



A Study on the Satisfaction of Maternal Health Services by Tribal Women in Assam

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Abstract. Maternal health is a critical aspect of public health, particularly in regions with diverse populations like Assam, where tribal communities constitute a significant portion of the population. Improving maternal health is key to saving the lives of more than half a million women who die as a result of complications from pregnancy and childbirth each year. The paper is an attempt to study the satisfaction of maternal health services provided by the Government clinics/hospitals and also to examine the utilization of maternal health care services in antenatal and postnatal care. The present study was conducted in Baksa district of Assam. The methodology used was Quantitative in nature and 20 respondents were selected for the study. The study was based on primary method based on observation and structured interview schedule for the purpose of data collection and the secondary method was based on books, articles, journals etc. The study subjects were mothers (15-49 years) who have recently utilized maternal health services and have delivered in the last one year, also were staying in study area. The selection of participants was made using simple random sampling technique from available randomized list of patients. It has been observed that majority of the respondents had received health services on physical examination (weight, blood pressure and heart rate) in the government clinic during their pregnancy, followed by majority of the respondents claimed that they had to refer to the private clinics for ultrasound test due to inadequate ultrasound machines available in most of the Government clinics within the vicinity. All of the respondents in the study area revealed that they were attended by a skilled birth attendant during the time of their delivery. The study will inform the policymakers and healthcare providers to enhance service delivery to meet the specific needs of tribal communities and reduce maternal mortality in Assam.

Index Terms- maternal health care services, antenatal care, postnatal care, tribal women.

I. Introduction

Maternal health is a critical aspect of public health, particularly in regions with diverse populations like Assam, where tribal communities constitute a significant portion of the population. Tribal women in Assam often face unique challenges in



accessing and utilizing maternal health services, including geographical isolation, cultural practices and socio economic constraints. Understanding the satisfaction levels of these women with the available maternal health services is crucial for improving healthcare delivery and outcomes in these communities.

Like other Indian states, the state Assam has also implemented various initiatives of the Government of India due to which utilization of maternal health services had increased at the state and national level. Yet, Assam continues to be the State with the highest MMR (300), which is the highest MMR in the country, followed by Uttar Pradesh and Madhya Pradesh with MMR of 197 and 173, respectively according to Census 2011. There are many reasons for Assam for having the highest maternal mortality. Insurgency in the state is one of the main reasons because it affects access to basic healthcare services. Maternal health reflects the risk of maternal death per pregnancy owing to which maternal health continues to be a major public health issue.

Despite of numerous government initiatives aimed at improving maternal health, satisfaction of tribal women with these services in Assam remains under-researched. Satisfaction levels are indicative of the quality of care received and can provide insights into the effectiveness, accessibility and cultural appropriateness of maternal health services. Low satisfaction may reflect systemic issues such as poor service delivery, inadequate infrastructure and barriers to access, all of which contribute to poor maternal health outcomes.

Objectives of the Study

- To assess the satisfaction of tribal women with maternal health services provided by the Government clinics/hospitals.
- To explore the utilization of Maternal Health care services in Antenatal and Postnatal care

Significance of the Study

This study will provide valuable insights into the experiences of tribal women with maternal health services in Assam, by identifying factors that contribute to satisfaction or dissatisfaction, the researcher will inform policymakers and healthcare providers to enhance service delivery to meet the specific needs of the tribal communities.

Ultimately, improving the satisfaction of tribal women with maternal health services can lead to better health outcomes, reduced maternal mortality and more equitable healthcare provision in Assam.

II. Discussion and Findings

After the collection of data from the respondents, the researcher has analyzed the data using tables, bar graphs, pie graphs and line graphs.



Table 1: Demographic profile of pregnant women

Age of the respondent	Respondents	Percentage
18 - 30 years	14	70%
30 - 42 years	6	30%
Total respondents	20	100%
Occupation of the respondent	Respondents	Percentage
Teacher	2	10%
Anganwadi worker	1	5%
Housewife	17	85%
Total respondents	20	100%
Monthly household income	Respondents	Percentage
5000-15,000	17	85%
15,000-25,000	3	15%
Total Respondents	20	100%

From the above table, the researcher has found that out of total respondents 70% of them were at the age group of 18-30 years followed by 30% of the respondents who were between 30-42 years. And the occupation of the respondent shows that 85% of the respondents were housewives followed by 10% who were engaged as a teacher and only 5% of them were Anganwadi workers. The data also shows the status of their monthly household income where 85% of them received less than Rs 5000 and 15% had monthly income between Rs 15,000-25,000.

Table 2: Accessibility of Health Services

Distance to the Govt. primary health clinic	Respondents	Percentage
Less than 30mins	6	30%
30mins-1hour	14	70%
Total Respondents	20	100%
Time waited to meet Medical staff	Respondents	Percentage
Less than 30mins	12	60%
30mins-1hour	8	40%
Total Respondents	20	100%

From the above table it can be observed that 70% of the respondent revealed that the distance needed to travel to the government primary health clinic was between 30 minutes- 1 hour whereas rest of 30% of them needed less than 30 minutes to reach Government primary health clinic. It has also been found that more than half of the respondent (60%) had to wait less than 30 minutes and 40% of the respondents said that they had to wait for about 30 minutes to 1 hour while visiting the clinic and meeting the medical staff.

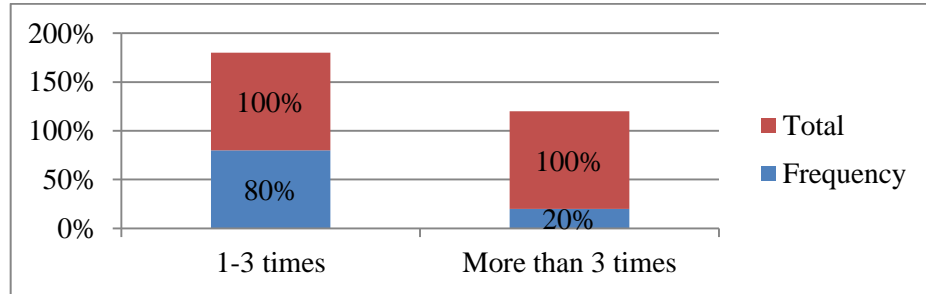


Figure 1: Number of visits to the clinic during the pregnancy

The above figure reveals that out of total respondents 80% of them visited clinic in between 1-3 times during their pregnancy, followed by 20% of the respondents who had visited more than 3 times during their pregnancy.

Table 3: Health services received in the clinic during the pregnancy

Health services received during the pregnancy	Respondents	Percentage
Physical	18	90%
Ultrasound	5	25%
Nutritional	8	40%
Tetanus Vaccine	15	75%
Total Respondents	20	100%

The above table reveals that the majority of the respondents (90%) had received health services on physical examination (weight, blood pressure and heart rate) in clinic during their pregnancy followed by 75% of them who had received tetanus vaccine in the clinic during their pregnancy. The above table also reveals that out of total respondents 40% of them were advised by the Doctor to take nutritional supplements for their good health and last by 25% of them who had received ultrasound test.

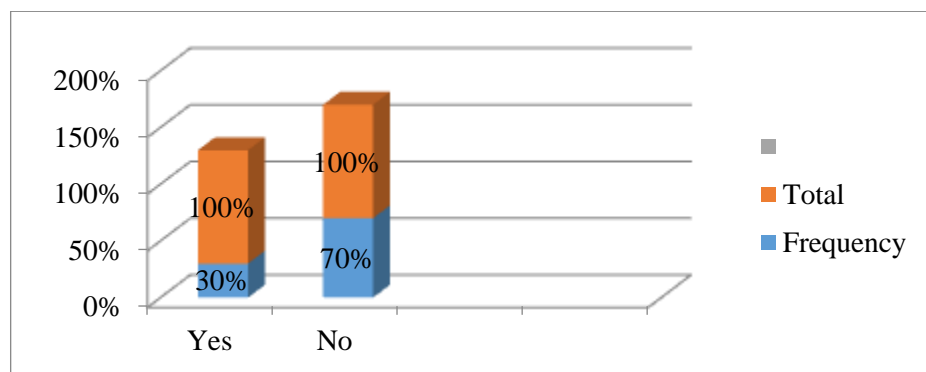


Figure 2: Complications during pregnancy



The above figure shows that out of total respondents less than half (30%) of them were detected as complications during their pregnancy, followed by 70% of them were without any complications during their pregnancy.

Table 4: Health services received during delivery

Satisfied from the skilled birth attendant	Respondents	Percentage
Completely satisfied	4	20%
Partially satisfied	13	65%
Neither satisfied nor dissatisfied	3	15%
Total Respondents	20	100%

The above table reveals that out of total respondents only 4% who were completely satisfied from the skilled birth attendant and more than half (65%) of them who were partially satisfied, followed by 15% of them who said they were neither satisfied nor dissatisfied by the services received from the skilled birth attendant.

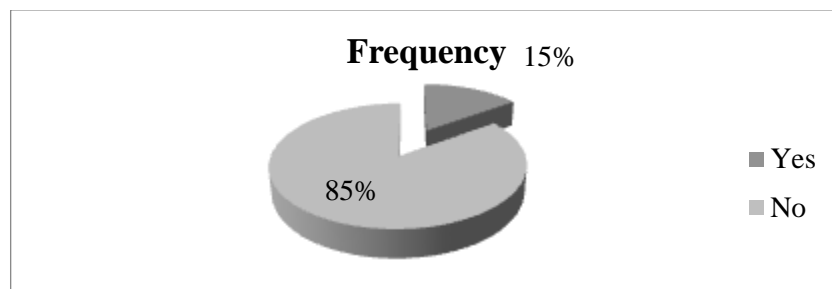


Figure 3: Complications detected during delivery

From the above figure the researcher has found that out of total respondent majority (85%) of them were detected as normal delivery in the category of no complications during delivery, followed by 15% of them who were detected with complications for which they were referred to the secondary hospitals during their delivery.

Table 5: Number of postnatal care services

Visited clinic after delivery	Respondents	Percentage
1-2 times	6	30%
More than 2 times	2	10%
Total Respondents	20	100%

The above table shows that less than half (30%) of the respondent visited clinic in between 1-2 times for their health checkup after delivery and only 10% of them who had visited clinic for more than 2 times after delivery.



Table 6: Total Expenditure per delivery

Total amount spent by household during last pregnancy	Respondents	Percentage
Rs 3000- Rs 10,000	14	70%
More than Rs10,000	6	30%
Total Respondents	20	100%
Had to pay bribes for maternal health services	Respondents	Percentage
Yes	18	90%
No	2	10%
Total Respondents	20	100%
Purpose for the bribe paid	Respondents	Percentage
Labour work	18	90%
Cleaning the patient	17	85%
Taking care of the patient	15	75%
Safe delivery	19	95%
Total Respondents	20	100%
Bribe demanded or self-paid	Respondents	Percentage
Demanded	18	90%
Paid by own	2	10%
Total Respondents	20	100%

The above table shows that out of total respondents majority (70%) of the households said that they had spent in between Rs 3000- Rs10,000 during the last pregnancy, followed by less than half (30%) of the respondent have revealed that they had spent more than Rs 10,000 during the last pregnancy.

The above table also shows that majority (90%) of the total respondents had to pay bribes for the maternal health services followed by only 10% of them who were left unpaid for the bribes. It also reveals that the bribe they had paid were because of some purposes.

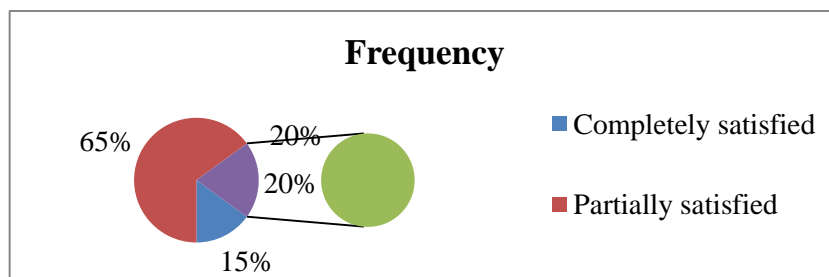


Figure 4: Satisfaction of maternal health services



Out of total respondents majority (90%) had revealed that they had to pay for their labour work and more than half (75%) of the respondents had to pay as bribes for cleaning the patient, followed by 95% out of total respondents who had to pay for the safe delivery of baby. It also shows that majority (90%) of the respondents were demanded for the bribe to be paid and only 10% of them had paid by their own.

From the above pie diagram, the researcher had found that out of total respondents less than half (15%) respondents were completely satisfied with the maternal health services received, followed by more than half (65%) of the total respondents who were partially satisfied with the services received. The above diagram also shows that less than half (20%) of the respondents were neither satisfied nor dissatisfied from the overall services received from the maternal health services.

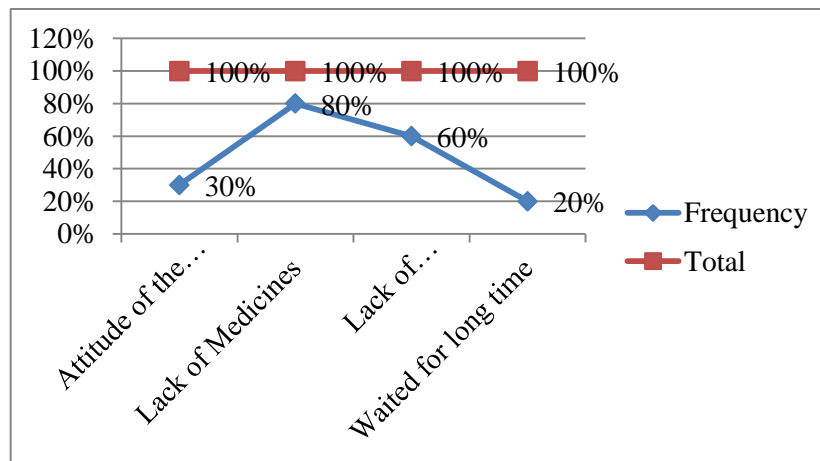


Figure 5: Reasons of dissatisfaction of maternal health services

From the above line diagram, it can be depicted that the respondents were not completely satisfied due to some valid reasons from the services received. Out of total respondents 30% revealed that the attitude of the doctor/nurse were the reasons for not completely satisfied, followed by 80% from total respondent said that lack of medicines in the hospital were reasons for not completely satisfied. The diagram also reveals that 60% of the total respondents had claimed lack of ultrasound machines as the reason for not completely satisfied, followed by less than 20% who waited for long time to meet the hospital staffs in some cases as a reason for not completely satisfied.

III. Suggestions and Recommendations

- The Doctors/Nurses of Government primary health centre should be available at most of the time because in the case of emergency, especially during the delivery the patient cannot wait for longer period of time.



- The medical staffs should also encourage the pregnant ladies to visit health clinics for check-up before and after delivery and aware them about the precautions if facing any difficulties during their pregnancy.
- The Government health clinics should have ultrasound machines because majority of the pregnant women's from rural areas are financially poor and they had to suffer paying huge amount if referred to private clinics for check-up where ultrasound machines are available.
- The staff workers of health clinics should always keep the hospital premises clean and availability of space in the postnatal ward room should be maintained.
- The charges of amount as a bribe in the Government health clinic/hospitals should be removed as much possible because most of the common people with less income go for those hospitals assuming it for free treatment.
- Strengthening drugs and supplies, laboratory, and diagnostic services.

IV. Conclusion

The Government clinics/hospitals were being utilized by women in various forms. In case of Maternal Health services majority of the pregnant women prefer Government clinic/hospital during their pregnancy in the study area. It is because of cash assistance that the government has provided to look after those households who earn minimum amount for their livelihood. There are number of government health centers where most of the time medicines are unavailable and less representation of specialized Doctors in some of the severe cases. These create a lot of risk for pregnant women when complications are detected during the time of delivery. There was also inadequate ultrasound machines in most of the primary health centers that makes it more difficult to refer to government hospitals. Yet the respondents find it troublesome to refer to private clinics for checkup because of the high charges of amount. The Government has made a provision of cash assistance for maternal health care services that has to be utilized in government health care institutions instead of charging amount from the patient. Encouraging women to often visit clinics for their health checkup will lead to better health and also can get the treatment from time to time even if complications were detected during the time of their pregnancy.

References

1. ASM, S., Therese, D., & Saloua, A. (2015) 'Utilization of maternal health services among adolescent women in Bangladesh' *Tropical Medicine & International Health*, 20(7), 822-829. Retrieved from <https://onlinelibrary.wiley.com>
2. Chopra, D., Jauhari, N., & Dhungana, H. (2018, April-June) 'A study on utilization of Maternal Health services and factors influencing in urban slums of Lucknow' *International Journal of Medicine and Public health*, 8(2), 77-81. Retrieved from <http://www.ijmedph.org/v8/i2>
3. Lyengar, S. D., lyengar, K., & Gupta, V. (2009, April) 'maternal health: A case study of Rajasthan' *Journal of Health, Population and Nutrition*, 27(2), 271-292. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc>



4. Mishra, S., Chopra, D., Jauhari, N., & Mishra, A. (2018) 'Maternal health services utilization and influencing factors' *International Journal of Advanced Community Medicine*, 1(1), 05-09. Retrieved from <https://www.comedjournal.com>
5. Sharma, M. K., Gour, N., Thakare, M., Goel, N., & Chaudhary, M. (2018, December) 'An observation study to assess trends among pregnant women registered at a health centre of Chandigarh city' *International Journal of Community Medicine and Public Health*, 5(12), 5290-5294. Retrieved from <https://www.researchgate.net>
6. Tej, R. J., Nawi, N., & Miguel, S. S. (2011, December 05) 'Factors affecting the use of maternal health services in Madhya Pradesh state of India: a multilevel analysis' *International Journal for Equity on Health*, 10(59), 1475-9276. Retrieved from <https://equityhealthj.biomedcentral.com>
7. Upadhyai, N., & Gupta, S. K. (2019, December) 'Utilization of postnatal care services and factors affecting it among women of urban slums in Dehradun, Uttarakhand' *Indian Journal of Community Health*, 31(4), 470-476. Retrieved from <https://www.iapsmupuk.org>
8. Catherin, N., B, R., V, R., & C, A. (2015) Beliefs and practices regarding nutrition during pregnancy and lactation in a rural area in Karnataka, India. *International Journal of Community Medicine and Public Health*, 2 (2), 116-120. Retrieved from <http://www.ijcmph.com>
9. Ram, F., & Singh, A. (2005) Is Antenatal care effective in improving maternal health in rural Uttar Pradesh? *Journal of Biosocial Science*, 38 (4), 433-448. Retrieved from <https://doi.org/10.1017/S0021932005026453>
10. Shayesteh, H., Fahimeh, R. T., Masoumeh, S., & Farshad, F. (2016) Factors Influencing the Use of Prenatal Care. *Journal of Midwifery and Reproductive Health*, 4 (1), 544-557. Retrieved from http://jmrh.mums.ac.ir/article_6431.html
11. Simkhada, B., Teijlingen, E. R., Porter, M., & Simkhada, P. (2008) Factors affecting the utilization of antenatal care in developing countries. *Journal of Advanced Nursing*, 61 (3), 244-260. Retrieved from <https://doi.org/10.1111/j.1365-2648.2007.04532>
12. (<https://www.statista.com/statistics/1023245/india-maternal-mortality-ratio-by-state/>).