them 24 women had a low level of satisfaction, 121 women had a moderate level of satisfaction, and 32 of them had a high level of satisfaction, whereas women with family monthly income > Rs 20000, among them 8 women had a low level of satisfaction, 13 women had a moderate level of satisfaction, and 2 of them had a high level of satisfaction. The chi-square with Yates's correction computed between the family's monthly income of women and level of satisfaction was

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5.320. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the family monthly income of women and the level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance (p > 0.05).

Women with 1 child: among them, 22 women had a low level of satisfaction, 85 women had a moderate level of satisfaction, and 20 of them had a high level of satisfaction, whereas women with more than 1 child: among them, 10 women had a low level of satisfaction, 49 women had a moderate level of satisfaction, and 14 women had a high level of satisfaction. The chi-square computed between the number of children women had and the level of satisfaction was 0.699. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the number of children women had and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance (p > 0.05).

Women with fewer than 4 antenatal check-ups: among them, 18 women had a low level of satisfaction, 63 women had a moderate level of satisfaction, and 13 of them had a high level of satisfaction, whereas women with 4 or more: among them, 14 women had a low level of satisfaction, 71 women had a moderate level of satisfaction, and 21 women had a high level of satisfaction. The chi-square computed between the number of antenatal check-ups of women and the level of satisfaction was 2.145. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the number of antenatal check-ups of women and the level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance (p>0.05).

Hence, it could be interpreted from these findings that there was no statistically significant association between socio-demographic variables of the study and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance.

Table 10.Findings Related To Association Between The Level Of Maternal Satisfaction On Receiving Maternity Care And Socio-Demographic Variables In Terms Of Postpartum Period And Episiotomy.

n = 200

Demographic Variables	Level of satisfaction			Chi-square (χ^2) value
	Low	Moderate	High	
Postpartum period	-	-	-	-
Delivered in 24 hours	13	41	14	2.037
Delivered in 24-48 hours	29	66	37	
Episiotomy	-	-	-	-
With episiotomy	46	54	38	1.297
Without episiotomy	18	22	22	

χ^2 df = 2 (5.99) p>0.05

Data presented in table 10 showed that women delivered babies in 24 hours; among them, 13 women had a low level of satisfaction, 41 women had a moderate level of satisfaction, and 14 of them had a high level of satisfaction, whereas women delivered babies in 24-48 hours; among them, 29 women had a low level of satisfaction, 66 women had a moderate level of satisfaction, and 37 of them had a high level of satisfaction. Chi-square was computed between the postpartum period of women and the level of satisfaction, and it was 2.037. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between the postpartum period of women and the level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance (p > 0.05).

Women with episiotomy, among them, 46 women had a low level of satisfaction, 54 women had a moderate level of satisfaction, and 38 of them had a high level of satisfaction, whereas women without episiotomy, among them, 18 women had a low level of satisfaction, 22 women had a moderate level of satisfaction, and 22 women had a high level of satisfaction. The chi-square computed between episiotomy and level of satisfaction was 1.297. So, the calculated chi-square value was less than the tabulated value at the 0.05 level of significance. Hence, it can be interpreted that there was no statistically significant association between episiotomy and level of satisfaction

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among women admitted to the maternity ward at the 0.05 level of significance ($p > 0.05$).

Hence, it could be interpreted from these findings that there was no statistically significant association between socio-demographic variables of the study and level of satisfaction among women admitted to the maternity ward at the 0.05 level of significance.

Discussion

The total number of women was 200, who were selected by a non-probability purposive sampling technique. 50% (100) of women were in the less-than-20-years-of-age group, and that was the highest age group range in this study. Most of them belonged to the Hindu religion, i.e., 54% (108). 52% (104) of women had completed secondary education, and only 6% (12) of women were graduates. The majority of women, i.e., 79% (158), were homemakers, and only 5% (10) were government employees. 52% (104) of women had family monthly income less than Rs 5000. The majority of the women, i.e., 63.5% (127), had one child. 53% (106) of women had come to the hospital 4 times or more than 4 times for antenatal check-ups. Most of the women delivered a baby in 24-48 hours, i.e., 66% (132). 69% (138) of women delivered a baby with an episiotomy.

The majority of women, i.e., 67% (134) women, were moderately satisfied; 17% (34) women were highly satisfied; and only 16% (32) women were less satisfied with the maternity care they received in hospital. The score ranges from 80 to 150 with a mean of 133.61, a median of 138 and an SD of 17.29. Women were mostly satisfied with the availability of hospital facilities, with score ranges from 10 to 35, a mean of 32.2, a median of 34, an SD of 4.90 and a mean percentage of 92.2%; and they were least satisfied with the postpartum care and baby care, with score ranges from 14 to 40, a mean of 34.4, a median of 37, an SD of 7.85 and a mean percentage of 86.1%.

Chi-square was computed between the level of maternal satisfaction on receiving maternity care and selected socio-demographic variables like age, religion, education, occupation, family monthly income, number of children, number of antenatal check-ups, postpartum period and episiotomy. All the calculated chi-square values were less than the tabulated values at the 0.05 level of significance. Thus, it can be interpreted that there was no statistically significant association between the level of satisfaction on receiving maternity care and selected socio-demographic variables.

Similar results were found in a study done by Jha P et al.[6] on satisfaction with childbirth services in Chattisgarh, which showed in their study that most of the women (68.7%) were moderately satisfied, as they expected some more care and concern towards baby care. Das P et al.[7], in their study on client satisfaction with maternal and child health services in West Bengal, also found that only half of the women, i.e., 54.31% of women, were satisfied, but whatever the satisfaction level was beyond that, most of the women received hospital services.

This study's findings were also supported by another study conducted by Ram PV, Dasgupta A, Pal J, and Biswas R[8] on "assessing the level of satisfaction among mothers of 0-6-year-old children attending ICDS centres in Chetla, Kolkata", which showed that most of the mothers (63%) had an average level of satisfaction, less than half of the mothers (36%) had a poor level of satisfaction and only 1% of them had a good level of satisfaction regarding health care services.

In contrast, another study conducted by Kavitha P et al.[9] titled "Mother's satisfaction with intrapartum nursing care among postnatal mothers in maternity hospital, Asmara, Eritrea" to determine the outcome for women's satisfaction regarding maternity care found that most of the mothers (83%) were highly satisfied and 17% were satisfied. Researchers suggested that mothers were highly satisfied with intrapartum care; that may be due to the presence of nursing students and staff, and they were friendly and supportive in nature.

In the present study, data showed that the mean score of the structured maternal satisfaction questionnaire was 133.61 ± 17.29, and the score ranges from 80 to 150. The result of the present study was more or less supported by the study conducted by Jha P et al.[6], which showed that the mean score of the satisfaction questionnaire was 115.25, the SD was 17.8 and the score ranged from 63 to 155. In contrast, Ram PV and Dasgupta A[8] found in their study that the mean satisfaction questionnaire score was 11.17, the SD was 3.29 and scores ranged from 4 to 24, whereas Changee F et al.[10] found in their study that the mean maternity satisfaction score was 66.6 and the SD was 3.5.

In this study, a chi-square test was computed between the level of satisfaction and selected socio-demographic variables of the participants, like age, religion, education, occupation, family monthly income, number of children, number of antenatal check-ups, postpartum period and episiotomy. No statistically significant association was found between level of satisfaction and selected socio-demographic variables of the study at the 0.05 level of significance.

The result of the present study was supported by the study conducted by Arora V et al.[11] on "assessing perceived satisfaction towards utilisation of maternal and child health care services among women of the reproductive age group in a district public health care facility, Rohtak, Haryana", which showed no statistically significant association

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between the socio-demographic variables and selected attributes for satisfaction related to child health care services. The present study findings were also more or less supported by another study conducted by Panth A et al.[2] on "Maternal satisfaction on delivery services among postnatal services in a government hospital of Mid-Western Nepal", which found that there was no statistically significant association between maternal satisfaction and socio-demographic variables. In contrast, Banerjee B12 performed a study on "assessing clients' satisfaction on maternal and child health services in terms of awareness and service utilisation in AIIHPH, Kolkata", which revealed that there was a statistically significant association between level of satisfaction and education ($Z=10.33$, $p<0.001$) and occupation ($Z=2.55$, $p<0.01$) of clients. So, on the basis of the above discussion, it can be said that most of the time women were satisfied with all the facilities they were given in the hospital. The findings of this study have several implications in the field of nursing practice, nursing education, nursing administration and nursing research, which will help to understand the need for maternal care and take measures to achieve maternal satisfaction for future research in this area.

The study limitations were (1) due to limited time, the sample size was too small to generalise the study's findings. (2) Institution-based study that might have caused women to respond positively, as those women who can read and write were included in the study. (3) The satisfaction level of those who cannot read and write cannot be assessed. (4) The reason for dissatisfaction cannot be assessed in a paper-pencil method with a structured questionnaire.

Hence, it is recommended that various workshops and seminars be held for health professionals to provide knowledge and improve skills in providing maternity care; educational programmes can be held for further improvement of knowledge and practice in providing maternity care, and more studies may be conducted to assess the determinants of maternal satisfaction with maternity care among women, and more research studies may be done by including some more components of maternity care in the structured maternal satisfaction questionnaire, such as free transport facilities, monetary incentives, toilet cleanliness, security in the ward, birth companions, health check-ups, postnatal visits, follow-up services, etc.

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