Evaluating satisfaction with maternity care in women from minority ethnic communities: development and validation of a Sylheti questionnaire

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Abstract

Objective. To develop a reliable and valid questionnaire to evaluate satisfaction with maternity care in Sylheti-speaking Bangladeshi women.

Design. Two-stage, psychometric study. Firstly, focus groups, in-depth interviews and iterative methods for translation and cultural adaptation were used to develop a Sylheti questionnaire, called the survey of Bangladeshi women's experience of maternity services from an English language questionnaire. Secondly, quantitative psychometric methods were used to field test and evaluate the acceptability, reliability and validity of this questionnaire.

Setting. Four hospitals providing maternity services in London, UK.

Study participants. Two hundred and forty-two women from the London Bangladeshi communities, who were in the antenatal (at least 4 months pregnant) or postnatal phase (up to 6 months after delivery). Women spoke Sylheti; a language with no accepted written form. Two purposive samples of 40 women in the antenatal or postnatal phase, one convenience sample of six women in the antenatal phase and three consecutive samples of 60 women in the postnatal phase participated in stage one. In stage two, 135 women (main sample) completed the questionnaire two months after delivery (82% response rate); 50 women (retest sample) from the main sample completed a second questionnaire two weeks later (96% response rate).

Main outcome measures. Women’s views about maternity care elicited by qualitative methods and measured quantitatively using the survey of Bangladeshi women’s experience of maternity services.

Results. The 121-item questionnaire was acceptable to women and showed good internal consistency (Cronbach's alphas 0.76–0.91), stability (test–retest reliability 0.72–0.84) and construct validity (e.g. able to detect group differences).

Conclusion. By combining qualitative and quantitative methods, it is possible to adapt an instrument to provide an acceptable, reliable and valid Sylheti questionnaire. The approach taken in developing this questionnaire provides a model for developing outcome measures for use with other minority ethnic communities.

Keywords: Bangladeshi women, communities, cross-cultural measurement, minority ethnic maternity care, outcomes, patient satisfaction

Quantitative indicators of the quality of care that represent the needs, preferences and subjective experiences of patients, known as patient-based outcomes, are used increasingly in quality improvement initiatives. To be suitable for routine use in evaluating outcomes in patients from minority ethnic communities, measures must be appropriate for cross-cultural use and be reliable and valid [1–2]. Adapting and translating a questionnaire for cross-cultural use includes two components; evaluating its equivalence with the parent instrument and cultural relevance, and the re-evaluation of its acceptability, reliability and validity in the new context [3–8].

There have been numerous methodological developments in the cross-cultural measurement of quality of life and health status using quantitative, psychometrically rigorous
methods [3–8]. However, little attention has been given to the development of quantitative, cross-cultural measures of patient satisfaction for use with people from minority ethnic communities in the UK. In evaluating maternity care, for example, there are no quantitative measures to evaluate satisfaction in women from minority ethnic communities that provide numerical estimates of outcomes for use in needs assessment or quality improvement [9]. Instead, most studies of the views of women from minority ethnic communities use qualitative methods such as in-depth interviews [10–13] or surveys administered by an interpreter [14–15].

In addition to the lack of cross-cultural measures of satisfaction with maternity care, there are a number of practical challenges. For example, patient-based questionnaires require an established written language to allow items, scales and instructions to be standardized. This is problematic for languages that have no established written format such as Sylheti, which is the language spoken by the majority of people from the Bangladeshi community in England [16–17]. The challenge is how to present a standardized written questionnaire in a language with no written format.

It is estimated that 0.3% of the population of England and Wales, and 25% of the population of Tower Hamlets (a borough in East London), identify themselves as Bangladeshi [18]. People from Bangladesh living in the UK usually have family origins in the district of Sylhet in the northeast of Bangladesh. There are also second and third generation members of the community who were born and raised in the UK.

The majority of the Bangladeshi population living in the UK practice Islam and speak Sylheti, a dialect of Bengali that does not have a widely accepted written form [17]. Sylheti and Bengali differ sufficiently for Sylheti speakers to have difficulty understanding Bengali [17]. It is thought that up to 40% of Bangladeshi women are unable to speak English, a figure that rises to 64% in the East End of London [15].

Childbirth in rural Bangladesh occurs without medical intervention and is influenced by local customs as well as religious doctrine, both Muslim and Hindu [19]. It is uncertain how many of the beliefs of rural Bangladeshis have been retained by people who now live in the UK. However, some of the beliefs and practices about pregnancy and childbirth remain, particularly those concerned with bathing, special food and the high value placed on fertility [20–21].

We describe the development and validation of a quantitative measure to evaluate satisfaction with maternity care in women from the UK Bangladeshi community. An evaluation of the feasibility and appropriateness of the approach used to translate and adapt an existing questionnaire for cross-cultural use is presented elsewhere [22].

**Methods**

The new questionnaire, the survey of Bangladeshi women’s experience of maternity services (SBWEMS), was developed by adapting and translating an existing measure, the survey of women’s experience of maternity services (SWEMS) [23–24]. The SWEMS is a 71-item, self-completion questionnaire that evaluates satisfaction with antenatal care, care during labour and delivery and postnatal care.

The approach taken in developing the SBWEMS was based on internationally recognized gold standard methods for the development of cross-cultural measures [3, 4, 6, 7]. These methods were used to ensure that the domains, items, scales and meaning of the new questionnaire were equivalent to those of the parent questionnaire and relevant to Sylheti-speaking women from the Bangladeshi community. The study was conducted in two stages using qualitative and quantitative methods.

**Stage 1. Development of the SBWEMS**

On the basis of qualitative data obtained through focus groups and in-depth interviews, we developed a conceptual framework to guide the development of the new questionnaire. Additional evidence for the conceptual framework was provided by literature review and expert opinion (health professionals, community workers and Bangladeshi women). The conceptual framework provided a plan for domains to be covered and the type of scales and response categories to be used.

Three focus groups consisting of a total of 29 women were conducted to explore women’s experiences and expectations of maternity care. Sylheti-speaking Bangladeshi women who were at least 4 months pregnant or who had given birth within the last 6 months, were recruited by community workers, the study interpreter from hospital antenatal and postnatal clinics, and the ‘snowball’ technique. The researcher facilitated the focus groups in collaboration with two bi-lingual (Sylheti and English) interpreters. In-depth, semi-structured interviews were then carried out with 11 women to further explore the key issues and concerns of Bangladeshi women about maternity care. Sampling to redundancy [25] was used, in which interviews continued until no new themes emerged.

Transcripts of focus groups and interviews were reviewed by a language assistant, members of a Bangladeshi women’s group and a language committee to ensure that the researcher had accurately understood and represented the themes that emerged from the data. The language committee included one professional translator (trilingual in Sylheti, English and Bengali), two Bangladeshi community workers (bilingual in Sylheti and English), one teacher of English as a second language to Bangladeshi women (trilingual in Sylheti, English and Bengali) and two interpreters (one trilingual in Sylheti, English and Bengali and one bilingual in Sylheti and English). The committee reviewed the transcripts of the audio recordings and discussed key themes. Community workers and health professionals also reviewed the key themes that emerged from the qualitative data.

**Adapting and translating the SWEMS**

Using an approach based on that recommended by the World Health Organization Quality of Life group for the
development of cross-cultural instruments [26], the researcher worked with the language committee and the language assistant to adapt and translate the SWEMS. The items and organization of the questionnaire were critically reviewed on the basis of the conceptual framework developed in the preliminary stage of the study. The scales and response categories used in the SWEMS were retained in the new SBWEMS questionnaire.

The language of the SBWEMS
We initially translated the questionnaire into Bengali, a language spoken by some women from Bangladesh. This Bengali version was not used, however, because findings from initial field-testing indicated that the Bengali version was not well understood by or acceptable to 19 of the 20 women in our Sylheti-speaking sample. As there is no published guidance about translating text into Sylheti, we adopted the approach used previously by community workers and lawyers, which uses a phonetic representation of Sylheti by Roman script. Since the time the SBWEMS was developed, the MILLE project [27] has been established to standardize the translation of minority languages such as Sylheti. There is also ongoing work by the group at Sylheti Translation and Research, London, UK and by the Centre for Bangladeshi Studies at the Roehampton Institute of the University of Surrey in the UK to develop and standardize a written form of Sylheti.

Three steps were taken to ensure the accuracy of the translation. Firstly, the Sylheti version of the SBWEMS was pilot tested with women from the Bangladeshi community for face validity, coverage of key issues, language accuracy, clarity, ease of comprehension and respondent burden. Secondly, two independent translators back-translated the Bengali and the Sylheti versions of the SBWEMS into English for review by the language committee. Finally, participants of one of the initial focus groups and local community workers reviewed the penultimate draft of the Sylheti SBWEMS to ensure clarity and ease of comprehension during interviewer administration and to ensure ease of use of phonetic Roman Script representation of Sylheti. This was important to confirm that it would be feasible for community workers to administer the SBWEMS orally.

Stage 2. Psychometric field-testing of the SBWEMS
Sample
All Bangladeshi women who gave birth at four hospitals in west, north and east London between June and October 1997 were eligible to participate in the psychometric field-testing of the SBWEMS. Exclusion criteria included: i) stillbirth or neonatal death, ii) baby required care in the special care baby unit or iii) baby adopted at birth. A consecutive sampling strategy was used to select the sample, with eligible women identified from obstetric discharge records, i.e. all women fulfilling the eligibility criteria within a period of 5 months participated.

To evaluate test–retest reliability, all women in the main sample were asked at the first interview if they could be re-interviewed two weeks after the first interview.

Procedure
Women were interviewed 2 months (plus or minus two weeks) after a live birth. The SBWEMS was administered by Sylheti-speaking interviewers in the women’s homes. Women in the test–retest subsample were re-interviewed two weeks after the first interview.

Standard psychometric methods were used to evaluate the acceptability, reliability and validity of the SBWEMS [1–2]. Item acceptability was evaluated by examining item non-response (missing data less than 10%), endorsement frequencies (even distribution of responses across categories) and floor and ceiling effects (endorsement frequencies for scale endpoints less than 10%). The reliability of the SBWEMS was evaluated on the basis of internal consistency and test–retest reliability. Internal consistency, the extent to which items in a scale measure the same concept, was evaluated using Cronbach’s alpha coefficient. Values that exceed 0.70 are considered acceptable. In addition, item–total correlations were calculated for summary scales to evaluate the homogeneity of the SBWEMS. Correlations between items and the Total score should exceed 0.20. The test–retest reliability of the SBWEMS, or stability over time, was evaluated by correlations between scores obtained at the initial and second (retest) interviews. Test–retest reliability coefficients for relatively stable constructs such as satisfaction should be at least 0.70.

The validity of the SBWEMS, that is the degree to which it measures what it purports to measure, was determined by evaluating content and construct validity. Content validity refers to whether an instrument adequately covers the domains to be evaluated. The content validity of the SBWEMS was assessed continually as it passed through English, Bengali and Sylheti language developmental drafts, by feedback to focus group participants, review by the language committee, pre-testing and review by experts.

The construct validity of the SBWEMS, that is the degree to which the interpretation of scores is in accord with theoretical implications [1], was assessed by two types of within-scale analyses. Firstly, internal consistency and inter-correlations among scales were examined. Evidence of good internal consistency supports construct validity by showing that a single construct is being measured and that items can be combined to form scales. Summary scales should all be moderately highly correlated with the total score, confirming that all scales are measuring a single construct. Correlations between summary scales should be moderate, indicating that the scales are measuring distinct aspects of the same construct.

Secondly, construct validity was evaluated by testing hypotheses about known group differences. This was done by comparing mean SBWEMS scores for subgroups of women who reported high or low satisfaction on six global questions: perinatal care (Q26), postnatal care before leaving hospital (Q45), postnatal care after leaving the hospital (Q50), antenatal care (Q68), intention to return to the same hospital (Q51), and intention to recommend the hospital (Q52). Known groups were defined as follows on the basis of responses to the six global questions: high satisfaction (very satisfied or definitely would return or recommend) vs. low satisfaction.
(very dissatisfied, somewhat dissatisfied, somewhat satisfied or definitely would not, probably would not, not sure probably would return or recommend).

Differences between high vs. low satisfaction groups on the four SBWEMS summary scores (Peri, Post, Ante, Total) were examined using independent t-tests. The following predictions were made:

(i) Women who report high satisfaction with perinatal care overall will have lower SBWEMS Peri and Total scores (higher satisfaction) than women who report low satisfaction.
(ii) Women who report high satisfaction overall with postnatal care in hospital and at home will have lower SBWEMS Post and Total scores (higher satisfaction) than women who report low satisfaction.
(iii) Women who report high satisfaction with antenatal care overall will have lower SBWEMS Ante and Total scores (higher satisfaction) than women who report low satisfaction.
(iv) Women who report high satisfaction, as evidenced by a strong intention to return to or to recommend the hospital, will have lower SBWEMS Peri, Post, Ante and Total scores (higher satisfaction) than women who report low satisfaction.

Women who report low satisfaction. scales.

Stage 2. Psychometric field-testing of the SBWEMS

Of the 165 women invited to participate in field-testing the SBWEMS, 136 (82%) agreed. Fifty of the 52 (96%) women who were invited to participate in the test–retest study agreed to be re-interviewed following the introduction of an incentive. The incentive was a voucher to the value of £10.00 for use in a well-known pharmacist/baby products retailer. Women in the main sample ranged in age from 16 to 46 years (mean = 25.21, SD = 5.16). All women could speak Sylheti and 56% reported that they could speak English; 9% reported being unable to read in any language. A small percentage of women were either born in the UK (5%) or had lived in the UK for one year or less (4%). Nearly a quarter of women (22%) had lived in the UK for 2–5 years. Nearly a third of the sample (32%) were primiparous. The number of children for the remaining 68% ranged from 1 to 10 (mode = 3). The majority of women (90%) had lived in the UK for 6–24 years. Nearly a third of the sample (32%) were primiparous. The number of children for the remaining 68% ranged from 1 to 10 (mode = 3). The majority of women (90%) reported a normal, unassisted, vaginal birth, whereas 3% had an assisted vaginal birth, 3% a planned caesarean and 4% an emergency caesarean. The characteristics of the women in the test–retest sample were similar to those in the main sample.

Acceptability

Women took approximately 1 hour to complete the SBWEMS. The proportion of missing data was low; none of the 72 evaluative items exceeded the criterion of 10% missing data. An examination of endorsement frequencies showed a relatively even distribution of responses across categories. Ceiling effects (high scores = low satisfaction) were found for one item (Q27) and floor effects (low scores = high satisfaction) for 15 (18%) of the SBWEMS items (Q07, Q20, Q21, Q22, Q24, Q31, Q32, Q41, Q43, Q48a, Q48b, Q58, Q67e, Q67e, Q61d). However, these items were retained for face and content validity because previous research [28–30]...
Development of a Sylheti questionnaire

Table 1 Internal consistency: Cronbach’s alphas

<table>
<thead>
<tr>
<th>SBWEMS scale</th>
<th>n</th>
<th>Cronbach’s alpha</th>
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<tbody>
<tr>
<td>Ante (33 items)</td>
<td>135</td>
<td>0.91</td>
</tr>
<tr>
<td>Peri (15 items)</td>
<td>135</td>
<td>0.76</td>
</tr>
<tr>
<td>Post (24 items)</td>
<td>135</td>
<td>0.81</td>
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<tr>
<td>Total (72 items)</td>
<td>135</td>
<td>0.91</td>
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Table 2 Test–retest correlations

<table>
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<tr>
<th>SBWEMS scale</th>
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<tbody>
<tr>
<td>Ante (33 items)</td>
<td>50</td>
<td>0.72</td>
</tr>
<tr>
<td>Peri (15 items)</td>
<td>50</td>
<td>0.84</td>
</tr>
<tr>
<td>Post (24 items)</td>
<td>50</td>
<td>0.80</td>
</tr>
<tr>
<td>Total (72 items)</td>
<td>50</td>
<td>0.80</td>
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has shown that scores on global questions tend to cluster towards the positive end of the score distribution.

Internal consistency
Cronbach’s alpha coefficients indicated good internal consistency for all four summary scales (see Table 1); all exceeded the standard criterion of 0.70. The removal of items that showed low item–total correlations did not substantially alter the internal consistency of any of the scales. Item–total correlations indicated that the SBWEMS is homogeneous. Corrected item–total correlations for the Total scale ranged from 0.01 to 0.64; 52 of the 72 items (72%) satisfied the criterion of item–total correlations greater than 0.20. Removal of the 20 items (28%) which showed low item–total correlations (< 0.20) did not substantially decrease the internal consistency of the scales so these items were retained for face validity.

Test–retest reliability
Test–retest correlations (see Table 2) were all above 0.70, indicating that all four summary scales would have good stability over time.

Content validity
The content validity of the SBWEMS was assessed continually by health professionals and women from the Bangladeshi community during its development. English, Bengali and Sylheti versions of the questionnaire were refined through an iterative process that included reviews of four developmental drafts, feedback to focus group participants, review by the language committee, pre-testing and review by experts.

Construct validity
Evidence for the internal consistency of the four summary scales supported the construct validity of the SBWEMS. High alpha coefficients and acceptable item–total correlations indicated that a single construct was being measured and that items could be combined to create an overall summary score of satisfaction with care. In addition, the moderately high correlations between each of the three summary scales (Peri, Post and Ante) and the Total score (see bottom row of Table 4) demonstrated that the summary scales are measuring a single construct. Further evidence of construct validity is demonstrated by the moderate correlations between summary scales (see top and middle rows of Table 3). This finding demonstrates that the summary scales are measuring distinct aspects of the same construct.

Additional support for construct validity is shown by the results of testing for known groups differences. As shown in Table 4, findings supported predictions in all but one of 16 comparisons. Consistent with hypotheses, SBWEMS scores for women who reported high satisfaction were significantly lower (indicating higher satisfaction) than women who reported low satisfaction. The one exception was Peri scores for women who expressed a strong intention to return to the hospital; these were in the opposite direction to the predicted difference.

Discussion
Findings from this study demonstrate that it is possible to adapt and translate an existing questionnaire to develop an appropriate, acceptable, reliable and valid measure of satisfaction with maternity care for use with Sylheti-speaking women. There are four implications of these results for the evaluation and audit of maternity services among minority communities and for the future development of measures for cross-cultural use. Firstly, results confirm that it is feasible and appropriate to use a quantitative measure to evaluate satisfaction with maternity care in women from the Bangladeshi community. This finding challenges the view that quantitative measures are not suitable for use with respondents from minority ethnic communities who are frequently excluded from population-based surveys.

Secondly, the SBWEMS provides a standardized, scientifically rigorous measure of satisfaction that can be used in audit and research. The standardized format ensures that the same questions are asked of all survey participants in the same format and language, thus reducing the potential for interviewer bias. The strong psychometric properties of the SBWEMS indicate that it can be used with confidence to evaluate outcomes in research, service commissioning,
Table 4 Construct validity: mean SBWEMS scores by satisfaction, intention to return and intention to recommend

<table>
<thead>
<tr>
<th>Mean SBWEMS scores: satisfaction with antenatal care</th>
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<td>Scale</td>
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<td>Ante</td>
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<td>Total</td>
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<th>Mean SBWEMS scores: satisfaction with perinatal care</th>
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<td>Scale</td>
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<td>Peri</td>
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<th>Mean SBWEMS scores: satisfaction with postnatal care (in hospital)</th>
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<td>Scale</td>
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<th>Mean SBWEMS scores: satisfaction with postnatal care (at home)</th>
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<td>Scale</td>
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<th>Mean SBWEMS scores: intention to return to hospital</th>
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<td>Scale</td>
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<tr>
<td>Ante</td>
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<th>Mean SBWEMS scores: intention to recommend hospital</th>
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<td>Scale</td>
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<td>Ante</td>
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Development of a Sylheti questionnaire evaluation and quality improvement. The availability of a scientifically rigorous tool with demonstrated reliability and validity offers an advantage over other measures whose psychometric properties have not been evaluated [15].

Thirdly, the SBWEMS provides a practical and easy to use tool for use in routine audit. It can be administered by interview through local interpreters and analysed in less time than in-depth qualitative interviews. This is because views about satisfaction with key aspects of care can be rated directly and then summarized using a simple scoring system. A key factor that has been shown to influence the adoption of patient-based outcome measures in clinical settings is the ease with which they can be scored [29]. In addition, the descriptive and open-ended questions of the SBWEMS provide valuable qualitative information that can be used along with quantitative summary scores to identify areas of care requiring improvement. Thus, commissioning or audit teams can easily use the SBWEMS in implementing and analysing local surveys. The involvement of staff directly involved in patient care in carrying out local audit maximizes the commitment to act on findings to improve care [31].

Finally, results suggest the value of the methodological approach used in this study for the future development of measures for cross-cultural use. The method we used to adapt an existing measure for cross-cultural use includes three key components: a qualitative investigation of women’s views to guide the adaptation of an existing instrument; the use of international gold standard methods for translating and adapting a measure for cross-cultural use; and the use of standard psychometric techniques to evaluate reliability and validity. The approach taken to producing the SBWEMS provides a model for developing and validating patient-based measures to evaluate outcomes among ethnic minority communities in other areas of health care.

Four methodological limitations need to be considered. First, the use of purposive sampling to recruit participants in focus groups and in-depth interviews could have introduced sampling bias that may limit the generalization of findings. The potential for bias was minimized by recruiting women for the focus groups from different geographical regions within the study area and from different settings.

Second, there is also the possibility of interviewer bias [32–33], particularly because the community workers were known by women who participated in the qualitative stage and as the researcher was from a different ethnic background. As both of these factors may have influenced women’s willingness to disclose information, we attempted to minimize the potential for interviewer bias in different ways. In the qualitative stage, the researcher worked closely with community workers who were known by the women and through interpreters who were of the same ethnic background as participants. In the quantitative field-testing stage, interviewers were of the same gender, age and self-ascribed ethnicity as participants and the researcher was not present during the interviews. As it has been shown that women from some communities are more forthcoming and prepared to share their experiences with people they know rather than with strangers [34–35], we believed this to be the best way of ensuring a frank and honest exchange of information.

Third, the conceptual and methodological limitations of patient satisfaction measures in general have been well documented [36–39]. Whereas patient-based measures of other outcomes such as functional status [40] can be validated against gold-standard tools, this is not possible with measures of patient satisfaction. The only behaviour correlates that have proven to be useful in validating patient-satisfaction are questions about the intention to return to the same hospital or clinic and whether they would recommend the hospital or clinic to family or friends [39].

Finally, although we have demonstrated the feasibility of developing a standardized questionnaire in a language with no accepted written format that is semantically equivalent to the parent measure, the method used to present an oral-only language requires further evaluation. For example, the extent to which a phonetic representation of Sylheti is reproducible by interviewers, whether this affects the meaning of language normally conveyed by tone and presentation style, the optimal way to record responses to open-ended questions (i.e. English or phonetic Sylheti using Roman script) and the degree of training required to ensure that the phonetic language is interpreted consistently are questions that need to be investigated in future research.

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Appendix A

SURVEY OF BANGLADESHI WOMEN’S EXPERIENCE OF MATERNITY SERVICES

INSTRUCTIONS: We are interested in your views about the care you received during pregnancy, childbirth and since your baby was born. We would be grateful if you could help us by answering some questions. The questionnaire has four sections: Section A is on what languages you speak and understand; Section B is on Care during Labour and Delivery; Section C is on Care after Delivery and Section D is on Antenatal Care. All the information you provide is completely confidential.

I will read you each question and then the possible answers. Please answer every question by choosing the answer that best describes your situation. If you do not understand the question please ask me to repeat it for you. If you have any queries at all please ask me.

Section A – Languages Spoken and Understood

I will read the questions in Sylheti. Some women can read in either Bengali or English and some cannot. To make this questionnaire more useful to other women in the future, I would like to ask you about the languages you speak and understand and whether you are able to read in any language or not.

1. What language(s) do you speak?
   1 Sylheti
   2 Bengali
   3 English
   4 Other (please specify) ____________________________________________

2. Can you read in any language?
   1 Yes (please specify) ____________________________________________
   2 No

Section B – During Labour and Delivery

3. How many weeks pregnant were you when your baby was born? ________ weeks

4. Which kind of delivery did you have?
   1 A vaginal delivery (normal, not a Caesarean)
   2 Vaginal (assisted by equipment)
   3 A planned Caesarean delivery (you did not go into labour)
   4 An emergency Caesarean delivery (once labour had started)

5. Who was the person who helped you to deliver your baby?
   1 Midwife (hospital or community)
   2 Hospital doctor
   3 Family doctor (GP)
   4 Other (please specify) ____________________________________________

6. Was the person who helped you to deliver your baby:
   1 A man
   2 A woman

7. How satisfied were you with this arrangement?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

8. Did you have a choice about whether the person who helped you to deliver your baby was a man or a woman?
   1 Yes
   2 No

9. Did you have a choice about whether the person who helped you to deliver your baby was a doctor or midwife?
   1 Yes
   2 No

10. Had you met any of the doctors or midwives who looked after you during your labour and delivery before you went in to have the baby?
    1 Yes
    2 No
11. Did you have a choice about who or how many people kept you company during labour and delivery (i.e. your partner or other relative or friend)
   1 Yes, I had a choice
   2 No, I would have liked more choice about who or how many people kept me company

12. Did the doctors and midwives looking after you explain enough about what was happening?
   1 Yes, they explained enough
   2 No, they did not explain enough

13. Did you feel that you needed an interpreter during labour and delivery?
   1 Yes
   2 No
   If no please go to question 18

14. If yes, was someone with you to act as an interpreter for you during labour?
   1 Yes
   2 No
   3 Not applicable, I did not need an interpreter

15. If yes, who was that person?
   1 Husband
   2 Professional interpreter from the hospital
   3 Other family member
   4 Other member of hospital staff
   5 Other (please specify)
   6 Not applicable, I did not need an interpreter

16. Were you offered a choice about who should act as your interpreter during labour and delivery?
   1 Yes
   2 No
   3 Not applicable, I did not need an interpreter

17. Who would you choose to act as your interpreter during labour and delivery?
   1 Husband
   2 Professional interpreter provided by the hospital
   3 Other family member
   4 Other member of hospital staff
   5 Other (please specify)
   6 Not applicable, I do not need an interpreter

18. During your labour and delivery, did you feel that the doctors/midwives respected your description of your pain, level of discomfort and nearness of delivery?
   1 Yes, most of the time
   2 Yes, some of the time
   3 No, not really

19. During your labour and delivery, did you feel that you had:
   1 Too many hospital staff around
   2 About the right number of hospital staff around
   3 Too few hospital staff around

20. During your labour and delivery did you feel that the doctors/midwives spent enough time with you?
   1 Yes
   2 Not really; they were sometimes too busy
   3 No; they were often too busy

21. During your labour and delivery did you feel you had a choice about how free you were to move around during the early stages of labour?
   1 Yes, I had a choice
   2 No, I did not have much choice
   3 Not applicable; I did not have a labour-had a Caesarean section

22. Would you like to have tried another position for the birth?
   1 No, not really
   2 Yes, possible
   3 Yes, definitely
   4 I did not know there are other positions for the birth
23. Thinking about what was done to help relieve the pain during labour, were you:
   1 Very satisfied with what was done
   2 Somewhat satisfied with what was done
   3 Somewhat dissatisfied with what was done
   4 Very dissatisfied with what was done

24. Were you (and your companion) left alone by the staff at a stage when it worried you to be alone? (tick all boxes that apply)
   1 No, we were not left alone at a stage when it worried us to be alone
   2 Yes, after the birth in the delivery room
   3 Yes, during the labour

25. Would you describe the way staff looked after you during labour and delivery as:
   1 Very kind and understanding
   2 Fairly kind and understanding
   3 Not very kind or understanding

26. Thinking back now, how satisfied are you, overall, with the care you received during your labour and delivery?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

Section C – After Delivery

The following questions ask about the time after delivery while you were in hospital

27. Were you given a choice by doctors and midwives about whether your baby stayed in the hospital nursery or stayed in the ward with you?
   1 Yes
   2 No

28. In hospital how did you feed the baby?
   1 Breast milk (or expressed breast milk) only
   2 Bottle milk only
   3 Both breast and bottle milk

29. Were you given a choice by the doctors and midwives about the way you fed your baby? (e.g. breast or bottle)
   1 Yes
   2 No

30. While you were in hospital were you given enough advice and help about each of the following things?
    Read each option one at a time and tick one box on each line
    a) Feeding the baby
    b) How to handle, settle and look after the baby
    c) Your baby's health and progress and any problems
    d) Your own health and recovery after the birth
   1 Yes, enough
   2 No, not enough

31. In hospital after the birth were you ever confused or worried because different staff were giving you different advice about something?
   1 No
   2 Yes, confused or worried by different advice

32. Did you receive advice and help about feeding the baby from family and friends which was different from anything that you were told by hospital staff?
   1 Yes
   2 No

If yes, can you tell me what advice and help you were given that was different from what hospital staff told you?

33. Thinking about the advice that you were given after you had delivered the baby, would you say that:
    1 I always understood the advice I was given by the doctors or midwives
    2 I sometimes understood the advice I was given by the doctors or midwives
    3 I rarely understood the advice I was given by the doctors or midwives
    4 I never understood the advice I was given by the doctors or midwives

34. What would have made it easier to understand the doctors and midwives?

35. Did you feel that the doctors/midwives spent enough time with you?
   1 Yes
   2 Not really, they were sometimes too busy
   3 No, they were often too busy
36. Do you feel that you got enough help with your own needs (e.g. help with bathing, going to the toilet) from hospital staff?
   1 Yes, I had enough help
   2 No, I did not have enough help

37. Do you feel that you got enough help with your baby (e.g. help with bathing, feeding etc.) from hospital staff?
   1 Yes, I had enough help
   2 No, I did not have enough help

38. Would you describe the way the hospital staff looked after you following the birth of your baby, while you were still in the hospital as:
   1 Very kind and understanding
   2 Fairly kind and understanding
   3 Not very kind or understanding

39. Can you give me an example of care you received while you were still in hospital after the birth which you thought was good?
40. Can you give me an example of care you received while you were still in hospital after the birth which you thought was poor?

41. While you were in hospital were you happy with the visiting times or would you have liked different times?
   1 Happy with the visiting times
   2 Would have liked different visiting times

42. How long did you stay in hospital after your baby was born?
   1 Less than 24 hours
   2 1–2 days
   3 3–4 days
   4 5–9 days
   5 10 days or more

43. Looking back now do you think...
   1 That you were happy with your length of stay in hospital?
   2 That you went home too soon?
   3 That you were kept in hospital too long?

44. Did you have a choice about how long you stayed in hospital after the birth?
   1 Yes
   2 No

45. Thinking back now, how satisfied are you, overall, with the care you and your baby received in hospital after the birth?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

46. What could have been done to improve care and make you feel more satisfied with the care you received in hospital after the birth?

The next set of questions ask about the time after you left the hospital.

47. Since leaving the hospital, how have you fed your baby?
   1 Breast milk/breast fed only
   2 Bottle milk only
   3 Both breast milk/breast fed and bottle milk

48. Since leaving the hospital, have you had any problems or worries about:
   a) Feeding the baby
   b) How to handle, settle and look after the baby
   c) Your baby’s health and progress and any problems
   d) Your own health and recovery after the birth

   3 Yes quite a lot
   2 Yes a few
   1 No none

49. Have you talked to any of the people listed below about looking after yourself and the baby since you’ve been at home? If yes, how helpful were they?
   Read each category and ask if the respondent spoke to the person, then ask how helpful each was if spoken to. (tick one box on each line)

   a) Midwife
   b) Health visitor
   c) GP
   d) Family members
   (Please specify)
   e) Friends

   Did not talk to this person
   Very helpful
   Fairly helpful
   Not very helpful

   8 1 2 3
   8 1 2 3
   8 1 2 3
   8 1 2 3
50. Thinking back now, how satisfied are you, overall, with the care you and your baby received since you left the hospital?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

51. If you were to have another baby, would you return to this hospital?
   1 Definitely would return
   2 Probably would return
   3 Not sure
   4 Probably would not return
   5 Definitely would not return

52. If your family and friends were having a baby and could choose which hospital they went to, would you recommend this one to them?
   1 Definitely would recommend
   2 Probably would recommend
   3 Not sure
   4 Probably would not recommend
   5 Definitely would not recommend

Section D – Antenatal Care

This section asks you questions about the care you received before you delivered the baby

53. Thinking back to the beginning of your pregnancy did you have a choice about:
   a) Where you could have your check-ups (e.g. with your family doctor/GP, at the hospital or at a clinic)?
   1 Yes
   2 No
   b) The time of your antenatal check-ups?
   1 Yes
   2 No
   c) Who you could have your check-ups with (e.g. with your GP, your consultant or your midwife)?
   1 Yes
   2 No
   d) Whether the person who did your check-ups was a man or a woman?
   1 Yes
   2 No
   e) Whether you might have a home birth
   1 Yes
   2 No
   (have your baby born at your home not in the hospital)?
   f) Which hospital you could have your baby at?
   1 Yes
   2 No
   g) Who would help you to deliver your baby
   1 Yes
   2 No
   (e.g. your GP, community or hospital midwife, hospital consultant)
   h) Whether the person who delivered the baby was a man or a woman?
   1 Yes
   2 No

54. During your antenatal care did you get most of your care from one or two people whom you got to know or did you tend to see different people each time?
   1 ‘I got most of my care from one or two people’
   2 ‘I tended to see different people each time’
   3 ‘I saw different people each time because they were members of a team looking after me’

55. How satisfied were you with this arrangement?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

56. Some women have a preference about who they have their antenatal check-ups with.
   a) Do you prefer your check ups with
   1 Midwife
   2 Doctor
   3 I have no preference
   b) Do you prefer the person who does your check-ups to be
   1 A woman
   2 A man
   3 I have no preference

57. Who did you usually see when you went for your antenatal care?
   1 Midwife (hospital or community)
   2 Family doctor (GP)
   3 Hospital doctor
   4 Both midwife and doctor
58. How satisfied were you with this arrangement?
   1 Very satisfied
   2 Somewhat satisfied
   3 Somewhat dissatisfied
   4 Very dissatisfied

If you were somewhat or very dissatisfied who would you have preferred to have seen?

59. During this pregnancy, did you go to any antenatal classes (i.e. parent education classes about childbirth or looking after the baby)?
   2 No; if NO, what was the reason you didn’t go to antenatal classes? (tick all that apply)
   1 I did not know about the classes
   2 It was too difficult for me to get to the classes
   3 I knew enough from having previous children
   4 Other (please specify)

1 Yes, If YES, what type of antenatal classes did you go to (tick all that apply)
   1 Hospital classes
   2 Community (local midwife, GP, or health visitor) classes
   3 National Childbirth Trust classes
   4 Other (please specify)

60. How helpful did you find the antenatal classes?
   1 Very helpful
   2 Fairly helpful
   3 Not very helpful
   4 I did not go to any antenatal classes

61. Looking back now, do you think that the doctors/midwives explained enough about the things listed below before you went into hospital to have your baby, or would you have liked to have known more about: (tick one box on each line)

<table>
<thead>
<tr>
<th>Explained enough</th>
<th>Would have liked more information</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) What tests and procedures you would need (scans, blood tests, monitoring the baby etc.)</td>
<td>1</td>
</tr>
<tr>
<td>b) Recognising possible complications of pregnancy (e.g. blood pressure, toxemia, blood loss)</td>
<td>1</td>
</tr>
<tr>
<td>c) Antenatal classes (e.g. baby care etc.)</td>
<td>1</td>
</tr>
<tr>
<td>d) At what stage of labour to decide to go into hospital (e.g. how to recognise when the baby is coming, water breaking etc.)</td>
<td>1</td>
</tr>
<tr>
<td>e) What to take into hospital when you went in to have your baby</td>
<td>1</td>
</tr>
<tr>
<td>f) Possible problems with delivery (e.g. premature birth, induced labour)</td>
<td>1</td>
</tr>
<tr>
<td>g) The different methods of pain relief available</td>
<td>1</td>
</tr>
<tr>
<td>i) What might happen in the delivery room after your baby is born</td>
<td>1</td>
</tr>
<tr>
<td>j) English words that staff use during labour and delivery (e.g. push)</td>
<td>1</td>
</tr>
<tr>
<td>k) Complications in labour and things that might have to be done if something goes wrong</td>
<td>1</td>
</tr>
<tr>
<td>l) The ward which you and your baby would be in after the birth</td>
<td>1</td>
</tr>
<tr>
<td>m) How you would feel for the first few days after the birth</td>
<td>1</td>
</tr>
<tr>
<td>n) How many days you would have to stay in hospital</td>
<td>1</td>
</tr>
</tbody>
</table>

62. Thinking about the explanations you received from doctors and midwives at your check-ups, how well did you understand what they were saying?
   1 I always understood
   2 I sometimes understood
   3 I rarely understood
   4 I never understood

63. At your check-ups how well do you feel the doctors and midwives understood what you were trying to say?
   1 I felt they always understood
   2 I felt they sometimes understood
   3 I felt they rarely understood
   4 I felt they never understood

If you felt the doctors and midwives only sometimes, rarely or never, understood what you were saying, what would have made things easier for you?

64. Did someone go with you to your check-ups to act as an interpreter?
   1 Yes
   2 No
   3 Not applicable, I did not need an interpreter
65. If someone did go with you, who was that person?
1 Husband
2 Professional interpreter from the hospital
3 Other family member
4 Other (please specify)
5 Not applicable, I did not need an interpreter

66. How satisfied were you with the way interpreting was organised for you?
1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied
5 Not applicable, I did not need an interpreter

If you were very dissatisfied, how could the interpreting arrangements have been improved for you at your check-ups?

67. Here are some things that women have said about their antenatal care. Thinking about the care you had before the birth of your baby, how much would you agree with the following statements? (please tick one box on each line)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Slightly agree</th>
<th>Neither agree/disagree</th>
<th>Slightly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) At my check-ups I did not have to wait too long to see the doctor or midwife</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) At check-ups I feel it is important to see the same doctor or midwife rather than seeing different ones each time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c) At my check-ups I had enough time talking to either the doctors or midwives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d) At my check-ups I was always encouraged to ask questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e) I felt that my preferences and wishes would be followed as far as possible during my labour and delivery</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

68. Thinking back now, how satisfied are you, overall with the care you received in the antenatal period before the birth of your baby?
1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied

69. Can you give me an example of care you received which you thought was very good?

70. Can you give me an example of care you received which you thought was poor?

Finally, I would like to ask you some questions about you and your baby:

71. Please could I ask you what your age is?
What is your age? __________ years
I prefer not to tell you my age

72. Do you live:
1 Alone
2 With your husband (with or without children)
3 With family members (e.g. parents, sisters, brothers)
4 With friends
5 Other (please specify)

73a. What is (or was) your main occupation
Full job title __________________
What do (did) you actually do in this job? __________________
What do (did) your employer make or do? __________________
OR 8 I do not work outside the home

73b. What is (or was) your husband’s main occupation?
Full job title __________________
What does (did) he actually do in this job? __________________
What does (did) his employer make or do? __________________
OR 8 NA; I do not have a husband

74a. What is the highest level of education you achieved? __________________

74b. What is the highest level of education that your husband achieved? __________________

75. How long have you lived in the UK? __________________
76. Is this your first baby?
   1 Yes
   2 No, I have _________ children, including this one

77. If you have other children how many of them were born in this country? _________

Is there anything else that you would like to tell me?

Thank you for your help

PLEASE FILL IN THE DATE THE INTERVIEW QUESTIONNAIRE WAS COMPLETED Day Month Year Inter-
viewer __________________________________________

If you would like any feedback from this research please tell me your name and address.

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