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Women's Perception of Quality and Satisfaction with Maternal Health Services
Questionnaire for Quantitative Survey

Introduction story: Namaste. We are from an organization- PPHI in Delhi. Our organization studies health related problems faced by people in India. We are studying types of services that women like you have received during pregnancy and delivery given by Sahiya, nurse, dai. Women in your village and the community around you would also be using these facilities for their deliveries or you may also use the facilities for your next delivery. The information provided by you on your experience will help in finding out how your experience and that of other women/ your friends/ other women in your family in the community can be made better. This is help you and other women in your community to have a better health and healthy baby.

ID Number: _____

Name of respondent: _____

Date of Interview: _____

Address of respondent: _____

Name of interviewer: _____

GENERAL INFORMATION				
Sl.No	Question	Coding Categories	Skip to	Answers
1.	What is your age?			
2.	What is your Religion?	01 Hindu 02 Muslim 03 Christian 04 Traditional 05 Other		
3.	What is your Caste?	01 General 02 SC 03 ST 04 OBC		
4.	What is your education level?	01 Illiterate 02 can read and write 03 Attended school		
5.	Total years of schooling Exact years			
6.	Monthly income	01 Less than 1000 02 1000-5000 03 5001-10000 04 10000-50000 05 50000+		
7.	Type of Family Definitions : Nuclear: Living with only Husband and children Extended: Living with in- laws/ parents and other family members	01 Nuclear 02 Extended		
8.	Family/household size Exact Number			
9.	No. of pregnancies (including live birth, miscarriage and still birth)			
10	Number of living children			
11	Outcome of last pregnancy	01 Live birth 02 Still birth		
12	i. Current status of newborn : Alive ii Sex of the newborn	01 Yes 02 No 01 Male 02 Female		
13	Date of last delivery (mm/yy)			
	For your last pregnancy			
14	Did you receive any Antenatal care? User: Those received service from health system provider (doctor, nurse, ANM, ASHA) Non user : received service from Dai, family members	01 Yes 02 No	Based on user and non user fill ANC section	
15	Where did you deliver?	01 Facility 02 Home		

16	Did you receive postnatal care? User: Those received service from health system provider (doctor, nurse, ANM, ASHA) Non user : received service from Dai, family members	01 Yes 02 No	Based on user and non user fill PNC section	
17	Interview	01 Agreed 02 Refused		
18	Reason for refusal			

ANTENATAL CARE				
User: Those received service from health system provider (doctor, nurse, ANM, ASHA) Non user : received service from Dai, family members				
<i>[ANC Users only]</i>				
#	Question	Coding Categories	Skip to	Answers
Background Information				
19	Who did you receive Antenatal care from? Note only the primary care provider and prompt the option	01 Doctor- Public Health facility 02 Doctor- Private 03 Nurse 04 ANM 05 SAHIYA 06 Dai 07 Other (Specify)		
20	When was your first ANC check-up at health facility?	01 1-3 months of pregnancy 02 4-6 months of pregnancy 03 7-9 months of pregnancy		
21	How many times did you visit a health facility for ANC check-up? Exact no.			
22	How many times did a health professional/SAHIYA visit you during the antenatal period Exact no.			
Accessibility of health facility [ANC Users Only]				
23	What type/level of facility was this? Note only the facility she visited most for ANC	01 Anganwadi centre 02 Health- sub-centre 03 PHC 04 CHC / FRU 05 District hospital 06 Private facility		
24	How did you usually get to this facility?	01 On foot 02 Vehicle (paid) 03 Vehicle (free)		
25	How long did it usually take you to reach this facility?	01 More than 2hrs 02 1hr to 2hrs 03 30mins to 1hr 04 Less than 30mins		
Structure [ANC Users Only]				
26	Did the health facility appear well cleaned?	01 Yes 02 No		
Supplies [ANC users Only]				
27	How much did you have to pay for:			
	i. Transport			
	ii. Drugs and Injections			
	iii. Tests			
	iv. Consultation			
	vi. Other costs (specify)			
28	Were you given any cash benefit for registering for your ANC?	01 Yes 02 No	-29 -30	
29	How much did you receive? Exact amount			

Human Resources [ANC users Only]				
30	Who usually attended you for facility ANC? Note only the primary care provider and prompt the option	01 ANM 02 Doctor 03 Nurse 04 Anganwadi worker 05 Other (specify)		
Emotional Support [ANC Users Only]				
31	Who usually accompanied you to the facility? Prompt the option	01 Husband 02 Other family member(s) 03 Friend(s)/Neighbour(s) 04 SAHIYA 05 Went Alone 06 Other (Specify)		
32	Were you made to feel comfortable by all the staff at the facility?	01 Yes 02 No		
33	What was the gender of the staff who usually attended to you during your visits? Note the gender of primary care provider	01 Male 02 Female		
Cognitive Support [ANC Users Only]				
34	Did the health professional (doctor, nurse or midwife) or SAHIYA ever discuss with you on Birth preparedness:			
	i. Maintaining frequency of your ANC visits (at least four times during pregnancy)	01 Yes 02 No		
	ii. Identifying a skilled provider and making arrangements for delivery of your child	01 Yes 02 No		
	iii. Making a plan/arrangements for transportation to a facility during labour	01 Yes 02 No		
	v. Recognising danger signs of serious health problems during pregnancy, childbirth or soon after	01 Yes 02 No		
	vi. Knowing where to go and what community resources such as emergency transport, funds, communications are available in case of emergencies	01 Yes 02 No		
	vii. Identifying and making arrangements for a blood donor	01 Yes 02 No		
	Vii Information about benefit of JSY and associated monetary benefit	01 Yes 02 No		
35	Do you think the entire information is/was adequate to your needs?	01 Yes 02 No		
36	Did the health professional (doctor, nurse or midwife) or SAHIYA seem willing to answer any questions you may have had?	01 Yes 02 No		
Promptness [ANC Users Only]				
37	How long did you usually have to wait before seeing your provider?	01 0-15 minutes 02 15-30 minutes 03 30mins to 1hr 04 More than 1hr		
38	Were you satisfied with the time you usually had to wait to be seen?	01 Yes 02 No		
Confidentiality and Privacy [ANC Users Only]				
39	Were you satisfied with the	01 Yes		

	amount of privacy and confidentiality you were offered during your visits?	02 No		
Inter-personal aspect of care [ANC Users Only]				
40	Did any staff ever speak to you in a way that upset you? (e.g. shouting, using abusive language)	01 Yes 02 No		
41	Did you feel comfortable/free to discuss all your concerns with your provider?	01 Yes 02 No	If no, ask 42	
42	If no, what do you think would have made you more comfortable with your provider	01 female gender 02 male gender (refer to 33) 03 someone I am familiar with 04 someone more friendly 05 other _____		
Continuum of care/Interaction with SAHIYA [ANC Users only]				
43	Did your SAHIYA ever encourage you to attend monthly clinics, (VHND, ANC etc)	01 Yes 02 No		
44	Did your SAHIYA ever help you in accessing services (transport, getting drugs and injections etc) during your ANC?	01 Yes 02 No		
45	Did your SAHIYA ever discuss with you and your family on:			
	i. Nutrition	01 Yes 02 No		
	ii. Rest	01 Yes 02 No		
	iii. Protection from malaria	01 Yes 02 No		
	iv. familiarizing yourself with facility	01 Yes 02 No		
46	Did you feel adequately prepared for your delivery after your entire ANC	01 Yes 02 No		
Outcome [ANC Users 47,48 and Non-Users, 47, 49]				
47	How would you rate your health after the antenatal period?	01 Very good 02 Good 03 Average 04 Poor 05 Very poor		
48	What made you decide to attend ANC for your pregnancy? First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	01 Perceived benefits of ANC on pregnancy outcome from personal experience 02 Perceived benefits of ANC on pregnancy outcome from experience of other women 03 Husband/family decision 04 Based on information by SAHIYA 05 Assurance from community health worker/SAHIYA about good care at facility 06 Awareness of cash benefit for registration for ANC/MJSSA-JSY scheme 07 Because of a health condition 08 Other (specify) _____		

	Primary reason			
	Secondary reason			
49	<p>Why did you not attend ANC for your pregnancy?</p> <p>First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.</p>	<p>01 No knowledge of health benefit of ANC</p> <p>02 Place was too far and no transport</p> <p>03 No one to accompany me</p> <p>04 No one to look after other children at home</p> <p>05 Too expensive to attend</p> <p>06 Presence of male staff at facility</p> <p>07 Fear of abusive behaviour / scolding by provider</p> <p>08 No privacy</p> <p>09 Other: (specify)_____</p>		
	Primary reason			
	Secondary reason			

INTRAPARTUM CARE (Check 15)					
#	Question	Coding Categories	Skip to	Answers	
Intentional Place of delivery <i>[For both Home and Facility delivery]</i>					
50	Place of delivery		Intention	Actual	
		01	Facility	Facility	-51
		02	Facility	Home	-51, 52
		03	Home	Facility	-53, 54
		04	Home	Home	-53
If woman initially intended Facility delivery					
51	<p>What were your reasons for wanting to deliver in a facility?</p> <p>First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.</p>	<p>01 Perception of better pregnancy outcome with institutional delivery</p> <p>02 Quick referral in case of emergency</p> <p>03 Presence of doctors and nurses at the facilities</p> <p>04 Adequate resources (medicine)</p> <p>05 Husband/family decision</p> <p>06 Assurance from community health worker/SAHIYA about good care at facility</p> <p>07 Awareness of cash benefit institutional delivery[MJSSA-JSY scheme]</p> <p>08 Centre near home</p> <p>09 Lack of space at home</p> <p>10 Because of a health condition</p> <p>11 Other _____</p>			
	Primary reason				
	Secondary reason				
If original intention was Facility delivery but woman ended up delivering at Home					
52	How did you end up delivering at home?	01 Unexpected delivery so there was no time			

	First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	02 There was no available transport 03 Absence of male /family members who could have helped arrange for transport 04 Was too weak and so could not go to facility to deliver 05 Other: _____		
	Primary reason			
	Secondary reason			
If woman initially intended Home delivery				
53	Why did you prefer home delivery? First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	01 No perceived health benefit of institutional delivery over home delivery 02 Dai lives close enough to my home 03 Husband/family decision 04 Too expensive to access 05 Presence of male staff at facility 06 Fear of abusive behaviour / scolding by provider 07 Fear of clinical interventions like injections and instrumentation 08 Unsure about availability of transport at night 09 Better comfort and privacy with home delivery 10 No one to look after other children at home 11 Other: _____		
	Primary reason			
	Secondary reason			
If original intention was Home delivery but woman ended up delivering at a Facility				
54	Why did you end up delivering at the facility? First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	01 Dai was unavailable 02 Developed a complication 03 Husband/family decision 04 Assurance from community health worker/SAHIYA about good care at facility 05 Lack of space at home 06 Other _____		
	Primary reason			
	Secondary reason			
55	Who primarily conducted your delivery?	01 Doctor 02 Nurse 03 ANM 04 Dai 05 Family member 06 Friend/Neighbour 07 Other (Specify)		

Accessibility of health facility <i>(Facility Delivery Only)</i>				
56	What type/level of facility was this?	01 Government- sub-centre 02 PHC 03 CHC 04 District hospital		
57	How did you get to this facility?	01 On foot 02 Vehicle (paid) 03 Vehicle (free)		
58	How long did it take you to reach this facility?	01 More than 2hrs 02 1hr to 2hrs 03 30mins to 1hr 04 Less than 30mins		
59	Is the facility easily accessible at night (or in emergency)?	01 Yes 02 No		
Structure <i>[Facility Delivery only]</i>				
60	Did the structure appear well maintained?	01 Yes 02 No		
61	Were toilets clean for patient use?	01 Yes 02 No		
62	Was there a clean delivery table in the labour/delivery room?	01 Yes 02 No		
Supplies <i>[Both Home and Facility Delivery]</i>				
63	How much did you have to pay?			
	i. Transportation			
	ii. Drugs and Injections			
	iii. Tests			
	v. Payment to Staff			
	vi. Other			
Human Resources <i>[Facility delivery only]</i>				
64	On your arrival was there a doctor at the facility?	01 Yes 02 No		
65	On your arrival Was there a nurse/ ANM at the facility?	01 Yes 02 No		
Emotional Support <i>[Facility delivery: only]</i>				
66	Who accompanied you to the facility?	01 SAHIYA 02 family/friend 03 Husband 04 None		
67	Did your SAHIYA assist you with your registration?	01 Yes 02 No		
68	Were you made to feel comfortable by all the staff/Dai/attendant at the facility/attending your delivery?	01 Yes 02 No		
69	Who was with you in the delivery room?	01 SAHIYA 02 Family / friend 03 None 04 Both (Sahiya, Family)		
70	What was the gender of the person who did your delivery?	01 Male 02 Female		
71	Would you have been more comfortable if the staff was/were a different gender?	01 Yes 02 No		
Cognitive Support <i>[Both Home and Facility delivery]</i>				
72	Did your birth attendant communicate with you about:			
	i. Progress of your labour	01 Yes		

		02 No		
	ii. Procedures he/she needed to do	01 Yes 02 No		
	iii. Pain management	01 Yes 02 No		
73	Do you think the entire information was adequate to your needs?	01 Yes 02 No		
74	Were/was the staff/Dai/birth attendant willing to answer your questions?	01 Yes 02 No		
Promptness <i>[Both Home and Facility delivery]</i>				
75	How long did you have to wait before you were attended to by the person who delivered you?	01 More than 1hr 02 30mins to 1hr 03 Less than 30mins		
76	Was there any emergency/complication with the labour and delivery	01 Yes 02 No		
77	Were you Satisfied with the time taken to respond to your emergency?	01 Yes 02 No		
78	Pain Management How was your pain managed?	01 Oral medications 02 Injections 03 Massage 04 Nothing was done 05 Other (specify) _____		
Confidentiality and Privacy <i>[Both Home and Facility delivery]</i>				
79	Were you satisfied with the amount of privacy you were offered?	01 Yes 02 No		
Inter-personal aspect of care <i>[Both Home and Facility delivery]</i>				
80	Did any staff/SAHIYA/Dai/attendant ever speak to you in a way that upset you? (e.g. shouting, using abusive language etc)	01 Yes 02 No		Could probe
81	Did you feel comfortable/free to discuss all your concerns with your attendant?	01 Yes 02 No	If No, ask 82	
82	If NO, What do you think would have made you more comfortable with your attendant?	01 female gender 02 male gender 03 someone I am familiar with 04 someone more friendly 05 other _____		probe
83	Do you think the staff/Dai/birth attendant spent enough time with you during your labour	01 Yes 02 No		
Outcome <i>[Both Home and Facility delivery]</i>				
84	i. How would you rate your health immediately after childbirth? ii. If poor and very poor health of yours, why?	01 Very good 02 Good 03 Average 04 Poor 05 Very poor		
85	i. How would you rate your baby's health immediately after	01 Very good 02 Good		

	childbirth?	03 Average 04 Poor 05 Very poor		
	ii. If poor and very poor health of your newborn, why?			

POSTNATAL CARE (Check 16)				
User: Those received service from health system provider (doctor, nurse, ANM, ASHA)				
Non user : received service from Dai, family members				
#	Question	Coding Categories	Skip to	Answers
Background Information <i>[All participants]</i>				
86	Did anyone check on you and your baby's health within 24 hrs after delivery?	01 Yes 02 No	If No, 89	
87	Where was this first check up done within 24 hour?	01 Facility 02 Home		
88	Who often checked on you during first 24 hour?	01 SAHIYA 02 Dai 03 Health professional (Doctor, Nurse, ANM)		
Emotional Support <i>[Both PNC Users and Non-Users]</i>				
89	Who primarily encouraged you with taking care of yourself and your baby during the postpartum period?	01 Husband 02 Other family member(s) 03 Friend(s)/Neighbour(s) 04 SAHIYA 05 Dai 06 Health professional (Doctor, Nurse, ANM)		
Cognitive Support <i>[PNC Users only]</i>				
90	During your check ups, did the staff/SAHIYA/Birth Attendant ever discuss with you on (who is your primary care provider):			
	i. The feeding of your baby?	01 Yes 02 No		
	ii. Your own nutrition?	01 Yes 02 No		
	iii. Child spacing (family planning)	01 Yes 02 No		
	iv. Your hygiene?	01 Yes 02 No		
	v. Your baby's hygiene? [bathing the baby, cord care]	01 Yes 02 No		
	vi. Immunisation of your baby?	01 Yes 02 No		
91	Do you think the entire information was adequate to your needs?	01 Yes 02 No		
92	Were/was the staff/SAHIYA/Birth Attendant interested and willing to answer your questions?	01 Yes 02 No		
Promptness <i>[Both PNC Users and Non-Users]</i>				
93	Was there any emergency/complication noticed in the postpartum period?	01 Yes 02 No	If No, 95	
94	If yes, Were you happy with the time taken to respond to your	01 Yes 02 No		

	emergency?			
Inter-personal aspect of care <i>[PNC Users Only]</i>				
95	Did any staff/SAHIYA/Birth Attendant ever speak to you in a way that upset you during post partum period?	01 Yes 02 No		
96	Did you feel comfortable/free to discuss all your concerns with your SAHIYA /other staff?	01 Yes 02 No	-98 -97	
97	If no, why or what do you think would have made you more comfortable with your attendant?	01 female gender 02 male gender 03 someone I am familiar with 04 someone more friendly 05 other _____		
98	How many PN visits were made within 6 weeks after delivery? Specify number			
99	Do you think your contact time with the staff/SAHIYA on each visit was:	01 too much 02 too little 03 just enough		
100	Do you think the number of visits was:	01 too much 02 too little 03 just enough		
Outcome [Both PNC Users and Non-Users]				
101	i. How would you rate your health after the PN period? ii. If poor and very poor health of yours, why?	01 Very good 02 Good 03 Average 04 Poor 05 Very poor		
102	i. How would you rate your baby's health after the PN period? ii..If poor and very poor health of your new born, why?	01 Very good 02 Good 03 Average 04 Poor 05 Very poor		
JSY SYSTEM [Both PNC Users and Non-Users]				
103	Are you aware of Rs 1400 given to deliver at health facility?	01 Yes 02 No		
104	When did you become aware of the JSY system?	01 During this pregnancy 02 During previous pregnancy 03 Other _____		
105	From where you become aware of it? Primarily from whom	01 SAHIYA 02 Hospital staff 03 Friend/Neighbour 04 Family member 05 Radio/TV 06 Other _____		
106	Have you received the Rs 1400?	01 Yes 02 No	-107 -109	
107	If yes, how much did you receive?			
108	When did you receive it?	01 On day of delivery 02 Following day after delivery 03 Within one week of delivery 04 Within one month of delivery 05 Later than one month after delivery		
109	If no to 106 , were you told	01 Yes		

	anything about Why you were not given:	02 no		
For women who intended Facility delivery				
110	Will you still be willing to give birth in a facility if there is no Rs 1400?	01 Yes 02 No		
111	Will you still be willing to give birth in a facility if the JSY money is reduced to Rs 700	01 Yes 02 No		
For women who intended to have Home delivery				
112	Will you still be willing to give birth at home if you are promised Rs 1400?	01 Yes 02 No		
113	Will you still be willing to give birth at home if JSY money is increased to Rs 2800(2times)?	01 Yes 02 No		
Experience based on previous place of Delivery (only for multigravida, include live birth, still births, miscarriage)				
114	How do you compare this experience with the last pregnancy before this?	01 This one was much better 02 this one was slightly better 03 they were the same 04 this one was worse 05 this one was much worse		
Decision about place of delivery for next child (if she doesn't intend to have next child, ask what she would recommend to a friend)				
115	Will you like to delivery in health facility again?	01 Yes 02 No	-116 -117	
116	Which of these is the reason you will like to give birth in the facility again? First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	01 Good accessibility of the facility 02 Good supplies 03 Good structure 04 Good care (cognitive, emotional support, inter-personal care, skill level)from providers 05 reasonable cost 06 perceived health benefits for me and my baby 07 Adequate staff 08 More comfort 09 More privacy 10 Other ____	If yes for Q.115	
	Primary Reason			
	Secondary Reason			
117	Why will you not want to give birth in the facility ? First ask her un-promptly and based on her response note the primary and secondary reason. If she is unable to answer, prompt the response.	01 Poor accessibility of the facility 02 poor supplies 03 poor structure 04 poor care (cognitive, emotional support, inter-personal care, skill level)from providers 05 too expensive 06 No perceived health benefits for me and my baby 07 fewer staff 08 too many male staff 09 No comfort 10 No privacy 11 Other _____	If No for Q115	
	Primary Reason			
	Secondary Reason			

Maternal satisfaction with delivery care scale

Q.1 : Whether or not you were satisfied with the care received (item)

Q 2 : Then were asked about their level of satisfaction or dissatisfaction.

Encircle the appropriate response

1. Fully satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Fully dissatisfied

1.	Antenatal preparation for this delivery by the care provider (e.g. ANM/ Nurse/ doctor/ Dai)	1	2	3	4	5
2.	Waiting time since the care provider (e.g. ANM/ Nurse/ doctor/ Dai) arrival at the place of delivery after beginning of contractions	1	2	3	4	5
3.	Respect and dignity shown by the care provider during delivery (e.g. ANM/ Nurse/ doctor/ Dai)	1	2	3	4	5
4.	Support provided by the family during delivery	1	2	3	4	5
5.	Care of the provider (e.g. ANM/ Nurse/ doctor/ Dai) during delivery	1	2	3	4	5
6.	Pain relief during delivery	1	2	3	4	5
7.	Time that the care provider (e.g. ANM/ Nurse/ doctor/ Dai) devote to their patients during delivery	1	2	3	4	5
8.	Health advices given by the care provider (e.g. ANM/ Nurse/ doctor/ Dai) to look after the newborn baby	1	2	3	4	5
9.	Opportunity given to you to clarify doubts about the care of the newborn	1	2	3	4	5
10.	Competency of the care provider (e.g. ANM/ Nurse/ doctor/ Dai) in providing care to both you and your baby	1	2	3	4	5
11.	Health condition of your newborn baby	1	2	3	4	5
12.	Health condition of yourself after delivery	1	2	3	4	5
13.	The care you received during the Antenatal period	1	2	3	4	5
14.	The care you received during the delivery	1	2	3	4	5
15.	The care you received during the Postnatal period	1	2	3	4	5