

Satisfaction of Parturient Women in Mali: Case of Five University Community Health Centers

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Abstract

Original Research Article

Introduction : Client satisfaction is an important dimension of quality care. Patients are closely linked to healthcare providers. This relationship deserves to be evaluated for the sustainability of quality care. The objective of our study was to assess the satisfaction of women in labor in a community setting. **Method :** This was a cross-sectional study of women's satisfaction with services offered during childbirth. The health areas covered by the Local Community Health Education Project for Women and Girls in Mali were included. The sampling was a multi-stage cluster design. Data were collected from individual interviews and analyzed using SPSS 22. Individual informed consent was obtained from each participant prior to the interview. Results: A total of 953 women were interviewed out of 953 selected, representing an overall frequency of 100% of cases. The participants had an average age of 28.24 years, and 28.1% had no formal education. Women were satisfied in 96.32% of cases ; dissatisfied in 2.1%, and indifferent in 1.86%. The reasons for dissatisfaction were primarily the brutality of the gestures and lack of compassion in 31% of cases, the lack of listening skills in 28.1%, and the lack of confidentiality of the women in labor in 13.6%. **Conclusion :** The services offered during labor were highly appreciated. Raising awareness among midwives about behavior change would improve the quality of care in the delivery room.

Keywords : Evaluation, satisfaction, women in labor, community health, and Mali.

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INTRODUCTION

The birth of research on consumer satisfaction dates back to the mid-1970s. It is no longer an epiphenomenon but a trend that characterizes research in the field of marketing and consumer behavior [1]. In medicine, satisfaction can be used as a measure of the performance of services offered to patients and is closely linked to the quality of care provided in health centers. According to the World Health Organization (WHO), the evaluation of the quality of care is an approach that allows to guarantee each patient diagnostic and therapeutic acts ensuring the best result in terms of health, in accordance with the current state of medical science, at the best cost, with the least iatrogenic risk and for their greater satisfaction in terms of procedures and human contacts within the health system [2]. Patient satisfaction is an increasingly important element in the

attendance of health structures and a powerful criterion in the accreditation of our health training. Engel, Kollat and Blackwell already described in 1968 the logic according to which satisfaction is based on a comparison of the perceived performance of the service with a pre-established standard [3]. Patients have a diversity of needs and expectations on several dimensions. The needs and expectations of patients can be classified according to Steudler into three categories [3, 4].

The patient first expects a technical-medical response to his request, he expects an answer to his troubles.

He expects a psychological and social response. The patient is in a situation of separation from his environment and has strong expectations in terms of social contacts in this new environment. -The client

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expects material comfort, intellectual and spiritual help reflecting the desire not to be devalued, to regain self-esteem despite the presence of the illness.

In this work, the aim was to assess the satisfaction of parturients in community settings in five health areas in Mali in 2023.

METHODOLOGY

This was a cross-sectional study on women's satisfaction with the services offered during childbirth over a one-month period between March and April 2023. The survey was carried out at the household level in the five health areas of the intervention zones of the local community project for teaching women and girls in health in Mali. The areas covered three rural areas Sanankoroba, Konobougou and Segué respectively in the health districts of Kalaban Coro, Kolokani and Baraouéli and in the regions of Koulikoro and Ségou and two urban areas Banconi and Sanoubougou respectively in the health districts of commune I of Bamako and Sikasso. The population consisted of women with at least one experience of childbirth in the villages/neighborhoods with the household as the survey unit. The study included women of reproductive age, aged 15 to 49, who had given birth at least once in one of the university community health centers surveyed. The sample size was

953, calculated based on the total number of households using Epi info7 software. A structured questionnaire was developed and administered in individual interviews. All data collected in the field using a tablet was sent daily to the KoboCollect account and extracted in Excel format to check data quality as data collection progressed. Excel software was used for data entry. Data analysis was done using SPSS 22 software. The variables studied were sociodemographic data and the level of satisfaction of users of maternity services. Free and informed consent from participants was obtained before the interview and all individuals were informed of their right to refuse to participate or to withdraw at any time.

RESULTS

During our survey, 953 users of maternity services were targeted. We recorded a 100% participation rate. In our series, the average age of participants was 28.24 years with a standard deviation of ±7.86 and 28.1% had no level of education (Table I). The women surveyed were satisfied in 96.32%; 2.1% not satisfied and 1.86% neither satisfied nor dissatisfied with the services offered (Figure 1). The reasons for dissatisfaction were mainly related to the behavior of the healthcare staff. These reasons were brutality and lack of compassion in 31%, lack of capacity in 28.1% and failure to respect client confidentiality in 13.6% (Figure 2).

Table I : Distribution of participants according to education level

Education Level	Percentage
Primary School	20,6
Middle School	14,3
Literate (non-schooled)	4,6
None	28,1
Quranic	22,9
Secondary	8,1
Higher Education	1,5

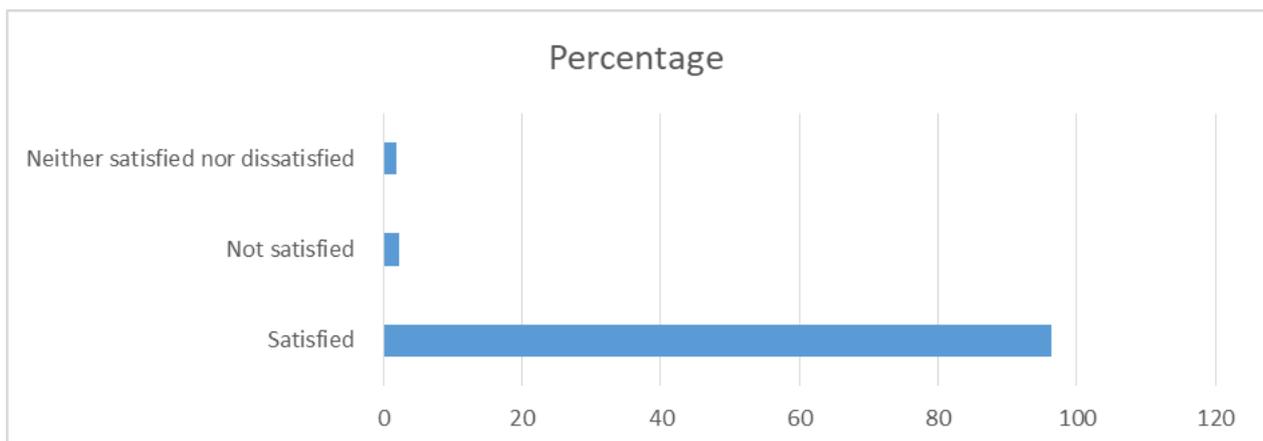


Figure 1 : Distribution according to the satisfaction level of parturients

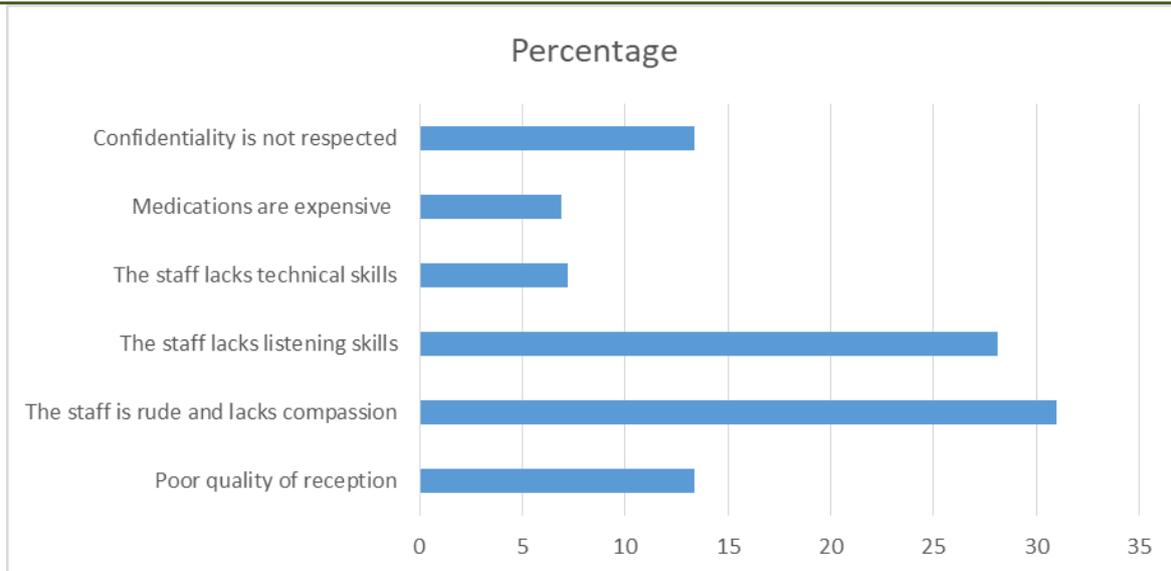


Figure 2 : Distribution of respondents according to the reasons for dissatisfaction of participants

DISCUSSION

During our survey, 953 users of maternity services were targeted. We recorded a 100% participation rate while B. Branger had found a response rate of 80.9% of cases. Our result could be explained by the growing interest in studying satisfaction among parturients [5]. The average age of the participants was 28.24 with a standard deviation of (± 7.86) and 28.1% had no level of education. This result was comparable to that of Ajavon D.R.D in Togo in 2021 who found an average age of 29 years ± 6.2 years [6]. In our series, 96.32% of participants were satisfied with maternity services. This observation was made in several studies in India, Mozambique, Slovakia, Brazil with satisfaction rates ranging from 68% to more than 90% depending on the studies and contexts. [7, 8, 9, 10 and 11]. In our survey, 2.1% of participants were not satisfied and 1.86% were neither satisfied nor dissatisfied. The reasons given for their dissatisfaction were firstly that the staff was brutal and lacked compassion (31%), then that the staff did not have the ability to listen (28.1%) and that confidentiality was not respected (13.6%). Negative experiences such as abandonment, humiliation or verbal/physical violence strongly reduce satisfaction in the studies carried out by S. Mocumbi,U., T.Maung,N.O.Mon, Ana Claudia Magnus Martins. [10,12 and 13]. In the B. Branger study, the factors of dissatisfaction for 17 women were linked to the department, the choice of maternity by proximity, and the existence of an episiotomy [5]. For Madye Ange Ngo Dingom in 2024 found that the main reasons for dissatisfaction were the high cost of care (63.3%), conditions of stay (19.7%), communication (17.6%).

CONCLUSION

The services offered during childbirth were highly appreciated in the health centers covered by the local community project for teaching women and girls about health. However, harmful aspects related to behavioral dimensions remain real. Brutality of gestures,

lack of compassion, lack of listening skills and failure to respect the confidentiality of parturients were the reasons given for dissatisfaction with the services offered. Continuous awareness-raising among midwives for behavioral change is essential to strengthen the positive experience of women during childbirth.

Conflict of interest: none

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