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Original Research Article

A Study on Level of Client Satisfaction among Puerperal Women towards Maternal Healthcare Services in Rural Health Training Centre Attached To Government Medical College, Kota

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Abstract

Introduction: Maternal and child health is a key public health priority, yet maternal mortality and morbidity remain high in rural India despite national improvements due to poor access, sociocultural constraints, and low quality of care. Client satisfaction is increasingly recognized as a key indicator of healthcare quality, influencing service utilization, adherence to medical advice, and continuity of care this study was conducted to assess client satisfaction among puerperal women which is crucial to bridge service gaps and improve outcomes.

Methods: A community-based cross-sectional study was conducted over one year in 16 villages under the RHTC, Digod, attached to the Department of Community Medicine, Government Medical College, Kota, and Rajasthan. A total of 200 puerperal women were selected using standard sample size calculation. Data were collected through interviewer method using a semi-structured questionnaire after ethical approval. Data analysis was done using appropriate statistical test.

Results: Majority of respondents in this study were Hindus (90.5%). It was observed that the majority of participants (61%) reported high satisfaction (score range: 40–50), followed by 30.5% with moderate satisfaction (score range: 30–39), and only 8.5% reported low satisfaction (score range: 10–29).

Conclusion: The study revealed that a majority of puerperal women were highly satisfied with maternal healthcare services. However, lower satisfaction in domains like breastfeeding and nutrition counselling highlights the need to strengthen interpersonal communication and health education efforts.

Keywords: Maternal Health Services, Puerperal women, Client satisfaction.

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Introduction

Maternal healthcare is a critical component of public health, aimed at reducing maternal and neonatal morbidity and mortality. In India, despite the implementation of numerous national programs such as the Janani Suraksha Yojana (JSY) and Laqshya, challenges remain in ensuring equitable access to quality maternal health services, especially in rural areas [1].

Client satisfaction is increasingly recognized as a key indicator of healthcare quality, influencing service utilization, adherence to medical advice, and continuity of care [2]. It encompasses various dimensions, including provider behavior, infrastructure, communication, and the perceived effectiveness of care. Puerperal women, having recently experienced the maternal care—antenatal, intranatal, and postnatal—are in a unique position to

assess the adequacy and responsiveness of services. Their feedback is crucial for identifying service gaps and enhancing patient-centered care.

The objective of study was to assess the level of client satisfaction among 200 puerperal women who had recently completed their postpartum period.

The findings offer valuable insights into the perceived strengths and weaknesses of maternal healthcare delivery in the region and highlight areas for targeted improvement.

Materials & Methods

A community based cross sectional study for a time period of one year was carried out to assess the level of satisfaction towards maternal health services among puerperal women in the 16 villages that comes under Rural Health Training Centre, Digod attached to tertiary health care facility, Department of Community Medicine, Government Medical College, Kota (Rajasthan), India.

The steps taken for designing and carrying out the research work were as follows –

Study Design: A community based cross sectional study.

Study Setting: The study was conducted under Department of Community Medicine, Govt. Medical college Kota, Rajasthan, in the villages that come in the area of Rural Health Training Centre, Digod. Digod is situated approximately 35 km away from the college in Tehsil -Digod & Block-Sultanpur on Tathed- Sultanpur mega highway.

This area had population approximately of 20,000, according to the census 2011. (Census 2021 not started yet)

It includes 3 subcentres which are Doongarjay, Moondla, Nayagaon ahiran and 16 villages which are Digod, Marwara chowki, Doongarjya, Moondla, Nayagaon ahiran, Udpuriya, padliya, deopura, sholi, kasampura, ummedpura, kanwarpura, kacholiya, fatehpur, dagariya, bhimpura.

Duration of Study: The study was conducted for a period of one year from 1 October 2023 to the 30 September 2024 after approval of Research Review Board (RRB) and Institutional Ethical Committee (IEC).

Study Population: Puerperal women residing in the villages coming under RHTC Digod who had recently delivered and had completed their puerperal period (42 days postpartum), but had not exceeded 15 days post-puerperal period (i.e. up to 57 days post-delivery) at the time of interview during my study period were study participants.

Sample Size: The sample size is calculated by using below formula: -

$(n) = z^2(p \times q) / d^2$

In which n is sample size

- Z is 95% confidence interval i.e.; 1.96,
- P is prevalence of postnatal care within 2 days of delivery of Rajasthan (84.8%) and
- q is 100-P (15.2) and
- d is acceptable margin of error (5%).
- $n = 1.96^2 (84.8 \times 15.2) / 5^2$
- $n = 3.84 \times 84.8 \times 15.2) / 25$
- n = 4949.6/25
- n=197.9

Calculated sample size is 197.9 which was rounded off to 200

Inclusion Criteria:

1. Women who were resident of this study area and had completed the 42 days of post-delivery but not more than 57 days post – delivery at the time of interview in the one-year duration, from 1 October 2023-30 September 2024.
2. Women who gave consent to participate in the study.

Exclusion Criteria:

1. Those women who were not available when study was conducted.
2. Women who were known case of psychiatry disorders.
3. Women who did not give consent to participate in the study.

Study Tools: A semi-structured questionnaire with closed ended questions was prepared. The participants were interviewed by face-to-face interview and the questionnaire was filled by the interviewer [3].

Likert scale was used in questionnaire to know the level of client satisfaction regarding heath service provider and their services [3].

The questionnaire was divided into sections which comprises of questions related to -

1. The demographic profile, socio-economic status of participant and standard of living.

2. Client satisfaction questionnaire

Outcome Variables: Client satisfaction with maternal health services was assessed using a Likert scale across multiple dimensions. Most women reported their satisfaction with the behaviour of service providers, reflecting respectful and supportive interactions during their visits.

They expressed varying levels of satisfaction with physical examinations conducted during antenatal and postnatal care, indicating the perceived adequacy and thoroughness of clinical assessments. The time allotted during consultations was another key factor influencing satisfaction, with many

appreciating attentive and unhurried sessions. Regarding counselling, satisfaction levels were evaluated on advice provided for identifying danger signs during pregnancy, breastfeeding practices, diet and nutrition, and family planning, which together reflect the quality of informational support offered by healthcare providers. Additionally, women's satisfaction with how their queries were addressed demonstrated the responsiveness of the health staff. The overall quality of health services, encompassing infrastructure, availability of medicines, and follow-up care, also influenced their perceptions. When these aspects were collectively considered, the study highlighted the overall satisfaction of clients with maternal health services, underscoring the importance of respectful communication, comprehensive counselling, and adequate service delivery in shaping positive healthcare experiences.

Data Entry and Statistical Analysis: After completion of data collection using the pretested semi-structured questionnaire, responses were checked daily for completeness and consistency. The collected data were entered into Microsoft Excel and subsequently imported into IBM SPSS (Statistical Package for the Social Sciences), version 29.0, for statistical processing.

Descriptive Analysis

Descriptive statistics were used to summarize baseline characteristics and outcome variables:

- Continuous variables such as current age, age at marriage, and age at first childbirth were expressed as mean ± standard deviation (SD).
- Categorical variables (e.g., education level, religion, type of family, utilization of ANC/PNC services, institutional delivery) were presented using frequencies and percentages.

Composite Scoring

To derive cumulative insights from multi-item indicators:

- A composite satisfaction score was generated using responses from the 5-point Likert scale across multiple service parameters (e.g., satisfaction with behavior, examination, counselling, time, and quality).

Level of Significance: All statistical analyses were performed at a 95% confidence level. A p-value ≤ 0.05 was considered statistically significant.

Ethical Considerations: Ethical clearance was obtained from the Institutional Ethical Committee of Government Medical College, Kota.

Informed consent was taken from all participants.

Confidentiality and anonymity of participant information was strictly maintained.

Participants were informed that participation is voluntary.

Observations & Results

A total of 200 puerperal women were enrolled in the study from 16 different settlements served by RHTC Digod. Among these, Digod village contributed the highest proportion of respondents (28%), while the smallest representation came from Fatahpura and Kasampura, each accounting for only 1.5% of the study population. The majority of participants (44%) were between 23 and 27 years of age, and a significant number (63.5%) had married between the ages of 18 and 22, highlighting the continued prevalence of early marriage in the region. Most women had their first child before the age of 27, with 36.5% experiencing childbirth between the ages of 18 and 22. The mean current age of respondents was 27.6 ± 4.9 years, the average age at marriage was 21.7 ± 2.34 years, and the average age at first childbirth was 23.5 ± 2.5 years.

The vast majority of participants were Hindu (90.5%), and a considerable proportion belonged to the Scheduled Tribes (42%). In terms of educational attainment, 31% of women had completed secondary school, while higher education among females was rare, with only 0.5% holding a postgraduate degree. In contrast, their husbands were relatively more educated, with 32% being graduates. Most women (76.5%) were homemakers, whereas their husbands were primarily employed in the organized sector (23%), followed by self-employment (17.5%) and farming (14%).

Family sizes were generally moderate, with 56.5% of households comprising 6 to 10 members; households with more than 15 members were rare (1%). According to the Modified BG Prasad Socioeconomic Classification (2022), 37% of the women belonged to the lower-middle class, 29% to the middle class, and 22% to the upper-middle and upper classes combined, indicating that a large proportion of respondents came from economically weaker sections.

Mass media exposure varied across different platforms. While 65% of women reported watching television weekly, nearly half never read newspapers (47%) or listened to the radio (64.5%). Cinema attendance was particularly low, with 71% never visiting cinemas. In terms of access to information tools, 80% of the respondents owned a mobile phone, and 65.5% had access to the internet.

However, 39.5% reported never reading health-education hoardings. When composite media access was assessed, 79% of women were found to be exposed to at least two different media channels, suggesting moderate levels of engagement with mass communication sources.

Level of satisfaction was assessed using a structured 5-point Likert scale across ten core domains that reflected both interpersonal and technical aspects of maternal healthcare.

The domains included satisfaction with physical examination, time spent during consultations, counselling on danger signs, breastfeeding, diet and nutrition, family planning, handling of queries, quality of services received, and behaviour of service providers. Each Likert scale response was scored numerically as follows:

- Very dissatisfied / No, definitely Not / Poor = 1
- Dissatisfied / No, I don't think so / Fair = 2
- Neutral / May be yes / Average = 3
- Satisfied / Yes, I think so / Good = 4
- Very satisfied / Yes, definitely / Excellent = 5

Table 1 shows the distribution of responses for each question regarding client satisfaction:

- The "Satisfied" and "Very satisfied" segments dominate almost every bar, reflecting generally positive client perceptions.
- Neutral responses range between 11%–19%, indicating room for improved communication and engagement.
- The dissatisfied categories (Very dissatisfied and Dissatisfied) are very low, but more prominent in items like: advice on breastfeeding (7%), advice on nutrition (5.5%) and openness to queries (7%)

This suggests that while the majority of respondents were happy with the services, counselling and interpersonal communication can be enhanced further.

Table 1: Level of Satisfaction

Questions	(a) Very dissatisfied	(b) Dissatisfied	(c) Neither satisfied nor dissatisfied	(d) Satisfied	(e) very satisfied
1. How much satisfied were you with your physical examination done by service the provider?	0 (0%)	5 (2.5%)	35 (17.5%)	104 (52%)	56 (28%)
2. How much satisfied were you with the time given for your checkup?	0 (0%)	7 (3.5%)	28 (14%)	108 (54%)	57 (28.5%)
3. How much satisfied were you with the advices given regarding danger signs?	0 (0%)	5 (2.5%)	34 (17%)	101 (50.5%)	60 (30%)
4. How much satisfied were you with the advices given regarding breast feeding?	1 (0.5%)	13 (6.5%)	23 (11.5%)	87 (43.5%)	76 (38%)
5. How much satisfied were you with the advices given regarding diet & nutrition?	1 (0.5%)	10 (5%)	35 (17.5%)	81 (40.5%)	73 (36.5%)
6. How much satisfied were you with the advices given regarding family planning?	0 (0%)	11 (5.5%)	38 (19%)	92 (46%)	59 (29.5%)
7. In an overall, how satisfied were you with the services you have received?	0 (0%)	0 (0%)	35 (17.5%)	102 (51%)	63 (31.5%)
8. Did you find the service provider was open to you queries?	No, definitely not	No, I don't think So	May Be Yes	Yes, I think so	Yes, definitely
	7 (3.5%)	7 (3.5%)	34 (17%)	83(41.5%)	70(35%)
9. How would you rate the quality of services you had received?	Poor	Fair	Average	Good	Excellent
	0 (0%)	8 (4%)	34 (17%)	100 (50%)	58 (29%)
10.How would you rate the behaviour of your service provider?	Poor	Fair	Average	Good	Excellent
	0 (0%)	6 (3%)	34 (17%)	106 (53%)	54 (27%)

For each participant, responses across all 10 items were summed to generate a composite satisfaction score, ranging from a minimum of 10 to a maximum of 50. Based on tertile distribution of scores, participants were categorized as follows:

- Low satisfaction: Score 10–29

- Moderate satisfaction: Score 30–39
- High satisfaction: Score 40–50

This categorization facilitated the interpretation of satisfaction patterns and enabled subgroup analyses across socio-demographic and service-utilization variables.

Results from the present study: The findings revealed that the majority of participants expressed high levels of satisfaction across all evaluated domains:

- 79% of participants were either satisfied or very satisfied with the time allocated during their check-ups.
- 82.5% expressed satisfaction with the counselling received on danger signs, and 81.5% with breastfeeding advice.
- 77% of respondents were satisfied with diet and nutrition counselling, while 75.5% were satisfied with family planning guidance.
- A total of 82.5% rated the overall quality of services as good or excellent, and 80% rated the behaviour of the service provider similarly.
- Regarding responsiveness to patient queries, 76.5% of participants indicated that the provider was open and receptive.

Based on the composite scores:

- 8.5% (n = 17) of participants were categorized as having low satisfaction.
- 30.5% (n = 61) demonstrated moderate satisfaction.
- The majority, 61.0% (n = 122), exhibited high satisfaction with the maternal health services received.

Table 2: Composite score of level of satisfaction

Sr. No.	Satisfaction Level	Composite Score Range	Frequency (n)	Percentage (%)
1	Low Satisfaction	10 – 29	17	8.5%
2	Moderate Satisfaction	30 – 39	61	30.5%
3	High Satisfaction	40 – 50	122	61.0%
4	Total		200	100.0%

These findings reflect an overall positive perception of service quality in the study area and indicate the effectiveness of maternal health service delivery in the RHTC Digod region. Nevertheless, improvement is warranted in counselling quality and interpersonal communication to achieve universal satisfaction and promote optimal utilization of maternal health services.

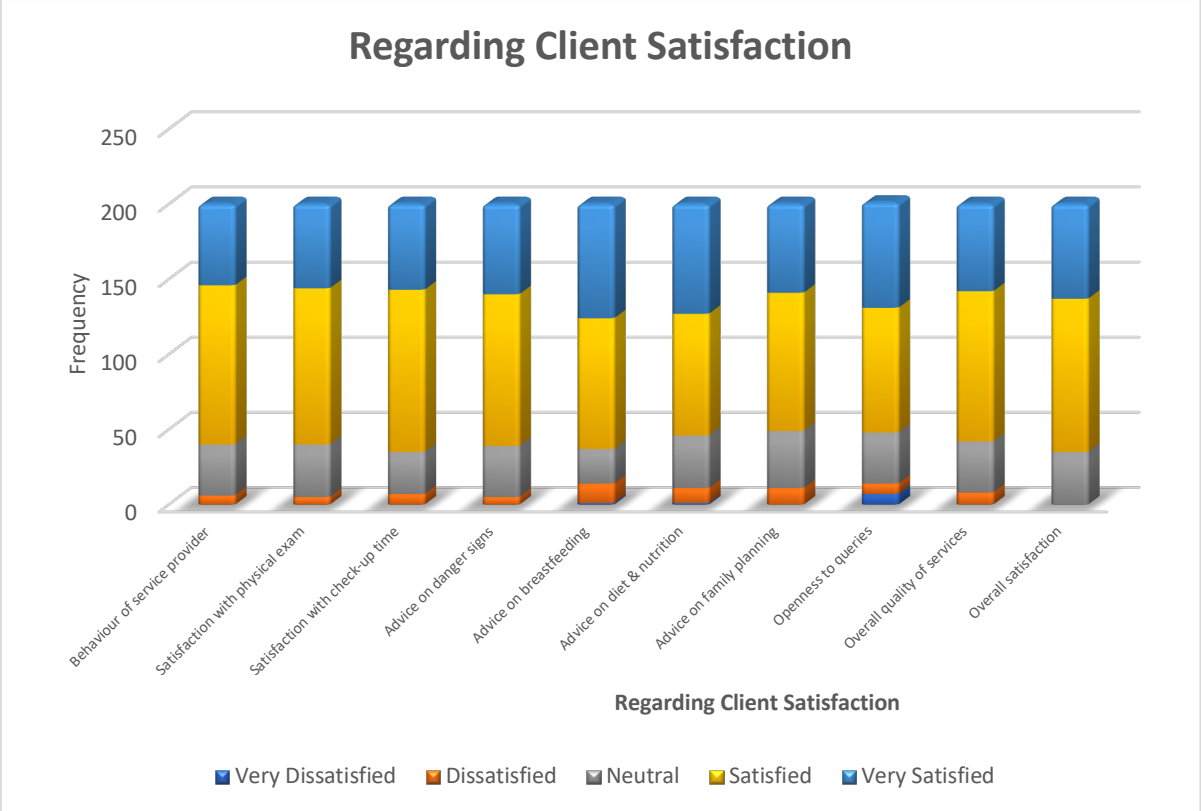

Figure 1: Level of client satisfaction

Discussion

In the present study, a high level of client satisfaction was observed across multiple domains of maternal health service delivery. Approximately 80% of respondents reported being satisfied or very satisfied with provider behaviour, reflecting positive patient–provider interactions that are essential for sustained service utilization. These findings corroborate those of Smita batni et al. [4], who highlighted that respectful and empathetic provider behaviour significantly enhances maternal health service uptake.

Similarly, 80.5% of women expressed satisfaction with the physical examination conducted during pregnancy, and 82.5% were satisfied with the time allocated for check-ups, indicating adequate attention and perceived quality of care. These results are comparable to those reported by Pricella et al [5], where 98% of women were satisfied with physical examination and 98.5% with the time provided during antenatal visits.

Satisfaction with family planning advice was 75.5%, suggesting effective integration of postpartum counselling within maternal health services. However, this contrasts with Pricella et al. [5], who found only 31.8% of clients satisfied with family planning advice. Furthermore, 77% of participants reported satisfaction with dietary and nutritional counselling, indicating a need to further strengthen nutritional education components. This is comparatively lower than the 97.5% satisfaction rate observed in the study by Pricella et al. [5].

Regarding communication, 76.5% of women felt that providers were open to their questions, reflecting good interpersonal communication skills. In contrast, Smita batni et al. [4] reported higher satisfaction (95.6%) in this domain. Overall, 80% of women rated the quality of services as good to excellent, and 82.5% expressed overall satisfaction with maternal health services. These findings are consistent with those of Pricella et al. 5and Smita batni et al. [4], who documented overall satisfaction rates of 96.5% and above.

A related study from rural Bengal also reported that over 60% of clients were satisfied with the care provided by medical officers, underscoring a generally positive perception of service quality in rural health settings [2]. High client satisfaction, as observed in this study, serves as a critical determinant of continued service utilization and improved maternal health outcomes.

Conclusion

The study revealed that a majority of puerperal women were highly satisfied with maternal healthcare services at RHTC Digod, particularly in areas such as provider behavior and overall service quality. However, lower satisfaction in domains like breastfeeding and nutrition counselling highlights the need to strengthen interpersonal communication and health education efforts. These findings underscore the importance of patient-centered care and continuous service improvement to enhance maternal health outcomes in rural settings.

Recommendations

Based on the findings, it is recommended that healthcare workers be provided with enhanced training in communication and counselling, particularly focusing on breastfeeding, nutrition, and family planning. Efforts should be made to promote patient–provider interaction by encouraging open dialogue during consultations. The use of visual aids and printed IEC materials in the local language can further support health education. Strengthening home-based postnatal visits and introducing simple client feedback mechanisms at health centres may help in continuously improving service quality. Additionally, leveraging commonly used media platforms such as television and mobile phones for spreading maternal health awareness can improve community engagement. Special attention must be given to women from tribal and lower socioeconomic backgrounds to ensure equitable access and satisfaction with services.

Furthermore, this research emphasizes the need for ongoing assessment of patient satisfaction as a dynamic measure of healthcare quality. By actively engaging with patients and incorporating their feedback into service delivery improvements, healthcare providers can build trust and encourage greater utilization of available services.

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