"A STUDY TO ASSESS THE MATERNAL SATISFACTION REGARDING QUALITY OF NURSING CARE DURING LABOR AND POSTNATAL PERIOD AMONG POSTNATAL MOTHERS AT SELECTED HOSPITAL, KOLAR".



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PROJECT REPORT SUBMITTED TO

Sri Devaraj Urs College of Nursing Tamaka, Kolar,
As a Part of Curriculum Requirement for
The Degree of Basic B Sc. (N)

UNDER THE GUIDANCE OF

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DECLARATION BY THE CANDIDATES

We hereby state that project entitled "A STUDY TO ASSESS THE MATERNAL SATISFACTION REGARDING QUALITY OF NURSING CARE DURING LABOR AND POSTNATAL PERIOD AMONG POSTNATAL MOTHER AT SELECTED HOSPITAL, KOLAR" is a bonafide and genuine research work carried by the students of 4th year BSc (N) students under the guidance of Mrs. PUNITHA M, HOD of OBG Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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This is to certify that the project entitled "A STUDY TO ASSESS THE MATERNAL SATISFACTION REGARDING QUALITY OF NURSING CARE DURING LABOR AND POSTNATAL PERIOD AMONG POSTNATAL MOTHER AT SELECTED HOSPITAL, KOLAR" is a bonafide research work done by

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ENDORSEMENT BY THE H.O.D AND PRINCIPAL OF THE <u>INSTITUTION</u>

This is to certify that this project entitled "A STUDY TO ASSESS THE MATERNAL SATISFACTION REGARDING QUALITY OF NURSING CARE DURING LABOR AND POSTNATAL PERIOD AMONG POSTNATAL MOTHER AT SELECTED HOSPITAL, KOLAR" is a bonafide research done by Ms.Chaitra.S, Ms.Chikkareddemma B R, Ms.Deepika N, Ms.Jenifer K, Ms.Riya T Jose, and Mr. Samuel P. Under the guidance Mrs. Punitha M, HOD of OBG Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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ABSTRACT

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BACKGROUND OF THE STUDY

Maternal satisfaction is a significant indicator of the quality of nursing care and the

strength of health care system during labour and postpartum. We aimed to assess the maternal

satisfaction regarding quality of nursing care among postnatal mothers.

OBJECTIVIES:

• To assess the maternal satisfaction regarding quality of nursing care among postnatal

mothers.

• To find the association between quality of nursing care and selected demographic

variables.

METHODS:

Explorative approach, definitive survey design was adapted for the study, 60 postnatal

mothers were selected by purposive sampling technique who fulfilled inclusive criteria as

selected hospital, Kolar, Data was collected by structured knowledge scale for checking

maternal satisfaction. Data was considered using definitive statistics like Mean, Median,

Mode, SD, Mean% paired' test and inferential statistics like chi- square test.

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RESULTS:

1. Findings related to Socio demographic profile:

The majority 47 (78.3%) of the women belong to the age group 21-30 year. Maximum 52(86%) of the women in Hindu religion, and 21(35%) of women had high school education. Majority 51(98.3%) of the women are house wife and the most 39(65%) of women were nuclear family. Maximum 59(98.3%) of women income per month belongs to 10,000-20,000, and the 60 (100%) of women were non-vegetarian and married. Most 32(53.3%) of women had non-consanguineous marriage and 46(76.6%) were semi-urban residence area.

2. Findings related to aspect of nursing care among postnatal

Mother. (Mean, median, range, SD, mean %)

Findings related to the level of maternal satisfaction among postnatal mothers mean, median, standard deviation and range. The mean value is 168.3, median value is 166, standard deviation value11.09 and range value is 4.

3. Findings related to association among aspect of nursing care and selected demographic variables.

Findings related to association among aspect of nursing responsibility and demographic variables showed that there is a statistically compelling association among age in years, religion, education, type of marriage, type of family and place of residence regarding maternal satisfaction of postnatal mothers.

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INTRODUCTION

CHAPTER-1

INTRODUCTION

Aspect of responsibility is the amount to which maternal health services for human being and community increase the like hood of timely convenient analysis for the goal of achieving good outcomes the benefits of services and outcomes and the results not only of the plan of responsibility but also of women's knowledge of that care. Evaluation of comfort with motherhood services is crucial and helps in effective use of labor service. Awareness of a women's prospect and her commitments during childbirth along with communicate them as a part of quality improvement programme can generate delivery care safe in expensive and deferential. Client's satisfaction with aspect of responsibility is the amount to that the client's desired expectations. Goals and or needs are met by the health worker and or pservices.

It is treatment, compliance ongoing use of health care services, and available feedback to evaluate patient's outcomes. mothers were fulfilled with the care acquired or obtained in different aspects direction of hospital circumstances, information provided by health care providers, communication, comfort and care and value and preference. Different aspect of pregnant, child birth and postnatal mother's satisfaction 'availability of resources and physical infrastructure essential equipment, drags, knowledge providing and training.

Pregnant, child birth and postnatal care is the specific responsibility provided to appropriate the commitments of women along with her baby following child birth.⁸ After delivery, the women are normal to get better from labor, alter to her new role as a mother and revert physically and mentally to her prior to carrying state. The child is equally normal to alter to extra uterine life. Postnatal care is an essential interference to establish this maternal improvement and child modification.⁹

A promise to reasonable space in services, advancing countries emphasize on developing service opportunity and managing adequate quality standards. ¹⁰ Following maternal approach of care and comfort with services is essential in this regard as recognize quality is a key source of effective use of labour. Mothers who realize the aspect of care in a health centre tube good, are more likely to visit it again, thereby expanding need for the service. ^{11,12} Mothers comfort is treated patient's awareness on the aspect and state of being good care. ¹³ However, there exists the need about a standard tool to assess Indian women's satisfaction with child birth services. This is important, as the government of India has suffering for, and workout in attracting everincreasing numbers of women of health facilities for childbirth. The few studies available on satisfaction with health care and/or services are good in nature. ¹⁴

NEED FOR THE STUDY

Maternal satisfaction is one of the ultimate frequently reported outcome measures for quality of care, and it needs to be addressed to develop the quality and efficiency of health care during pregnancy, childbirth, and puerperium to provide aspect care to the mother and child¹⁵. Aspect of care is" the extent to which health care services arranged to individuals and patient populations to develop desired health outcomes in order to attain this , health care must be secure, adequate, timely, efficient, honest and people centered" maternal satisfaction towards childbirth service is related to the quality of care, promotion of maternal satisfaction is essential for preventing mothers fear and anxiety, providing treatment adherence, preventing disease, and promoting health. ¹⁶

The aspect of care ,standard of care , and quality grades may be choosed to mentor the establishment of national standards of care and measures for developing, appraising and monitoring the quality of care administered to mothers and newborns in health facility. Women are assessed routinely on admission and during labor and childbirth and are given timely appropriate care. Mothers and new born receive routine postnatal care. Maternal health is and great aspect for the development of any country in terms of communication with mother and their families if adequate and responds to their needs and desires, pregnant mothers and their Families receive advice about the care and have direct communication with staff, pregnant mother, and their families experience coordinated care, with clear, accurate knowledge exchanging between relevant health care professionals.

Pregnant mother and newborn have privacy at the time of delivery, childbirth and their intimation is respected. needs of staff and families support will be sufficient to the mothers. Increasing equity and reducing poverty. The continuity and well being of mothers is not only important in their own choice but are also central to solving large broader, economic, social

and development challenges. This study was aimed at assessing the maternal satisfaction and associated factors among mothers who visit hospital health facility.¹⁷

STATEMENT OF THE PROBLEM

"A study to assess the maternal satisfaction regarding quality of nursing care during labour and

postnatal period among postnatal mother at selected hospital, kolar".

OBJECTIVES OF THE STUDY:

• To assess the maternal satisfaction regarding quality of nursing care among postnatal

mothers.

• To find the association between quality of nursing care and selected demographic

variables.

HYPOTHESIS:

H₀₁: There will be no significant association between maternal satisfaction and demographic

variables.

ASSUMPTIONS:

Quality of nursing care increases maternal satisfaction.

OPERATIONAL DEFINITION:

Maternal satisfaction: In this study postnatal mothers who are admitted for delievery and

receiving the Gratify care during their post partum period

Quality Nursing care: The quality of providing nursing care for postpartum mothers.

Labour: A series of events that take place in female genital organs to the expel the product

of conception that are fetus, placenta, out of the uterus through the vagina into the outer world.

Postnatal mothers: postnatal mother who is receiving care at hospitals after their delievery.

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REVIEW

OF

LITERATURE

CHAPTER-2 REVIEW OF LITERATURE

INTRODUCTION REVIEW

Review of literature is an fundamental elements of research process. It aids the researcher in the formulation of research plan or proposal and condition of the research study. It aids in relating the outcomes of the study to the findings of other investigation. Review of literature is defined as a crucial synopsis of research on a theme of attention often prepare a research continue in content.

- 1) A study to measure postnatal Indian women's comfort with childbirth services at selected public health facilities in Chhattisgarh, Cross-sectional survey (n = 1004) was conducted from march to may 2019. Hindi-translated and validated versions of the Scale for checking Maternal Satisfaction. The Results of the women (Vaginal Births(VB) 68.7%; Caesarean Births(CB) 79.2%) were satisfied. Among women having CB, earning their own salary and having a positive perception of self-health had associations with overall birth satisfaction. The study concluded by Improving interpersonal interaction with nurse-midwives, and ensuring privacy during childbirth and hospital
- 2) A study was aimed to estimate the level of a maternal satisfaction with antenatal care services in public health institute of Hosanna town(2019). A systematic sampling technique was choosed to obtain study participants, and quantitative data were collected using an interviewer-administered questionnaire. findings shows 74% of postnatal mothers were fulfilled with antenatal care services. Most of the respondents were satisfied with privacy, cleanness, physical facility, and approaches of care. The study concluded Three-fourths of the respondents were fulfilled with the service.
- 3) The study is conducted to assess maternal satisfaction and components associated with institutional delivery care in central Ethiopia(2018) study supplemented with qualitative

methods. Data were collected by a face-to-face interview using a standardized questionnaire.451 respondents involved in this study making a response rate of 98%. spontaneous vaginal deliveries AOR: 7.33,CI: 2, 26.79), being attended by female sex health workers (adjusted odds ratio) AOR: 1.54,(contradictory information) CI: 1.04, 2.28), receiving ambulance service to arrive at health facilities (AOR: 7.84, CI: 2, 61.63), utilizing of maternal waiting areas AOR: 1.72, CI: 1.09, 2.66), and respectful care (AOR=1.55, CI: 1.03, 2.34) were elements associated with maternal satisfaction. The study concluded with the areas need to work on improving health facility cleanliness, health workers' compassionate and respectful care, and providing ambulance service as a main means of transportation for laboring mothers.

- 4) The study is conducted to asses mothers' satisfaction with delivery care services in Ethiopia(2020) among the median age of the candidates was 28 years. In multi variable analysis privacy measures taken at delivery care services uptake, mothers' education level, occupational status of mothers, and family income level of mothers were associated with mothers' satisfaction in delivery care services. Mother's income levels of 1501 to 5000birr were fulfilled with the service (AOR = 2.49; 95% CI: 1.3, 4.76). However, mothers whose income below 1500birr(basic unit of money in Ethiopia) were dissatisfied. The study concluded that the delivery care services uptake in public health centers, Evaluating health care services uptake from the client's point of view and targeting to identify problems is very necessary
- 5) This study was aimed at assess the satisfaction among mothers who visit public health facilities in Adama town from June 01 to 30,2018 for childbirth service.cross-sectional study design was conducted.477 mothers were selected using a systematic random sampling method. Bi-variate and multivariate logistic regressions were conducted to identify predictors of maternal satisfaction towards childbirth service by considering p-value less than 0.05. The study revealed that 357 (74.8%) were fulfilled with the services. planned childbirth (AOR; 1.823,95% CI;1.024,3.246), wait time of less than 1 h (AOR;11.620,95% CI;3.619,37.309) and

wait time of one to 2 h (AOR;19.620, 95%CI;2.349,68.500). This study summarized that the mothers were fulfilled with childbirth services.

- 6) This study aimed to explore the association between maternal satisfaction and aspect of care (QoC) at childbirth, as defined by WHO standards in Northeast Italy in the year 2020. 1244 consecutive mothers giving birth in the hospital. Uni variate analyses were performed to evaluate the association between maternal satisfaction. The Results of women (84.2%) were highly satisfied (score ≥7/10) with the care received. Among the 61 variables explored, 46 (75.4%) were significantly associated with women's satisfaction, 33 with higher satisfaction and 13 with lower satisfaction.women's satisfaction were 'effective communication, involvement, listening to women's needs, respectful and timely care' Odds ratio(OR)16.84, 95% Contradictory information(CI)9.90 to 28.61,Privacy(p)<0.001) and 'physical structure' OR 6.51, 95% CI 4.08 to 10.40,P<0.001). This study suggested that variables are strongly associated with women's satisfaction with care.
- 7) An interview-based cross-sectional study, using a modified version of Migrant Friendly Maternity Care Questionnaire from January 2019 to February 2020 in Brazil. The Results of total 401 women answered the questionnaire (87.6% response rate). Overall satisfaction with maternal healthcare was high. However, One-third of all women did not understand the information provided by the healthcare personnel during maternity care. More women with refugee background felt treated differently because of factors such as religion, language and skin colour. This study summarized that overall satisfaction was high, for certain healthcare experiences, education of healthcare personnel and strategies for quality improvement.
- 8) A study to asses maternal fulfilled and aspect of care (QoC) at childbirth, as defined by WHO standard in Northeast Italy(2019) among 1244 consecutive mothers giving birth in the hospital. The Results of Overall, 509 (40.9%) of women were >35 years of age, about half

(52.7%) were highly educated, most strongly associated with women's satisfaction were 'effective communication, involvement, listening to women's needs, respectful and timely care' (OR 16.84, 95% CI 9.90 to 28.61, p<0.001) and 'physical structure' (OR 6.51, 95% CI 4.08 to 10.40, p<0.001). This study suggested that many variables are strongly associated with women's fulfilled with care during childbirth and support the use of various measures to monitor the QoC at childbirth.

9) A study to find out the maternal fulfilled on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal(2020). A total of 178 purposively selected postnatal mothers were interviewed. the study displays that most (89.88%) of the mothers were fulfilled with the delivery service. the level of satisfaction was higher in interpersonal and technical aspects (93.82%) of care than in informative aspects (91.57%) and health facility-related statements (91.01%). Although insignificant, postnatal mothers who were uneducated 2.710 times more likely to be fulfilled than who were literate (p=0.475; OR=2.710; CI=0.343–21.4). These findings shows majority of mothers were fulfilled by the delivery service. Care givers need to fully understand the expectations the mothers have to provide care that is consistent with those expectation.

CHAPTER-3

METHODOLOGY

METHODOLOGY

The chapter deals with the methodology preferred for the study. It consist of research

approach, research design, setting sample, and sampling technique, development and

description of the instrument for the data collection regarding the procedure and plan analysis

The present study to assess the maternal satisfaction about aspect of nursing

responsibility during labour and postnatal mother.

MATERIAL AND METHODS:

Source of data:

Data can be defined as the quantitative or qualitative values of variables. Data can be

numbers, images, words, figures, facts or ideas. In this study, origin of data collection is

postnatal mothers.

Research approach and design:

Research design is the set of methods and procedure used in collecting and analysing

measure of the variables specified in the research problems.

Research approach for present study is explorative approach.

Research design: descriptive survey design.

Variables:

The study variables are

Independent variables: Quality of nursing care.

Dependent variables: Maternal Satisfaction.

Setting:

The setting in the study was R.L.Jalappa hospital and research Centre.

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Population:

The population of the study was the postnatal mothers admitted in labour wards and postnatal wards in R. L. Jalappa Hospital & R.C, Kolar.

Sample:

The sample of the study was postnatal mothers admitted in R. L. Jalappa Hospital & R.C, Kolar.

Sampling size:

In this study, sample size consists of 60 postnatal mothers admitted in R. L. Jalappa Hospital & R.C, Kolar.

Sampling technique:

In this study purposive sampling technique is used to choose the sample.

Sampling criteria:

INCLUSION CRITERIA:

Postnatal mothers

- 1. Who willing to participate in this study
- 2. Who knows Kannada or English language.
- 3. Postnatal mothers at R.L. Jalappa Hospital

EXCLUSION CRITERIA:

Postnatal mothers

- 1. Who belongs to health profession.
- 2. Referred from another hospital.

Data collection tool:

Scale for checking maternal satisfaction was used to collect the data. The tool consists of two sections.

SECTION- A

Socio-demographic variable

Age in years, Religion, Education, Occupation, Type of family, Income per month, Dietary habits, Marital status, Type of marriage and Place of Residence.

SECTION-B

The scale for checking maternal satisfaction in normal child birth (SMMS - normal birth) consists of 43 items and 10 sub scales.

The scale for Measuring Maternal Satisfaction in Normal Birth.

Factor 1	Perception of health professionals	1,2,3,4
Factor 2	Nursing care in labour	5,6
Factor 3	Comforting	7,8,9,10
Factor 4	Information and entanglement in decision making	11,12,13,14,15,16,17,18
Factor 5	Care of child	19,20,21
Factor 6	Postpartum care	22,23,24,25,26,27
Factor 7	Hospital room	28,29,30,31
Factor 8	Hospital facilities	32,33,34
Factor 9	Respect for privacy	35,36,37,38
Factor 10	Meeting expectation	39,40,41,42,43

Method of data collection:

The data will be collected by following phases.

- Formal ethical clearance was obtained from institution ethical committee Sri Devaraj
 Urs College of nursing, to conduct the study.
- Permission from medical superintendent of R. L. Jalappa Hospital, Kolar.
- Formal written permission was obtained from the concerned authorities, Written informed consent was obtained from all study participants.
- By purposive sampling technique 60 samples was selected.
- Written consent from the study participants was obtained.
- Maternal satisfaction scale was given to the study participants.
- Data was tabulated and concluded using definitive and inferential statistics.

Plan for data analysis:

The data was analysed using both definitive and inferential statistics.

Descriptive statistics are mean, median, standard deviation. Inferential data analysis include chi square test.

ANALYSIS,

INTERPRETATION

AND

DISCUSSION

CHAPTER-4

ANALYSIS, INTERPRETATION AND DISCUSSION

PROBLEM STATEMENT:

"A study to assess the maternal satisfaction regarding quality of nursing care during labour and postnatal period among postnatal mother at selected hospital, kolar"

OBJECTIVES OF THE STUDY:

- 1. To assess the maternal satisfaction regarding quality of nursing care among postnatal mothers.
- 2. To find the association between quality of nursing care and selected demographic variables.

ORGANIZATION OF FINDINGS:

Analysis of the data is presented under the following headings:

- 1. Finding related to Socio demographic data.
- 2. Findings related to aspectof nursing responsibility among postnatal mother. (Mean,

Median, range, SD, mean %)

3. Findings related to association among aspect of nursing responsibility and selected demographic variables.

1. Findings related to Socio demographic profile:

Table 1: Frequency and percentages distribution of Socio demographic variables.

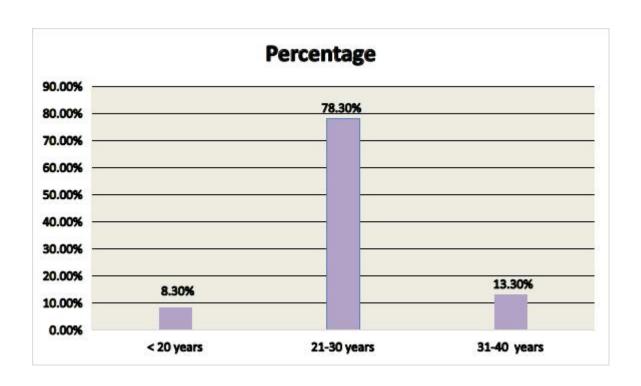
N=60

SI	SOCIO DEMOGRAPHIC	FREQUENCY (f)	PERCENTAGE
NO	VARIABLES		(%)
1.	Age in years		
	1.1) <20 years	05	8.3%
	1.2) 21-30 years	47	78.3%
	1.3) 31-40 years	08	13.3%
2.	Religion		
	2.1) Hindu	52	86%
	2.2) Christian	02	3.3%
	2.3) Muslim	06	10%
3.	Education		
	3.1) No formal education	06	10%
	3.2) Primary education	20	33.3%
	3.3) High school	21	35%
	3.4) Pre- university	09	15%
	3.5) Graduate	02	3.3%
	3.6) Post-graduate	02	3.3%
4.	Occupation		
	4.1) Home maker	59	98.3%
	4.2) Business	01	1.6%
5.	Types of family		
	5.1) Nuclear	39	65%
	5.2) Joint	21	35%
6.	Income per month		

	6.1) 10,000-20,000	59	98.3%
	6.2) Above 21,000	01	1.6%
7.	Types of marriage		
	7.1) Consanguineous	28	46.6%
	7.2) Non- consanguineous	32	53.3%
8.	Place of residence		
8.	Place of residence 8.1) Rural	10	16.6%
8.		10 46	16.6% 76.6%

1. AGE IN YEARS

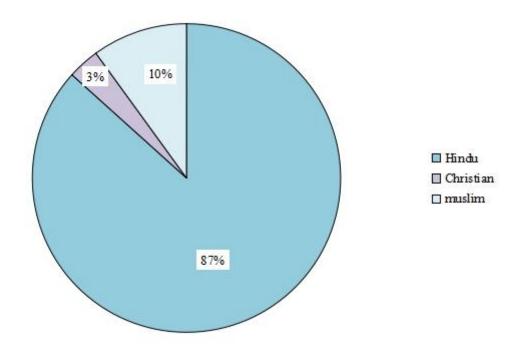
Figure:1.Bar diagram showing the age in years of postnatal mothers



The findings revealed that the most 8.3 %(5) of women were in the age group of below 20 years, 78.3 %(47) were between 21-30 years, 13.3% (8) were between 31-40 years.

2. RELIGION

Figure: 2.Pie diagram showing the religion of postnatal mothers

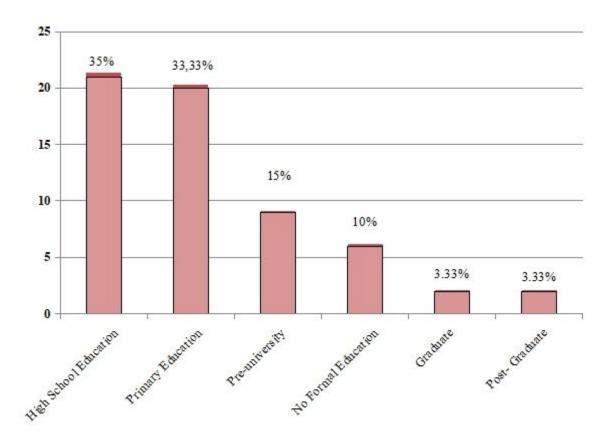


Most of women 86 %(52) were Hindus, 3.3 %(2) were Christian and only

10 %(6) were Muslim.

3. EDUCATION

Figure: 3.Bar diagram showing the education of the postnatal mothers



The study findings displayed that most of women 35 %(21) had High school Education, 33.3% (20) had Primary education, 15 % (9) had Pre-university, 10% (6) had No formal Education, 3.3 %(2) had graduate and remaining 3.3%

(2) had Post graduate.

4. OCCUPATION

Most of women 98.3% (59) were home makers and 1.6 %(1) depended on business group.

5.TYPE OF FAMILY

The findings showed that most of women 65% (39) belongs to nuclear family and 35 % (21) belongs to joint family.

6. INCOME PER MONTH

The most 98% of women had that family income between Rs. 10,000-20,000 and 1.6(1) had income above Rs.21,000.

7. DIETARY HABITS

The family revealed that the 100% (60) was mixed dietary pattern.

8. MARITAL STATUS

The findings displayed that 100% (60) of women's are married.

9. TYPE OF MARRIAGE

Most of women 46.6% (28) had consanguineous marriage and 53.3% (32) had non-consanguineous.

10. PLACE OF RESIDENCE

Most of women 76.6% (46) belongs to semi urban and 16.6% (10) belongs to rural and 6.66% (4) belongs to urban.

Table 2. Findings related to aspect of nursing responsibility among postnatal mother. (Mean, Median, range, SD, mean %

SI.NO	TOOL	MEAN	MEDIAN	STANDARD	RANGE
				DEVIATION	
1	Maternal	168.3	166	11.09	4
	satisfaction scale				

Table 2 shows that level of maternal satisfaction among postnatal mothers mean, median, standard deviation and range. The mean value is 168.3, median value is 166, standard deviation value 11.09 and range value is 4.

<u>Table 3.</u> <u>Findings related to association between aspect of nursing responsibility and selected demographic variables.</u>

Sl.	Demographic	Mild	Moderate	X ² Calculated	DF	P Value
No	Variables	> M	<m< th=""><th>Value</th><th></th><th>Inference</th></m<>	Value		Inference
1.	Age in years					
	< 20 Years	6	0			
	21-30 Years	49	0	60.4	2	5.99
	31-40 Years	0	5			
2.	Religion					
	Hindu	45	7			
	Christian	2	0	0.36	2	5.99
	Muslim	5	1			
3.	Education					
	No formal	4	2			
	Education					
	Primary	16	4			
	Education					
	High School	20	1	8.21	5	0.50
	Pre University	9	0			
	Graduate	2	0			
	Post Graduate	1	1			
4.	Type of family					
	Nuclear	33	6	0.40	1	0.20
	Joint	19	2			
sss5.	Type of					
	Marriage					

	Consanguineous	26	2	1.74	1	0.20
	Non-	26	8			
	Consanguineous					
6.	Place of					
	residence	9	1			
	Rural	40	6	0.57	2	5.99
	Semi- urban	3	1			
	Urban					

$X^2(1) = 3.84$

Table 3 Findings related to association between quality of nursing care and demographic variables revealed that there is a statistically powerful association among age in years, religion, education, type of marriage, type of family and place of residence regarding maternal satisfaction of postnatal mothers.

ASSOCIATION OF DEMOGRAPHIC VARIABLES KNOWLEDGE SCORES

1. AGE IN YEARS

The findings disclosed the most 8.3%(5) of women were in the age below 20 years, 78.3%(47) were between 21-30 years, 13.3%(8) were between 31-40 years.

2. RELIGION

Most of women 86 % (52) were Hindus, 3.3 % (2) were Christian, and Only 10 % (6) were Muslim

3. EDUCATION

The study findings displayed that most of women 35 %(21) had High School education, 33.3% (20) had Primary education, 15 %(9) had Pre-University, 10% (6) had No formal Education, 3.3 %(2) had graduate and Remaining 3.3% (2) had Post graduate.

4. OCCUPATION

Most of women 98.3% (59) were home makers and 1.6 %(1) depended on business group.

5. TYPE OF FAMILY

The findings showed that most of women 65% (39) belongs to nuclear family and 35 %(21) belongs to joint family.

6. INCOME PER MONTH

The most 98% of women hah that family income between Rs. 10,000-20,000 and 1.6(1) had income above Rs.21, 000.

7. DIETARY HABITS

The family revealed that the 100% (60) was mixed dietary pattern.

8. MARITAL STATUS

The findings displayed that 100% (60) of women are married.

9. TYPE OF MARRIAGE

Most of women 46.6% (28) had consanguineous marriage and 53.3% (32) had non-consanguineous.

10. PLACE OF RESIDENCE

Most of women 76.6% (46) belong to semi urban and 16.6% (10) belongs to rural and 6.66% (4) belongs to urban.

DISCUSSION:

The study was aimed at finding out the association among quality of nursing care and preferred demographic variables on postnatal mothers. The data was collected from 60 postnatal mothers and the study was conducted over a period of 1 year.

The following tools were used to collect information from the samples:

- 1) Socio demographic data
- 2) Knowledge scores on maternal satisfaction
- 3) Association among aspect of nursing responsibility and selected demographic variable

The findings of study were discussed under the following headings:

- 1. Findings related to Socio demographic data.
- 2. Findings related to aspect of nursing responsibility among postnatal mothers.
- **3.** Findings related to association among aspect of nursing care and selected demographic variables.

1. Findings related to Socio demographic profile:

The majority 47 (78.3%) of the women belong to the age group 21-30 year. Maximum 52(86%) of the women in Hindu religion, and 21(35%) of women had high school education. Majority 51(98.3%) of the women are house wife and the most 39(65%) of women were nuclear family. Maximum 59(98.3%) of women income per month belongs to 10,000-20,000, and the 60

(100%) of women were non-vegetarian and married. Most 32(53.3%) of women had non-consanguineous marriage and 46(76.6%) were semi-urban residence area.

2. Findings related to aspect of nursing care among postnatal Mother. (Mean, median, range, SD, mean %)

Findings related to the level of maternal satisfaction among postnatal mothers mean, median, standard deviation and range. The mean value is 168.3, median value is 166, standard deviation value11.09 and range value is 4.

3. Findings related to association among aspect of nursing care and selected demographic variables.

Findings related to association among aspect of nursing responsibility and demographic variables showed that there is a statistically compelling association among age in years, religion, education, type of marriage, type of family and place of residence regarding maternal satisfaction of postnatal mothers.

RECOMMENDATION:

- 1. Sample size and settings can be increased to know the effectiveness of the study.
- 2.Studies related to practice of aspects of nursing responsibility in maternal satisfaction of postnatal mother can be conducted.

SUMMARY AND CONCLUSION

CHAPTER-5

SUMMARY AND CONCLUSION

SUMMARY:

Maternal satisfaction is a positive evaluation of distinct dimensions of childbirth. Postnatal mother required guidance, more support and assistance with baby care and her personal care. The postnatal period as the most critical and yet the most neglected phase in the lives of mothers and babies. maternal satisfaction is a significant indicator in quality of nursing care.

CONCLUSION:

On the basis of study findings, it is concluded that majority of the postnatal mothers are satisfied with quality of nursing care. The level of satisfaction was higher in meeting expectations, nursing care in labor and information and involvement in decision making. Majority of the postnatal mothers would like to receive delivery service next time in the same hospital. One-thirds of the postnatal mothers chose the hospital due to convenience. Although the postnatal mothers are fully satisfied regarding quality of nursing care during labor and postpartum period.

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ANNEXURE

ANNEXURE: 1 PERMISSION LETER

PERMISSION LETTER TO CONDUCT STUDY

From

Date 25/09/21

3rd Year B.SC (N) Students Sri Devaraj Urs College of Nursing Tamaka, Kolar -563101

To

The Medical Superintendent R.L.Jalappa Hospital and Research Institute Tamaka, Kolar-563101

Forwarded through:

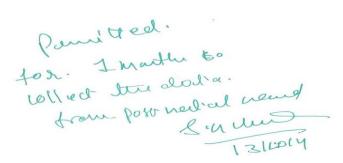
The Principal Sri Devaraj Urs College of Nursing Tamaka, Kolar-563101

Respected Sir,

Sub: Requesting permission to conducting a research study in RLJH&RC.

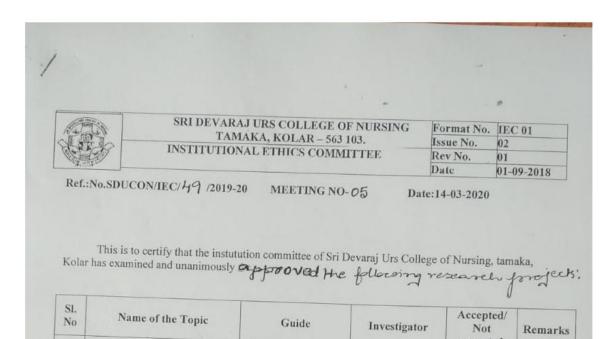
We the undergraduate students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has Selected the below mentioned topic for our research project as Partial fuifillment of requirements.

Title of the Topic:



ANNEXURE: 2

LETTER FOR ETHICAL CLEARENCE



4	A study to assess the effectiveness of clinical instructors mentoring on stress and clinical performance of 1 st year nursing students at SDUCON, Tamaka, kolar		Bini Jose Brinda Jenefer suguna Jerin Vijay Lisha Reji Mohammed Nayaz	Accepted 1,	
5	A study to assess maternal satisfaction regarding quality of nursing care during labour and post partum among postnatal mother at selected hospital kolar.	Mrs. Punitha M	Chaitra Deepika Chickareddemma Janifer Riya jose Samuel	secrepted	
6	A study to assess the knowledge regarding benefits of iodized salt and salt preservation practices among Home makers of selected Households at kolar, with a view to conduct planned group teaching programmes	Mrs. Vani R	Priyanka Rachana Raveena Reshma Rosna	Acested	
			Srikanth P S		

11	A study to as prevalence of brea and effectiveness of health education (conowledge dentification of war of breast cancer prevention among attending different elected hospital with levelop video program	st cancer Planned PHE) on regarding ning signs and its women OPDs of a view to	Chaitra Magrisha Prema Suresh Uma Vidhya Nethravathi Munirathna	succepted.
	SI, No.	Name	Signature	
	1	Dr.V.Lakshmaiah	Present	
	2	Dr.Mohan Kumar	Absent	
	3	Dr.Bhuvana K.	present	
	4	Mr.Sridhar	Abrest	
	5	Mr.Suresh B	present	
	6	Swamy Acharyananda Avadutha	present	
	7	Mrs.Lakshmi	Absent	
SR	Tember Secretion Tember Secretion TEMBER SECRETION ETHICS COMMITTEE EVARAJ URS COLLEGE OF NO. MAKA KOLAR - 5631	IRSING 3	Chairpe Sen S EC (Hulmin Studie ETHICS COMMI SRI DEVARAJ URS COLLEG TAMAKA KOLAR	The Additional of the Control of the

ANNEXURE: 3

CONSENT LETTER From, 4th year Bsc (N). Students Sri Devaraj Urs College of Nursing, Tamaka, kolar. Dear participants, We the 4th year Bsc (n) students are required to conduct a research as a part of our curricular activity. The topic is "A study to Assess maternal satisfaction regarding quality of nursing care during labour and postpartum among postnatal mother at selected hospital Kolar." We request you to participate in the study by answering the questionnaire which requires 10-30 minutes, we assure you that your response will be used only for the study purpose and will be kept confidential. Thanking You. Yours sincerely, 4th year BSc Nursing Student, Date: Place: **Consent:** I ______give my consent for the above mentioned study knowing that all information provided by us will be treated confidentiality by the investigator.

Signature of the participant

4^{ನೇ} ವರ್ಷದ ಬಿ.ಎಸ್ಸಿ. ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳು

ANNEXURE:4 SOCIO DEMOGRAPHIC DATA:

1. Age in years:

- <20 years
- 20-30 years
- 31-40years

2. Religion:

- Hindu
- Christian
- Muslim

3. Education:

- No formal education
- Primary education
- High school
- Pre-University
- Graduate
- Post graduate

4. Occupation:

- Home maker
- Business

5. Type of family:

- Nuclear
- Joint

6. Income per month:

- 10,000-20000
- Above 21, 000

7. Dietary Habits:

- Vegetarian
- Non vegetarian

- 8. Marital status:
 - Single
 - Married
 - Divorced
- 9. Type of Marriage:
 - Consanguineous
 - Non Consanguineous
- 10. Place of residence:
 - Rural
 - Semi Urban

THE SCALE FOR MEASURING MATERNAL SATISFACTION IN NORMAL BIRTH (SMMS - normal birth)

This scale measures your satisfaction with the care you received during labour and birth as well as your hospital stays after birth. Please read following statements and decide the degree of your agreement given next to each question. Then, mark the box with a cross that describes your experience best to indicate your answer in the next columns. Be careful not to leave the question blank. Your identity and your answers will be confidential. Thank you for participating.

1. The number of doctors,	Strongly	Partially	Undecided	Agree	Strongly
midwives and nurses involved in	Disagree	Disagree			Agree
my care was enough during my					
hospital stay.					
2. The doctors, midwives and	Strongly	Partially	Undecided	Agree	Strongly
nurses involved in my labour and	Disagree	Disagree			Agree
child birth treated me/behaved well.					
3. The doctors, midwives and	Strongly	Partially	Undecided	Agree	Strongly
nurses involved inmy labour and	Disagree	Disagree			Agree
child birth treated my family well.					
4. I believe that doctors have done	Strongly	Partially	Undecided	Agree	Strongly
necessary medical interventions	Disagree	Disagree			Agree
during childbirth					
5. Midwives and nurses spent	Strongly	Partially	Undecided	Agree	Strongly
enough time help me to cope with	Disagree	Disagree			Agree
pain during labour.					

6. The nurses spent enough time to	Strongly	Partially	Undecided	Agree	Strongly
meet my needs during labour and	Disagree	Disagree			Agree
delivery					
7. Everyone told me just what I	Strongly	Partially	Undecided	Agree	Strongly
should do at labour time.	Disagree	Disagree			Agree
8. Some more things (medication,	Strongly	Partially	Undecided	Agree	Strongly
massage, etc.) could have been	Disagree	Disagree			Agree
done for relieving my pain during					
labour.					
9. I'd like to have had more help to	Strongly	Partially	Undecided	Agree	Strongly
reduce my stress during childbirth.	Disagree	Disagree			Agree
10. My family should have received	Strongly	Partially	Undecided	Agree	Strongly
more attention to reduce their stress	Disagree	Disagree			Agree
during labour.					
11. I was informed about all	Strongly	Partially	Undecided	Agree	Strongly
necessary procedures during my	Disagree	Disagree			Agree
labour and childbirth.					
12. My partner/family was	Strongly	Partially	Undecided	Agree	Strongly
informed about all necessary	Disagree	Disagree			Agree
procedures during my labour and					
childbirth.					

13. The doctors , midwives &	Strongly	Partially	Undecided	Agree	Strongly
nurses took into account everything	Disagree	Disagree			Agree
I followed during my labour time .					
14. I knew which doctors and	Strongly	Partially	Undecided	Agree	Strongly
midwives & nurses would be	Disagree	Disagree			Agree
responsible from my care during					
birth.					
15. Doctors and nurses explained	Strongly	Partially	Undecided	Agree	Strongly
me every new situation occurred	Disagree	Disagree			Agree
during labour.					
16. Doctors and nurses explained	Strongly	Partially	Undecided	Agree	Strongly
my partner/family every new	Disagree	Disagree			Agree
situation occurred during labour.					
17. My consent was asked before	Strongly	Partially	Undecided	Agree	Strongly
performing the procedures related	Disagree	Disagree			Agree
with my care during labour.					
18. Consent of my partner / family	Strongly	Partially	Undecided	Agree	Strongly
was asked before performing the	Disagree	Disagree			Agree
procedures related with my care					
during labour when necessary					
19. After delivery, I'd like to hold	Strongly	Partially	Undecided	Agree	Strongly
my baby earlier.	Disagree	Disagree			Agree

20. After delivery of baby, my	Strongly	Partially	Undecided	Agree	Strongly
family would love to be able to see	Disagree	Disagree			Agree
the baby earlier.					
21. After delivery, I'd like to breast	Strongly	Partially	Undecided	Agree	Strongly
feed my baby earlier.	Disagree	Disagree			Agree
22. Some more things could have	Strongly	Partially	Undecided	Agree	Strongly
been done to reduce my pain and	Disagree	Disagree			Agree
discomfort after delivery.					
23. Nurses met my needs	Strongly	Partially	Undecided	Agree	Strongly
adequately during the days after my	Disagree	Disagree			Agree
delivery.					
24. Nurses spent enough time to	Strongly	Partially	Undecided	Agree	Strongly
give information about my own	Disagree	Disagree			Agree
care after delivery.					
25. Nurses spent enough time to	Strongly	Partially	Undecided	Agree	Strongly
give information about the care of	Disagree	Disagree			Agree
my baby.					
26. Nurses spent enough time to	Strongly	Partially	Undecided	Agree	Strongly
help breastfeeding	Disagree	Disagree			Agree
27. The information received from	Strongly	Partially	Undecided	Agree	Strongly
different caregivers about self-care	Disagree	Disagree			Agree
and baby care was consistent					

28. The room in which I stayed	Strongly	Partially	Undecided	Agree	Strongly
during labour was clean and	Disagree	Disagree			Agree
adequate to meet my needs.					
29. The room in which I gave birth	Strongly	Partially	Undecided	Agree	Strongly
was a comfortable and clean place.	Disagree	Disagree			Agree
30. The room in which I stayed	Strongly	Partially	Undecided	Agree	Strongly
after delivery was comfortable and	Disagree	Disagree			Agree
adequate to meet my needs.					
31. The room in which I stayed	Strongly	Partially	Undecided	Agree	Strongly
after delivery was suitable for the	Disagree	Disagree			Agree
visits of my family and friends.					
32. My family had a proper and	Strongly	Partially	Undecided	Agree	Strongly
comfortable place in the hospital to	Disagree	Disagree			Agree
rest and wait during delivery.					
33. We could easily find everything	Strongly	Partially	Undecided	Agree	Strongly
we needed in hospital.	Disagree	Disagree			Agree
34. The food service was good at	Strongly	Partially	Undecided	Agree	Strongly
hospital.	Disagree	Disagree			Agree
35. There were people coming in	Strongly	Partially	Undecided	Agree	Strongly
and out of my room unnecessarily	Disagree	Disagree			Agree
during labor.					

36. There were people coming in	Strongly	Partially	Undecided	Agree	Strongly
and out of my room unnecessarily	Disagree	Disagree			Agree
after labour.					
37. Health-care personnel showed	Strongly	Partially	Undecided	Agree	Strongly
respect to my privacy during their	Disagree	Disagree			Agree
practices					
38. Special moments I lived with	Strongly	Partially	Undecided	Agree	Strongly
my family during and after delivery	Disagree	Disagree			Agree
were interrupted by medical staff					
because of routine interventions					
that could be delayed easily.					
39. I could not get any better care in	Strongly	Partially	Undecided	Agree	Strongly
this hospital.	Disagree	Disagree			Agree
40. My labour and child birth	Strongly	Partially	Undecided	Agree	Strongly
experience was completely as I had	Disagree	Disagree			Agree
expected and hoped.					
41. The labour was longer than I	Strongly	Partially	Undecided	Agree	Strongly
had expected.	Disagree	Disagree			Agree
42. I had not expected to have some	Strongly	Partially	Undecided	Agree	Strongly
of the medical interventions used at	Disagree	Disagree			Agree
my labour and child birth.					

43. My labour and child birthwas	Strongly	Partially	Undecided	Agree	Strongly
one of the most beautiful	Disagree	Disagree			Agree □
experiences in my life.					

ಜನಸಂಖ್ಯಾ ಅಸ್ಥಿರಗಳು

1;

ಸುಂಚನೆ:-

ಸಂಗ್ರಹಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುತ್ತದೆ ಮತ್ತು ಸಂಶೋಧನಾ ಉದ್ದೇಶಕ್ಕಾಗಿ ಮಾತ್ತು ಬಳಸಲಾಗುತ್ತದೆ.

- 1. ವಯಸ್ಸು
 - ❖ 20 ವರ್ಷಕ್ಕಿಂತ ಕಡಿಮೆ
 - ❖ 20-30 ವರ್ಷಗಳು
 - ❖ 31-40 ವರ್ಷಗಳು
 - ❖ 41 ವರ್ಷಕ್ಕಿಂತ ಹೆಚ್ಚು
- **2.** ಧರ್ಮ
 - ❖ ಹಿಂದೂ
 - ❖ ಕ್ರೈಸ್ತ
 - 💠 ಮುಸ್ಲಿಂ
 - 💠 ಇನ್ನಿತರ (ನಿರ್ದಿಷ್ಟ)
- 3. ಶಿಕ್ಷಣ
 - 🌣 ಜೌಪಚಾರಿಕ ಶಿಕ್ಷಣವಿಲ್ಲ.
 - 🌣 ಪ್ರಾಥಮಿಕ ಶಿಕ್ಷಣ
 - ❖ ಪ್ರೌಢಶಿಕ್ಷಣ
 - 💠 ಪೂರ್ವ ಶಿಕ್ಷಣ
 - 💠 ಡಿಪ್ಲೋಮಾ
 - 💠 ಪದವಿ
 - 🌣 ಸ್ನಾತಕೋತ್ತರ
- 4. ಉದೋಗ

5. ಕುಟುಂಬದ ವಿಧ

- ❖ ಮೂಲ ಕುಟುಂಬ
- ❖ ಅವಿಭಕ್ತ ಕುಟುಂಬ
- ❖ ವಿಸ್ತೃತ ಕುಟುಂಬ
- ❖ ಅಪೂರ್ಣ ಕುಟುಂಬ

6. ಕುಟುಂಬದ ಅದಾಯ

- ❖ 10,000 ರಿಂದ 20,000
- ❖ 21,000 ರಿಂದ 30,000
- ❖ 30,000 ರಿಂದ 40,000
- ❖ 40,000 ಕ್ಕಿಂತ ಹೆಚ್ಚು

7. ಆಹಾರ ಪದ್ದತಿ

- 🌣 ಸಸ್ಯಹಾರಿ
- ❖ ಮಾಂಸಹಾರಿ

8. ವೈವಾಹಿಕ ಸ್ಥತಿ

- 🌣 ಅವಿವಾಹಿತ
- ❖ ವಿವಾಹಿತ
- ವಿಚ್ಛೇದನ
- ❖ ಬೇರ್ಪಡಿಸಲಾದ
- 🌣 ವಿಧವೆ

.

ಸಾಮಾನ್ಯ ಜನ್ಮದಲ್ಲಿ ತಾಯಿಯ ತೃಪ್ರಿಯನ್ನು ಅಳೆಯುವ ಪ್ರಮಾಣ

ಈ ಪ್ರಶ್ನಾವಳಿಯ ನಮ್ಮ ಆಸ್ಪತ್ರೆಯು ಹೆರಿಗಯ ನಂತರ ಊರಿಯುವುದರಿಂದ ನೀವು ಹೆರಿಗೆಯ ತೃಪ್ತಿಯನ್ನು ಮೌಲ್ಯಮಾಪನ ಮಾಡುತ್ತದೆ. ದಯವಿಟ್ಟು ಈ ಕೆಳಗಿನ ಹೇಳಿದುನ್ನು ಓದಿ ಪ್ರತಿ ಪ್ರಶ್ನೆಯ ಪಕ್ಕದಲ್ಲಿ ನೀಡಲಾದ ನಿಮ್ಮ ಒಪ್ಪಂದದ ಮಟ್ಟವನ್ನು ನಿರ್ಧರಿಸಿ ನಂತರ, ಮುಂದಾದ ಆಮಕಣಗಳಲ್ಲಿ ನಿಮ್ಮ ಉತ್ತರವು ಸೋಚಿಸಲು ನಿಮ್ಮ ಅನುಭವವನ್ನು ಉತ್ತಮವಾಗಿ ವಿವರಿಸಲು ಶಿಲುಬೆಯ ಗುರುತು ಪೆಟ್ಟಿಗೆಯನ್ನು ಗುರುತಿಸಿ. ಪ್ರಶ್ನೆಯನ್ನು ಖಾಲಿ ಬಿಡದಂತೆ ಎಚ್ಚರಿಕೆಯಿಂದರಿ. ನಿಮ್ಮ ಉತ್ತರರಗಳನ್ನು ಭಾಗವಹಿಸಿದ್ದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು.

ನಂ.	1	ಒಪ್ಪುವುದಿಲ್ಲ	ಒಪ್ಪುವುದಿಲ್ಲ	ತೀರ್ಮಾನವಾಗಿಲ	ಒಪ್ಪುತ್ತೇನೆ	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ
		# T M	# · · · · ·			22
01	ನಾನು ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತಂಗಿದ್ದಾಗ ನನ್ನ ಆರೈಕೆಯಲ್ಲಿ ತೊಡಗಿರುವ ವೈದ್ಯರು, ಶುಶ್ರೋಷಕಿಯರು ಮತ್ತು ದಾದಿಯರು ಸಂಖ್ಯೆ ಸಾಕಾಗಿತ್ತು.					
02	ನಾನು ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತಂಗಿದ್ದಾಗ ನನ್ನ ಆರೈಕೆಯಲ್ಲಿ ತೊಡಗಿರುವ ವೈದ್ಯರು, ಶುಶ್ರೋಷಕಿಯರು ಮತ್ತು ದಾದಿಯರು ನನಗೆ ಚಿಕಿತ್ಯೆ ನೀಡಿದರು/ ಚೆನ್ನಾಗಿ ವರ್ತಿಸಿದರು.					
03	ನಾನು ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತಂಗಿದ್ದಾಗ ನನ್ನ ಆರೈಕೆಯಲ್ಲಿ ತೊಡಗಿರುವ ವೈದ್ಯರು, ಶುಶ್ರೋಷಕಿಯರು ಮತ್ತು ದಾದಿಯರು ನನ್ನ ಕುಟುಂಬವನ್ನು ಚೆನ್ನಾಗಿ ನೋಡಿಕೋಡರು.					
04	ಹೆರಿಗೆಯಲ್ಲಿ ಭಾಗಿಯಾಗಿರುವ ವೈದ್ಯರು ಅಗತ್ಯ ವೈದ್ಯಕೀಯ ವಧ್ಯಸ್ಥಿತಿಗಳನ್ನು ಮಾಡಿದ್ದಾರೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.					
05	ಶುಶ್ರೋಷಕಿಯರು ಮತ್ತು ದಾದಿಯರು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ಕಳೆದರು ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ನೋವನ್ನು ನಿಭಾಯಿಸಲು ನನಗೆ ಸಹಾಯ ಮಾಡುತ್ತಾರೆ.					
06	ಹೆರಿಗೆ ಮತ್ತು ವಿತರಣೆ ಸಮಯದಲ್ಲಿ ದಾದಿಯರು ನನ್ನ ಅಗತ್ಯಗಳನ್ನು ಪೂರೈಸಲು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ಕಳೆದರು.					
07	ನನ್ನ ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ಏನು ಮಾಡಭೇಕೆಂದು ಎಲ್ಲರೂ ಹೇಳಿದ್ದರು.					
08	ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ನನ್ನ ನೋವನ್ನು ನಿವಾರಿಸಲು ಇನ್ನೂಕೆಲವು ವಿಷಯಗಳನ್ನು (ಔಷಧಿ ಮಸಾಜ್ ಇತ್ಯಾದಿ) ಮಾಡಬಹುದಿತ್ತು ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ನನ್ನ ಒತ್ತಡವನ್ನು					

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ನಂ.	ವಿವರಗಳು	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ	ಭಾಗಶಃ ಒಪ್ಪುವುದಿಲ್ಲ	ತೀರ್ಮಾನವಾಗಿಲ	ಒಪ್ಪುತ್ತೇನೆ	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ
14	ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ನನ್ನ ಹಾರೈಕೆಯಲ್ಲಿ ಯಾವ ವೈದ್ಯರು, ಶುಶ್ರೋಷಕಿಯರು ಎಂದು ತಿಳಿಯುತ್ತಿತ್ತು				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
15	ವೈದರು ಮತ್ತು ದಾದಿಯರು ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ಸಂಭವಿಸಿದ ಪ್ರತಿಯೊಂದು ಹೊಸ ಪರಿಸ್ಥಿತಿಯೂ ನನಗೆ ವಿವರಿಸಿದರು.					
16	ವೈದರು ಮತ್ತು ದಾದಿಯರು ನನ್ನ ಸಂಗಾತಿ / ಕುಟುಂಬಕ್ಕೆ ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ಸಂಭವಿಸುವ ಪ್ರತಿಯೊಂದು ಹೊಸ ಪರಿಸ್ಥಿತಿಯನ್ನು ವಿವರಿಸಿದರು.					
17	ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ನನ್ನ ಕಾಳಜಿಗೆ ಸಂಬಂಧಿಸಿದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ನಿರ್ವಹಿಸುವ ಮೊದಲು ನನ್ನ ಒಪ್ಪಿಗೆಯನ್ನು ಕೇಳಲಾಯತು.					
18	ಅಗತ್ಯವಿದ್ದಾಗ ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ನನ್ನ ಕಾಳಜಿಗೆ ಸಂಬಂಧಿಸಿದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ನಿರ್ವಹಿಸುವ ಮೊದಲು ನನ್ನ ಸಂಗಾತಿ / ಕುಟುಂಬದ ಒಪ್ಪಿಗೆಯನ್ನು ಕೇಳಲಾಯಿತು.					
19	ಹೆರಿಗೆ ನಂತರ ನಾನು ಮೊದಲು ನನ್ನ ಮಗುವನ್ನು ಹಿಡಿದಿಡಲು ಇಷ್ಟಪಡುತ್ತೇನೆ.					
20	ಹರಿಗೆಯ ನಂತರ ನನ್ನ ಕುಟುಂಬವು ಮಗುವನ್ನು ಮೊದಲೇ ನೋಡಲು ಸಾಧ್ಯವಾಗುತ್ತದೆ.					
21	ಹೆರಿಗೆ ನಂತರ ನಾನು ಮೊದಲು ನನ್ನ ಮಗುವಿಗೆ ಹಾಲುಣಿಸಲು ಇಷ್ಟಪಡುತ್ತೇನೆ.					
22	ಹೆರಿಗೆಯ ನಂತರ ನನ್ನ ನೋವು ಮತ್ತು ಅಸ್ವಸ್ಥತೆಯನ್ನು ಕಡಿಮೆ ಮಾಡಲು ಇನ್ನೂ ಕೆಲವು ಕೆಲಸಗಳು ಮಾಡಬಹುದಿತ್ತು.					
23	ಹೆರಿಗೆ ನಂತರ ದಿನಗಳಲ್ಲಿ ದಾದಿಯರು ನನ್ನ ಅಗತ್ಯಗಳನ್ನು ಸಮರ್ಪಕವಾಗಿ ಪೂರೈಸಿದರು.					
24	ಹೆರಿಗೆಯ ನಂತರ ನನ್ನ ಸ್ವಂತ ಆರೈಕೆಯ ಬಗ್ಗೆ ಮಾಹಿತಿ ನೀಡಲು ದಾದಿಯರು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ಕಳೆದರು.					
25	ನನ್ನ ಮಗುವಿನ ಆರೈಕೆಯ ಬಗ್ಗೆ ಮಾಹಿತಿ ನೀಡಲು ದಾದಿಯರು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ಕಳೆದರು.					
26	ದಾದಿಯರು ಸ್ತನ್ಯಪಾನಕ್ಕೆ ಸಹಾಯ ಮಾಡಲು					

ನಂ.	ವಿವರಗಳು	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ	ಭಾಗಶಃ ಒಪ್ಪುವುದಿಲ್ಲ	ತೀರ್ಮಾನವಾಗಿಲ	ಒಪ್ಪುತ್ತೇನೆ 1,	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ
31	ಹೆರಿಗೆ ನಂತರ ಉಳಿದುಕೊಂಡ ಕೋಣೆ ಕುಟುಂಬ ಮತ್ತು ಸ್ನೇಹಿತರ ಬೇಟಿಗೆ ಸೂಕ್ತವಾಗಿದೆ.					
32	ನನ್ನ ಕುಟುಬವು ಅಸ್ಪತ್ರೆಯಲ್ಲಿ ವಿಶ್ರಾಂತಿ ಮತ್ತು ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ಕಾಯಲು ಸರಿಯಾದ ಮತ್ತು ಆರಾಮದಾಕ ಸ್ಥಳವನ್ನು ಹೊಂದಿತ್ತು.					
33	ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನಮಗೆ ಬೇಕಾದ ಎಲ್ಲಾವನ್ನು ನಾನು ಸುಲಭವಾಗಿ ಹುಡುಕಬಹುದು.					
34	ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಆಹಾರ ಸೇವೆ ಉತ್ತಮವಾಗಿತ್ತು.					
35	ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ಅನಗತ್ಯವಾಗಿ ನನ್ನ ಕೋಣೆಯ ಒಳಗೆ ಮತ್ತು ಹೊರಗೆ ಜನರು ಬರುತ್ತಿದ್ದರು.					
36	ಹೆರಿಗೆಯ ನಂತರ ಅನಗತ್ಯವಾಗಿ ನನ್ನ ಕೋಣೆಯ ಒಳಗೆ ಮತ್ತು ಹೊರಗೆ ಜನರು ಬರುತ್ತಿದ್ದರು.					
37	ಆರೋಗ್ಯ ಸಿಬ್ಬಂದಿ ತಮ್ಮ ಅಬ್ಯಾಸದ ಸಮಯದಲ್ಲಿ ನನ್ನ ಗೌಪ್ಯತೆಗೆ ಗೌರವವನ್ನು ತೋರಿಸಿದರು.					
38	ದಿನವಿತ್ಯದ ಮಧ್ಯಸ್ಥತಿಗಳಿಂದಾಗಿ ಸುಲಭವಾಗಿ ವಿಳಂಬವಾಗಿರುವುದರಿಂದ ನಾನು ಹೆರಿಗೆಯ ಸಮಯದಲ್ಲಿ ಮತ್ತು ನಂತರ ಕುಟುಂಬದೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿದ್ದ ವಿಶೇಷ ಕ್ಷಣಗಳನ್ನು ವೈದಕೀಯ ಸಿಬ್ಬಂದಿ ಅಡಿಪಡಿಸಿದರು.					
39	ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನನಗೆ ಯಾವುದೇ ಉತ್ತಮ ಆರೈಕೆ ಸಿಗಲಿಲ್ಲ.					
40	ನನ್ನ ಹೆರಿಗೆ ಅನುಭವವು ನಾನು ನಿರೀಕ್ಷಿಸಿದ್ದಕ್ಕಿಂತಲೂ ಸಂಪೂರ್ಣವಾಗಿತ್ತು.					
41	ಹೆರಿಗೆಯು ನಾನು ನಿರೀಕ್ಷಿಸಿದ್ದಕ್ಕಿಂತಲೂ ಶ್ರಮ ಹೆಚ್ಚು.	<i>x</i>				
42	ನನ್ನ ಹೆರಿಗೆಯಲ್ಲಿ ಕೆಲವು ವೈದ್ಯಕೀಯ ಮಧ್ಯಸ್ಥಿಕೆಗಳನ್ನು ಬಳಸಲಾಗುತ್ತದೆ. ಎಂದು ನಾನು ನಿರೀಕ್ಷಿಸಿರಲಿಲ್ಲ.					
43	ಈ ಹೆರಿಗೆ ನನ್ನ ಜೀವನದ ಅತ್ಯಂತ ಸುಂದರವಾದ ಅನುಬವಗಳಲ್ಲಿ ಒಂದಾಗಿದೆ.					

SCORING AND EVALUATION

- The Scale for Measuring Maternal Satisfaction in Normal Birth (SMMS normal birth) consists of 43 items and 10 sub scales. Item numbers for each sub scale are given in the table below.
- Responses are coded as in the following. 1-Strongly Disagree, 2-Partially Disagree, 3-Undecided, 4- Agree, 5- Strongly Agree
- The scale has 13 negatively worded items (7,8,9,10,19,20,21,22,35,36,38,41,42) so that these items should be recoded before calculation of scores as in the following. 5-Strongly Disagree, 4-Partially Disagree, 3-Undecided, 2- Agree, 1- Strongly Agree
- Subject scores on the total scale can range from 43 to 215 points.

- The cut-off score was calculated as 150.5 for the SMMS -normal birth and scores above the cut-off value indicate greater satisfaction.
- The original language of the scale is Turkish. Therefore psychometric properties of the English version of SMSS should be tested.

The scale for Measuring Maternal Satisfaction in Normal Birth

Factor 1	Perception of health professionals	1,2,3,4
Factor 2	Nursing care in labor	5,6
Factor 3	Comforting	7,8,9,10
Factor 4	Information and involvement in decision making	11,12,13,14,15,16,17,18
Factor 5	Meeting baby	19,20,21
Factor 6	Postpartum care	22,23,24,25,26,27
Factor 7	Hospital room	28,29,30,31
Factor 8	Hospital facilities	32,33,34
Factor 9	Respect for privacy	35,36,37,38
Factor 10	Meeting expectation	39,40,41,42,43

ANNEXURE:5

MASTER SHEET

SINO	AGE IN YEARS	REGLIGION	EDUCATION	TYPES OF FAMILY	OCCUPATION	INCOME PER MONTH	DELIVERY HABITES	MARRIED STATUS	TYPE OF MARRIAGE	PLACE OF RESIDENCE
1	20-30 yr	Muslim	High school	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Urban
2	20-30 yr	Hindu	high school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Urban
3	20-30 yr	Muslim	post graduate	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
4	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
5	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
6	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Rural
7	20-30 yr	Muslim	High school	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
8	31-40yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
9	20-30 yr	Hindu	post graduate	Nuclear	Business	above 40,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
10	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
11	20-30 yr	Hindu	post graduate	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Urban
12	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Urban
13	20-30 yr	Muslim	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
14	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban

15	20-30 yr	Hindu		Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
16	20-30 yr	Hindu	High school	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
17	20-30 yr	Hindu	pre university	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
18	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
19	20-30 yr	Hindu	Non formal education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
20	below 20yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
21	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
22	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
23	20-30 yr	Hindu	graduate	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
24	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Rural
25	31-40 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
26	20-30 yr	Hindu	High school	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
27	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
28	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
29	31-40	muslim	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Rural
30	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
31	below 20 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
32	31-40 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
33	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
34	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban

35	below 20 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
36	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
37	20-30 yr	Hindu	pre university	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
38	below 20 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
39	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
40	20-30 yr	Muslim	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
41	below 20 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
42	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
43	31-40 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
44	20-30 yr	Hindu	Non formal education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
45	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
46	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
47	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
48	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
49	20-30 yr	Muslim	primary education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
50	20-30 yr	Christian	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
51	20-30 yr	Hindu	primary education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
52	31-40 yr	Hindu	Non formal education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
53	20-30 yr	Hindu	primary education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
54	20-30 yr	Hindu	primary education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban

55	20-30 yr	Hindu	Non formal education	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban
56	31-40 yr	Hindu	High school	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Urban
57	20-30 yr	Hindu	pre university	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Rural
58	20-30 yr	Hindu	High school	Nuclear	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
59	20-30 yr	Christian	primary education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Non- consanguineous	Semi-urban
60	20-30 yr	Hindu	primary education	Joint	Home maker	10,000- 20,000	Non- vegetarian	Married	Consanguineous	Semi-urban

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ANNEXURE:6

TABLE OF FORMULA

1. Mean $\vec{X} = \underline{\Sigma x}$

n

- 2. Standard Deviation (SD) = $\sqrt{\frac{\sum (x \bar{x})^2}{n}}$
- 3. Chi -Square test for contingency table $X^2 = \frac{\sum (\mathbf{0} \mathbf{E})^2}{\mathbf{E}}$
- $n(ad-bc)^2$
 - 4. Chi -Square test (2x2 table) $X^2 =$

$$(a+b)(b+c)(c+d)(a+c)$$

PHOTOGRAPHS









