

Research Article

A Study on Level of Satisfaction among Beneficiaries under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) in Government Health Facilities of District Etawah, Uttar Pradesh: A Cross-sectional Study

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A B S T R A C T

Background: In India, many pregnant women don't give importance to early antenatal care leading to undetected High-Risk Pregnancies (HRP). All pregnant women need to access quality antenatal care services to detect and prevent life-threatening complications during childbirth. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched by the Ministry of Health & Family Welfare, Govt. of India on 9th June 2016.

Objective: To determine the level of satisfaction among beneficiaries under PMSMA scheme.

Methods: A cross-sectional study was done among 400 pregnant women who were delivered within 1 year from the date of the study and who had registered & availed the Ante-Natal Care (ANC) services under Government health facilities in district Etawah, Uttar Pradesh. The data thus collected were entered into Microsoft-Excel spreadsheet and was analyzed using IBM SPSS software Version 24.0

Results: Out of 400 beneficiaries, 195(48.75%) were satisfied with the cleanliness of wards & toilets followed by 234(58.50%) with drinking water quality, 374(93.50%) with basic laboratory investigation, 341(85.25%) with transport facilities during discharge. The majority of study participants were in the age group of 20-30 years i.e. 375 (93.75%) and most of them got married between 15-20 years of age i.e. 285(71.25%)

Conclusions: If every pregnant woman in India is examined by a Medical Officer/Specialist and Investigated appropriately at least once during the PMSMA, the Abhiyan can play a crucial role in reducing the number of maternal deaths & High-Risk Pregnancy (HRP) in our country.

Keywords: PMSMA, Ante-Natal Care, High Risk Pregnancy, Pregnant Woman, Satisfaction

Introduction

In India, about 67,000 women die every year due to pregnancy-related complications, and approximately 13 lakhs infants die within one year of birth.¹ As per the Sample Registration System (SRS) report by Registrar General of India (RGI) for the last three years, the Maternal Mortality Ratio (MMR) of India has reduced from 130/ lakh live births in SRS (2014-16) to 122 in SRS (2015-17) and 113/ lakh live births in SRS (2016-18) (Figure 1). India has registered an overall decline in MMR of 70% between 1990 and 2015 in comparison to a global decline of 44%.²

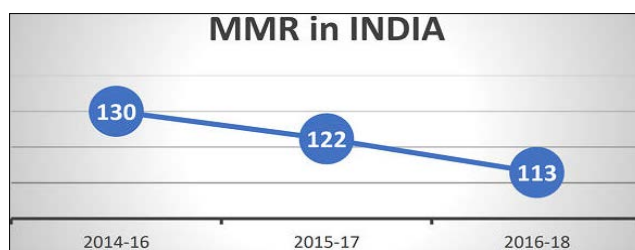


Figure 1. Accelerated Pace of Decline in MMR for India

Source: RGI-SRS

To reduce the maternal and infant mortality rate, the Ministry of Health & Family Welfare (MoHFW), Government of India launched “The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)” on 9 June 2016. The program aims to provide assured, comprehensive, and quality antenatal care, free of cost, universally to all pregnant women on the 9th day [HRP (High-Risk Pregnancy) Day] of every month.³ Under this campaign, a minimum package of antenatal care services is provided to the beneficiaries at PMSMA clinics to make sure that each pregnant woman receives a minimum of one antenatal checkup in the 2nd/ 3rd trimester of pregnancy by the physician/ specialist at designated government health facilities. Satisfaction can be defined as the extent of an individual’s experience compared with his or her expectations. Client satisfaction is one of the commonly used outcome measures of patient care and is an important indicator of quality of primary care and healthcare performance.⁴ Satisfaction are often defined as the extent of an individual’s experience compared together with his or her expectations. Client satisfaction is one of the commonly used outcome measures of patient care and is an crucial indicator of quality of medical care and healthcare performance.

Aim

To assess the level of satisfaction among beneficiaries under PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) in government health care facilities of district Etawah.

Objective

To determine the level of satisfaction among beneficiaries under PMSMA scheme.

Material and Methods

A cross-sectional study was done among 400 pregnant women who had registered & availed the Ante-Natal Care (ANC) services under the PMSMA clinic and delivered in the last one year. During our visit, her previous ANC records were checked. Mothers fulfilling the inclusion criteria but not available in-house at the time of visit were excluded from the study and we proceeded to the next beneficiaries. Study participants were interviewed using a pre-designed, pre-tested, semi-structured questionnaire. The proforma will comprise of questions related to socio-demographic profile, level of satisfaction of beneficiaries, and utilization of antenatal care services at PMSMA clinic. The data thus collected was entered into a Microsoft-Excel spreadsheet and was analyzed using IBM SPSS software Version 24.0. Continuous data were summarized using mean, median, and standard deviation depending on the distribution of the data. Categorical data were summarized using percentages and proportions. Ethical Clearance for the research was taken from the Ethical Committee of UPUMS, Saifai and CMO of Etawah before the start of the study. Written informed consent was taken from all the study participants after explaining the purpose, nature, and procedure of the study.

Result

In the present study, a total of 400 beneficiaries were included. The mean age \pm SD of study participants was 25 ± 3.3 years. The majority of study participants were in the age group of 20-30 years i.e. 375 (93.75%) and most of them were Hindu by religion i.e. 337(84.25%). The majority of them got married between 15-20 years of age i.e. 285(71.25%) while the first delivery for the majority 252(63.0%) occurred between 21-25 years of age (Figure 1). The educational status of 63.25% of mothers was below high school and 36.75% were educated till high school and above. Also, the majority i.e.175 (43.75%) belonged to the lower middle class and least belonged to the upper class i.e. 1(0.25%) according to modified B.G. Prasad classification (2020) for assessing socio-economic status (Table 1).

Table 2 illustrates the distribution of beneficiary satisfaction. According to the services provided at the health facility, Out of 400 beneficiaries, 195(48.75%) were satisfied with the cleanliness of wards & toilets followed by 234(58.50%) with drinking water quality, 355(88.75%) with counselling, 369(92.25%) with adequate privacy during examination, 374 (93.50%) with basic laboratory investigation, 341(85.25%) with transport facilities during discharge, 341(85.25%) with IEC material displayed. According to the behaviour and attitude of staff at the health facility, Out of 400 beneficiaries, 361(90.25%) were satisfied with polite and supportive behaviour of doctor, staff worker followed by 373(93.25%) with OPD consultancy interaction with the

doctor, 343(85.75%) with behaviour of pharmacist while providing medicine, 368(92.00%) with an adequate period of time given by the doctor, 375(93.75%) with guidance provided regarding, care of newborn, immunization and follow-up.

Table 3 depicts that the difference in the proportion of high-risk pregnancy among women had a statistically significant association with the educational status (p-Value=0.005).

Among all studied subjects, 313(78.25%) were educated upto high-school, while 87(21.75%) had received the education of senior secondary schooling and above. It is known that the education of women plays an important role in taking nutritious diet, spacing between children, proper antenatal check-ups and early recognition of symptoms of complications, and seeking medical care. Educated women build a better rapport with health professionals and are motivated for safe motherhood.⁵

Table I. Distribution of Beneficiaries according to socio-demographic Profile

S. No.	Socio-demographic profile		Frequency (N=400)	
	Variables	Subgroups	Number (n)	Percentage (%)
1.	Age Group (in years)	<20 years	8	02.00
		20-30 years	375	93.75
		>30 years	17	04.25
		Mean \pm SD	25 \pm 3.3	
2.	Religion	Hindu	337	84.25
		Muslim	63	15.75
3.	Caste	General	118	29.50
		OBC	173	43.25
		ST/SC	109	27.25
4.	Age at Marriage (in years)	15-20 years	285	71.25
		21-25 years	111	27.75
		26-30 years	3	00.75
		>30 years	1	00.25
		Mean \pm SD	19 \pm 2.0	
5.	Age at First Delivery (in years)	15-20 years	138	34.50
		21-25 years	252	63.00
		26-30 years	6	01.50
		>30 years	4	01.00
		Mean \pm SD	21 \pm 2.1	
6.	Education of Mother	Illiterate	102	25.50
		Primary	73	18.25
		Junior high school	78	19.5
		High school	60	15.00
		Intermediate	49	12.25
		Graduate & Above	38	09.50
7.	Socioeconomic Status (Modified BG Prasad's classification as per AICPI 2020)	Upper class (\geq 7533)*	1	00.25
		Upper middle class (3766-7532)	29	07.25
		Middle class (2260-3765)	82	20.50
		Lower middle class (1130-2259)	175	43.75
		Lower class (\leq 1129 and below)	113	28.25

*Per capita monthly income of the family

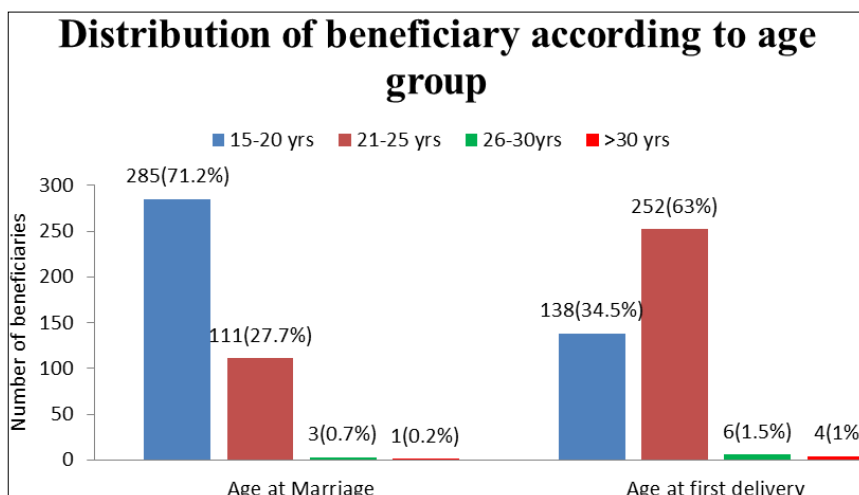


Figure 2. Distribution of Beneficiaries according to Age at Marriage and Age at First Pregnancy

Table 2. Distribution of Beneficiary according to the Level of Satisfaction

S.No.	Beneficiary Satisfaction		Score (N=400)		
	Variables		Satisfied	Neutral	Unsatisfied
1.	Services Provided at health facility	Cleanliness of wards and toilets	195(48.75%)	121(30.25)	84(21.00%)
		Drinking water quality	234(58.50%)	96(24.00%)	70(17.50%)
		Counselling	355(88.75%)	34(8.50%)	11(2.75%)
		Adequate privacy during examination	369(92.25%)	22(5.50%)	9(2.25%)
		Basic laboratory investigation	374(93.50%)	18(4.50%)	8(2.00%)
		Transport facilities during discharge	341(85.25%)	39(9.75%)	20(5.00%)
		IEC material displayed	341(85.25%)	44(11.00%)	15(3.75%)
2.	Behaviour and Attitude of staff at health facility	Polite and supportive behaviour of doctor, staff worker	361(90.25%)	30(7.50%)	9(2.25%)
		OPD consultancy interaction with doctor	373(93.25%)	19(4.75%)	8(2.00%)
		Behaviour of pharmacist while providing medicine	343(85.75%)	41(10.25%)	16(4.00%)
		Adequate period of time given by the doctor	368(92.00%)	21(5.25%)	11(2.75%)
		Guidance provided regarding, care of newborn, immunization, and follow-up	375(93.75%)	17(4.25%)	8(2.00%)

Table 3. Distribution of Beneficiary according to the Level of Satisfaction

S. No.	Education Status	High Risk Pregnancy	Non-High Risk Pregnancy	Total N (%)
1.	Up to higher school	138	175	313(78.25)
2.	Secondary and above	24	63	87 (21.75)
	Total	162	238	400
		Chi Sq = 7.69	d.f = 2	p-Value = 0.005

Discussion

This study was conducted among 400 beneficiaries registered under PMSMA who were taken as study subjects. This study revealed that the majority of the participants i.e. 375(93.75 %) was in the age group between 20-30 years followed by 17 (4.25%) in more than 30 years and the least was 8 (2%) in age group less than 20 years. According to age at marriage, most of the beneficiaries were in the age group between 15-20 years i.e. 285(71.25%). Majority i.e. 175 (43.75%) belonged to the lower middle class and least belonged to the upper class i.e. 1 (0.25%) according to Modified BG Prasad's classification. Antara et al.,⁶ conducted a study in Meerut in which the majority of antenatal women were in the age group of 21-25 years (60%). The least were from the age group of 17-20 years and 31-35 years (9% each). Similarly, another study conducted in rural Dharwad by Kumar et al.⁷ showed that the majority of participants (35%) belonged to class IV followed by class III (25%) and least belonged to socio-economic class I (1.0%) according to modified B.G. Prasad's classification.

The present study showed that out of 400 beneficiaries, 195 (48.75%) were satisfied with the cleanliness of wards and toilets followed by 234 (58.50%) with drinking water quality, 374 (93.50%) with basic laboratory investigation, 341 (85.25%) with transport facilities during discharge. According to the behaviour and attitude of staff at the health facility, Out of 400 beneficiaries, 361 (90.25%) were satisfied with the polite and supportive behaviour of the doctor, staff worker followed by 373 (93.25%) with OPD consultancy interaction with the doctor. In another study conducted by Gupta et al.,¹ among pregnant mothers 46 (92%) respondents were satisfied with the services provided by the doctors immediately. All the respondents were satisfied with the routine ward rounds, emergency services provided by the doctors and staff nurses. 46 (92%) respondents were satisfied and two were highly satisfied regarding follow-up services provided outdoor. According to Panth et al.,⁸ the study shows that the majority (89.88%) of the mothers were satisfied with the delivery service. The level of satisfaction was higher in interpersonal and technical aspects (93.82%) of care than in informative aspects (91.57%) and health facility-related statements (91.01%).

Conclusion

Generally, most of the pregnant women were satisfied with the service that they had received. Also, they were satisfied with multiple aspects of care in the health centre in the form of clinical examination, laboratory investigation, treatment of the existing condition, education about nutrition, also they were satisfied with the time spent with doctors, privacy,

response to their inquiry. Certain improvements are also needed in the waiting area by making it informative and comfortable. However, pregnant women were less satisfied with the crowdedness at the health care centre and with the medicines supply. This study concluded that antenatal care provided needs improvement, and concluded that measures should be taken to enhance public sector services through increasing resources, adequate medicine supply, and reduce waiting time. If each and every pregnant woman in India is examined by a Medical Officer/Specialist and Investigated appropriately at least once during the PMSMA, the Abhiyan can play an important role in reducing the number of maternal deaths & High-Risk Pregnancy (HRP) in our country.³

Recommendations

Increase in the number of doctors and improving the facility of the clinic are important things which should be considered by the maternal health care centre management to improve the level of pregnant women's satisfaction in the antenatal clinic.

Conflict of Interest: None

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