

Are the urban poor satisfied with health care services for child delivery? Evidence from an Urban Primary Health Care (UPHC) Project in Bangladesh

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A – Study Design, **B** – Data Collection, **C** – Statistical Analysis, **D** – Data Interpretation, **E** – Manuscript Preparation, **F** – Literature Search, **G** – Funds Collection

Summary Background. Patient's satisfaction with health care facilities and services is one of the indicators to assess quality health care.

Objectives. This study was intended to assess the level of satisfaction with delivery care and its associated factors among the mothers who delivered their child at health facilities in the urban areas of Bangladesh.

Material and methods. This was a cross-sectional study conducted among women aged 15–49 years having at least one child aged two years living in an Urban Primary Health Care Project area. A total of 3949 women were interviewed. A two-stage cluster sampling technique was adopted to select the participants. Multinomial regression analysis was carried out to identify the potential predictors of level of satisfaction with delivery care.

Results. The analysis revealed that the women were least satisfied with accessibility and quality of services provided during delivery care. They were satisfied with availability, support services and interpersonal communication of the health facility. Multinomial regression analysis revealed that the satisfaction level among women who received post-delivery counseling from the non-poor catchment area was 6.98 times higher, compared to 5.88 times who received such counseling from the poor catchment area. However, women from poor families appeared to be highly satisfied with delivery care in the poor catchment area ($p < 0.001$).

Conclusions. Although the study revealed that the women were satisfied overall with the delivery of care, there is still much work needed to be done in the area of providers' work quality, interpersonal communication such as behavioral issues, and accessibility to the health services.

Key words: patient satisfaction, Primary Health Care, Delivery of Health Care, Bangladesh.

Rahman M, Mizan S, Safii R, Ahmad A. Are the urban poor satisfied with health care services for child delivery? Evidence from an Urban Primary Health Care (UPHC) Project in Bangladesh. *Fam Med Prim Care Rev* 2018; 20(2): 159–166, doi: <https://doi.org/10.5114/fmocr.2018.76461>.

Background

The Safe Motherhood Conference, 1987 in Nairobi, Kenya, the International Conference on Population and Development (ICPD), 1994 in Cairo, Egypt, the Fourth World Congress on Women, 1995 in Beijing, China, and the Safe Motherhood Technical Consultation, 1997 in Colombo, Sri Lanka, discussed and identified Maternal Mortality as a concern issue. The Millennium Development Goals (MDG) of the United Nations declaration offered important technology and supporting impetus in order to provide better maternal health [1].

The Sustainable Development Goals (SDGs) of the United Nations (UN) in 2015 targeted the reduction of global maternal mortality to less than 70 deaths per 100,000 live births by 2030. In order to address the issue of equity at the individual country level, sufficient effort should be made to remove the discrepancy between subpopulations of all nations, with no individual country exceeding a Maternal Mortality Ratio (MMR) of 140 per 100,000 live births [2]. The complete spectrum of maternal health can only be understood through ensuring motherly well-being, since about 210 million women become pregnant and about 140 million newborn babies are delivered every

year [3]. A Multiple Indicator Cluster Survey (MICS) in Bangladesh found that the proportion of health facilities delivery rose rapidly from 12% in 2004 to 37%, though 62% of babies were delivered at home. Two-fifths (43.5%) of the deliveries were attended by medically trained personnel, e.g. a doctor, nurse or midwife, family welfare visitor or community skilled birth attendant. The above ratio was still low, since the most maternal deaths occurred from complications during delivery [4]. If there had been provision of safe delivery in a hygienic environment and under the supervision of medically trained professionals, a number of maternal deaths could have been avoided. Delivery care, especially by a skilled birth attendant (SBA), is one of the effective means to promote safe motherhood that has been promoted in the Bangladesh Maternal Health Strategy.

The ratio of maternal mortality was 686 per 100,000 live births in the Sub-Saharan Africa region, which was one of the highest in the world. Around 800 women die from pregnancy or childbirth-related complications all over the globe every day. In 2010, more than half of the 287 thousand maternal deaths occurred during and following pregnancy and the child delivery process in Africa [5, 6]. Bangladesh is on target to become one of only nine low-to-middle income countries to reduce the Maternal Mortality Ratio (MMR) by nearly 75%, and is close

