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Satisfaction/dissatisfaction of Beneficiaries and Providers of Sterilization Services

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ABSTRACT

Female sterilization is most widely used contraception globally, India's family planning program's mainstay. Many times guidelines including counseling are not followed resulting in litigations, public anger and disrepute many more issues. Study was done to know satisfaction, dissatisfaction of beneficiaries, providers about sterilization services so as to try improvisation. One thousand women who had undergone sterilization were interviewed before discharge by social worker with predesigned questionnaire in local language. Woman (beneficiary service), one relative who was around, nurse, junior doctor senior doctor, involved with care were interviewed (Five thousand) of users 57.6% were satisfied 42.4% dissatisfied with services. There was no difference in satisfaction dissatisfaction in women from villages townships. Around 63.4% were satisfied because of counseling done by doctors nurses before surgery. Other reasons for satisfaction were togetherness in postoperative ward, good postoperative care, visits by senior doctors. Reasons for dissatisfaction included rude behavior of paramedical providers, prolonged stay, difficulty-delay in getting sterilization certificate, financial incentives. Reasons for providers' satisfaction were self-motivation, receptive women, relatives cooperation, appreciation of care, husbands taking interest in wives health. Dissatisfaction was due to relatives not agreeing for sterilization when women agreed, immediate sterilization certificate demand, pressure for early discharge, financial incentives, request for waving bill of other services (sterilization used to be free), relatives absconding creating problems. Sterilization is critical to success of global health goals, but quality assurance must, be it technical or non-technical issues if progress is to be made. At end of day, it is satisfied user which matters.

Key words: Dissatisfaction, female sterilization, satisfaction

INTRODUCTION

Only in few countries (New Zealand, the United Kingdom, the Netherlands and Bhutan), do more couples choose male over female sterilization (Larsen, 2002). Female sterilization is the most widely used method of contraception around the world with over 200 million married women of reproductive age having been sterilized as of 2003 (United Nations, 2005). In the United States, more than 10 million women had undergone tubal sterilization by 2002, 27% of aged 15-44 who were using contraception had under gone tubal sterilization (Curtis *et al*., 2006). In India family planning agenda which focuses on voluntary acceptance of family planning evolved in the 1980s after the fallout of government over the coercive sterilization program during the emergency. Also driving the change was the implementation of a centrally sponsored incentive scheme in 1991, to

encourage eligible men and women to accept sterilization voluntarily. Even though male sterilization (vasectomy) is safer, quicker and less expensive, it is not common, adopted by only 4% of married couples globally. According to the most recent National Family Health Survey (NFHS), carried out in 2005-2006, about 37% of currently married women were female sterilization adopters, compared to 34% in the 1998-1999 NFHS and 27% in the 1992-1993 NFHS (Singh *et al*., 2012).

Female sterilization is the mainstay of India's family planning program, with over 45 lacs sterilizations being performed across the country every year (Das, 2005). Many a times the guidelines regarding counseling, informed consent, eligibility criteria, asepsis, operative and postoperative care, follow up are not followed meticulously resulting in litigations, public anger and disrepute of such programs and many more issues. A study published by Health Watch reveals that, most of the guidelines are violated by the surgical teams in conducting the camps for sterilization in India (Mavalankar and Sharma, 1999).

The present study was done to know the satisfaction and dissatisfaction of beneficiaries as well as providers about sterilization services so as to try to improve possible.

MATERIALS AND METHODS

One thousand women who had undergone sterilization were interviewed before discharge by the social worker assigned the job with the help of a predesigned questionnaire in local language. The ethical committee's approval and informed consent were taken and confidentially assured before conducting the interviews. The study period was around 16 months. The woman (beneficiary of sterilization service), one relative who has around her, one nurse, junior doctor and senior doctor involved with her care were also interviewed.

RESULTS

Majority of the women were of 20-29 years (64.6%), 20.8% between 30-39 years, 14.6% were 40 years or above, 23.6% women were from upper and 31.8% of lower middle and middle class 44.6% from lower class (Mahajan and Gupta, 1995) (Table 1) of all users only 57.6 were satisfied and 42.4% dissatisfied with the services they had received. There was no significant difference in satisfaction and dissatisfaction in women from villages or town ships (Table 2).

All the 585 satisfied women and their relatives (63.4%) said that they were satisfied because of counseling done by doctors and nurses before they underwent sterilization. They also said that after the senior doctor explained them about the procedure and its simplicity they were convinced and were able to convince their family regarding the advantages of tubectomy especially in postnatal period. Other reasons for satisfaction were togetherness, in a big post-operative ward, where they were kept pre and post-surgery with other beneficiaries, so they could share their experiences. They said that the reasons for satisfaction also included good postoperative care and visits twice a day by senior doctors.

Reasons for dissatisfaction included rude behavior by paramedical providers, prolonged stay in the hospital, difficulty and delay in getting the certificate of sterilization and financial incentives (Table 3).

Reasons for providers' satisfaction were self-motivation of beneficiaries of the sterilization, receptive women who followed their advice, relative's cooperation, appreciation of the care received from doctors, nurses including post-operative care and husbands taking interest in their wives health. Providers said, they knew that they could not do the best because of crowds and time

Table 1: Age locality and socio economic status

	Socio economic status									
	Upper		Upper middle		Middle		Lower middle		Lower	
Age and locality	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
20-29										
Rural	4	0.4	18	1.8	18	1.8	27	2.7	74	7.4
Urban	20	2.0	14	1.4	19	1.9	18	1.4	75	7.5
30-39										
Rural	02	0.2	27	2.7	24	2.4	28	2.8	14	1.4
Urban	20	2.0	25	2.5	22	2.2	16	1.6	146	14.6
40>										
Rural	17	1.7	22	2.2	29	2.9	49	4.9	56	5.6
Urban	39	3.9	28	2.8	36	3.6	32	3.2	54	5.4
Total 1000	102	10.2	134	13.4	138	13.8	170	17.0	446	44.6
		23.6				31.8				44.6

Table 2: Age, locality, satisfaction-dissatisfaction

	Satisfaction		Dissatisfaction		Total		Grand total	
Age and locality	No.	(%)	No.	(%)	No.	(%)	No.	(%)
20-29								
Rural	189	29.3	137	21.3	326	50.6	646	100.0
Urban	180	29.8	140	21.6	320	49.4		
30-39								
Rural	70	33.6	36	17.3	106	50.9	208	99.8
Urban	60	28.8	42	20.1	102	48.9		
>40								
Rural	46	31.5	30	20.5	76	52.0		
Urban	50	34.2	20	13.7	70	47.9	146	99.9
Total	585	58.5	415	41.5	1000	100.0	1000	100.0

Table 3: Consumers' reasons for satisfaction and dissatisfaction

	Total			Total		Grand total	
Satisfaction	No.	(%)	Dissatisfaction	No.	(%)	No.	(%)
Consumer							
Good pre, post operative care	369	36.9	Rude and non receptive nursing care provides	277	27.7	646	64.6
Senior doctors attention			Discharge slips delayed				
Proper counseling			Lack of boarding lodging for relatives				
Separate cell (well women corner) empire undertaking	121	12.1	Post operative headache treatment not provided	87	8.7	208	20.8
Cost effective treatment			Delay in providing certificates				
Post sterilization financial and advice help	86	8.6	Nurse and junior doctors make	45	4.5	1000	100.0
No statns discrimination			consultant doctors non-approachable				
Early discharges			Important issues not explained in local				
Single large post operative ward helps			language				
			Medicines from hospital not provided				

Table 3: Continue

	Total			Total		Grand total	
Satisfaction	No.	(%)	Dissatisfaction	No.	(%)	No.	(%)
Total	576	57.6		424	42.4	1000	100
Relatives							
Clean hospital Good service	634	63.4	Dressing not changed, infection seen when stitch removed Delay in operation in morning breast discomfort, baby suffers More attention to convince for operation but post operatively less attention	366	36.6	1000	100
Total	634	63.4		366	36.6	1000	100

Table 4: Providers reasons for satisfaction and dissatisfaction

	Total			Total		Grand total	
Satisfaction	No.	(%)	Dissatisfaction	No.	(%)	No.	(%)
Nurses							
Self motivation for sterilization Relatives co-operative Appreciate the hospital care	576	57.6	Insist for early discharge Insist for hospital bill for other service reduction Threaten by doctor's name Relatives abscond with women, most for immediate sterilization certificate and money. Complaint against attendants	424	42.4	646	64.6
Total	576	57.6		424	42.4	1000	100
Junior doctor							
Women receptive Arrange necessary requirements Appreciate doctors and nurses Sterilized women act as poor group Attentive about post operative care Hnsband takes interest	564	56.4	Women are mostly not on bed Insist on discharge Do not get medicines timely On convincing for sterilization think that providers are benefited not they On baby girl do not get sterilized	434	43.4	1000	100
Total	564	56.4		434	43.4	1000	100
Senior doctor							
Time constraints still appreciate Relatives receptive Women follow advice	585	58.5	Ask to provide all medicines from hospital Relatives do not agree for sterilization even if women agrees Insist for all treatment free	415	41.5	1000	100
Total	585	58.5		415	41.5	1000	100

constraints, yet services were appreciated and this was very satisfying. Dissatisfaction was due to relatives not agreeing for sterilization even when women agreed, desire for immediate sterilization certificate, pressure from women and relatives about early discharge and financial incentives, request for waving hospital bill of other services-received (sterilization used to be free), relatives, absconding and creating problems for service providers. Beneficiaries using senior doctors' names for threatening junior doctors. Providers also said they were dissatisfied as women are not available during rounds, do not bring medicines which are not available in the hospital (Table 4).

DISCUSSION

Important indicators of ensuring quality of sterilization services include not only providers' knowledge of method and procedure, but users' satisfaction/dissatisfaction of the services received before, during and after sterilization. According to Williams *et al.* (2000), the best way of measuring quality of services is through clients exit interviews where they had found that 95% of clients were satisfied with the services they received and the reasons for dissatisfaction were long waiting hours, service fees, clinic hours and information not given properly. Present study was done before discharge from health facility, so was true exit interview after sterilization and providers were also interviewed. Many women (57.6%) and relatives (63.4%) were satisfied with the sterilization services, but (42.6 and 36.6%) were not. Satisfaction was that service users were counseled prior to surgery, women kept together in the wards with other users. Dissatisfaction was because of behavior of service staff, prolonged stay in the hospital and delay in getting the certificate, incentive money and service fees for other services.

The hostile behavior of providers of any level can discourage use of services. Also it is evident that with crowds of service users and low patient staff ratio, the expectations are not fulfilled, added by lack of communication leads to dissatisfaction. Reasons for dissatisfaction were also lack of facilities for relatives and delay in quick services such as discharge ticket, certificate of procedure and financial incentive. While some issues need to be taken care, by the health providers, some are because of the excessive work on administrative staff and some beyond the local providers. Finances may not be received from the respective departments or the preparation of certificate gets delayed because same person is responsible for multiple jobs. Payment of financial incentive may be dependent on the system beyond the local providers. However, in general such issues need to be addressed effectively in all health facilities for any program to succeed. It is imperative to look into the inconvenience caused to the clients regarding these issues and try to organize the care efficiently and effectively.

Das (2005) have reported the manner in which family planning and population related policies got conceptualized and underwent a radical change as a consequence of the International Conference on Population and Development (ICPD) held at Cairo.

Bessinger and Bertrand (2001) have conducted quick investigations of quality using observations of client, providers interactions, exit interviews for quality care and 63.99% cases were positive responders. Their reasons for satisfaction included beneficiaries treated with respect, properly counseled. Dissatisfaction was mainly due to clients getting information outside. In the present study also, the women were satisfied due to counseling and also because of the special cell 'Well women corner' used where doctor and social worker counsel women regarding the procedure, answer to the questions women relatives might have. The advantages of getting the procedure in post-partum procedure explained by senior junior consultants and residents during their rounds also helped.

Usually we talk of users as essential elements but providers' problems also need to be addressed if quality services are to be provided as providers cannot do good job if they themselves are not satisfied. It is hoped that such studies are conducted to bring about positive changes in such programs central to welfare of communities.

Sterilization is the most popular method of contraception in India. A great deal of demographic research has been conducted in India, but very few studies have focused on the quality of care in particular the quality of sterilization services especially nontechnical aspects (Shariff *et al.*, 1991; Verma *et al.*, 1994). The human element in quality of services, is very important because negative impressions have an immediate effect on clients' behavior, often causing them to reject sterilization.

Sterilization is critical to the success of India's demographic and health goals, but the government's sterilization program must ensure quality if further progress is to be made, quality may be in relation to technical or non-technical issues as at the end of the day, it is the satisfied patient which matters.

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