CLIENTS' SATISFACTION WITH FAMILY PLANNING SERVICE IN GUJI ZONE, OROMIA REGIONAL STATE, ETHIOPIA

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A RESEARCH THESIS SUBMITTED TO THE DEPARTMENT OF HEALTH SERVICE MANAGEMENT, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, JIMMA UNIVERSCITY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN HEALTH SERVICE MANAGEMENT (MPH/HSM).

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JIMMA, ETHIOPIA

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I. Abstract

Background: Good quality care in family planning services helps individuals and couples meet their reproductive health needs safely and effectively. Studies of contraceptive discontinuation rates have indicated that - with the exception of the desire to become pregnant - the principal reason for discontinuation is dissatisfaction with the quality of services. Over all client satisfaction with family planning service, is the main principal determinants of uptake and continued utilization. There were large numbers of researches conducted on satisfaction of health care in general but, only few studies carried out on satisfaction with family planning services in Ethiopia and particularly in Guji zone. Furthermore, in the study area factors affecting clients' satisfaction with family planning service were not studied and well known. Hence, this assessment is believed to make it possible to identify problems that exist in the care to clients and to switch on the solutions, enhance the attraction of clients for family planning and also ensure continued use of the service.

Objective: To assess clients' satisfaction & contributing factors with family planning services in Guji zone, Oromia Regional state

Methods & Materials: Descriptive cross-sectional study was employed in public Health institutions providing family planning service. The study was conducted in randomly selected 32 health facilities of Guji zone. Probability proportionate to sample size used to determine the sample for each health facilities based on their previous monthly client flow. 290 women visiting these health facilities for family planning services were interviewed face to face. A median score of nine likert scale items was used to categorize satisfaction & value above the median were labeled as satisfied. A Bivariate analysis was conducted to select candidate variables at P value of 0.25for multivariate analysis.

Result: The overall satisfaction with Family planning service was 140(49.6%). Percentage of users' satisfaction in hospital (69.4%) was higher than Health centre (47.7%) and Health post (46.0%). Regarding communication with their provider, 238 (84.4%) responded that time to communicate with provider was sufficient &, 239 (84.8%) clients responded provider was easily understandable. Multivariable logistic regression showed that type of health facility (AOR=0.146, 95% CI (0.024, 0.904)), family size (AOR=3.69595% CI (1.253, 10.895)), time to have next child (AOR=0.16595% CI (0.032, 0.845)), age of women (AOR=0.890 95% CI (0.798, 0.992)) and understanding provider during counseling (AOR=5.329 95% CI (1.177, 24.139)) were significantly associated with satisfaction.

Conclusion: The overall satisfaction with family planning service provided was marginal. Sufficient method availability was the major areas where users show high disagreement. Multivariate analysis showed that family size (AOR=3.695) & Understanding provider during counseling (AOR=5.329) were strong predictors of satisfaction with family planning.

Key words: Family planning, health service users, contraceptive prevalence rate, satisfaction.

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Table of Contents

III. List of Tables

List of figures

Iv. Acronyms

EDHS Ethiopian Demographic Health survey

FGAE Family Guidance Association of Ethiopia

FP Family Planning

HIV Human Immune Deficiency Virus

IEC Information, Education & communication

IUD Intra -uterine Device

MCH Maternal & child Health

MDGs Millennium Development Goals

SNNPR Southern Nations Nationalities and Peoples Region

STI Sexually Transmitted Infection

VCT Voluntary Counseling and Testing

FP Family Planning

SDP Service Delivery point

SD Standard Deviation

1. Introduction

1.1 Background

Modern FP services in Ethiopia are pioneered by the Family Guidance Association of Ethiopia, FGAE, which was established in 1966. Since 1980, Ministry further expanded its family planning services with cyclic country support programs by UNFPA and other stakeholders. In 1993, the population policy had adopted; local and international institutions collaborated with the government in expanding FP programs and services. To control the overall implementation status of the population policy the national office of population was established. Furthermore, in 1996 the Ethiopian ministry of health published guidelines for family planning service (1). Recently all public hospitals, health centers, and health posts in the country were providing FP services. The advent of the health extension program (HEP) was a turning point in the country's effort to expand family planning services to the underserved rural population. Family planning has been one of the prominent services of the 16 packages of the health extension program.

National and international development goals can be achieved through provision of client centered family planning service as one strategy .Provision of Family planning service can contribute to nearly all of these goals, set by MDG. (2)

In developing countries, both availability and quality of family planning services had believed to increase contraceptive use and decline fertility rates. There is general agreement that the quality of family planning service positively affects contraceptive use and behavior of the clients; and that clients want to receive safe and high quality services with respect and dignity (3).

Clients' satisfaction is recognized as an essential and determinant component in the evaluation of health care quality (4).The quality of health care is not confined to clinical effectiveness or economic efficiency but also incorporate social acceptability as an important quality objective (5).Over all client satisfaction with family planning service is the main principal determinants of uptake and continued utilization (6).

Client satisfaction reflects quality of services. Good client satisfaction studies are not ends by themselves; they are a means to improve service for a Community. Broadly, the knowledge on degree of client satisfaction serves two principal purposes; identifying areas of improvement in the quality of service offered and highlighting the need for corrective action when clients' expectation exceeds what an organization can afford (7).

1.2 Statement of the problem

Rapid population growth has become the major threat facing the world today. The population of less developed regions of the world including Africa, most of Asia, and Latin America is growing four times faster than the more developed Regions such as Europe, North America, and Australia. By the year 2025, world population may reach a whopping 8.5 billion (8). Unplanned population growth could have an effect on the environment and on people's quality of life.

Ethiopia is one of the most populous countries in Africa. It stands after Nigeria. According to the 2007 census, the projected estimate for the year 2012/13 was 86.5-million with annual growth rate of 2.6 (9). The Ethiopian population growth is increasing alarmingly from year to year and it reached to 86,591,919 in 2012/2013 (10). High population growth rates put pressure on the already meager resources and pose a serious challenge to developing nations of the world (11).

The Ethiopian population policy, which was adopted early 1993, has the objectives of reducing the total fertility rate; reducing morbidity and mortality, as well as raising the contraceptive prevalence rate to a national average of 44% by the year 2015 (12). However, the Ethiopian population is growing at a rate of 2.6% per annum and the unmet need for family planning is high, about 25% (10).

Similarly unwanted pregnancy was still high in the country .The maternal mortality ratio is estimated at 676 per 100,000 live births, which is one of the highest in the world (13). When a woman dies in pregnancy or childbirth, this affects not only the well-being of the family but also the social and economic development of the community and nation. Further, the surviving newborns often suffer from poor health and are at a greater risk of dying before reaching age five. Waiting at least two years from the previous birth to attempt another pregnancy reduces the risk of illness and death for mothers, as well as newborns, infants, and children. In addition to the health benefits, spacing births allows parents to devote more time to each child in the early years, easing pressures on the family's finances and giving parents more time for income-generating activities (14).

The 2011 Ethiopian Demographic and Health Survey revealed that about 37% of the women in reproductive age have used a method of family planning at some time, indicating a high discontinuation (10). However, to be successful, family planning programs must be sensitive to the felt needs of the clients (15). It can be addressed by improving quality of care. The basis for

action in family planning, as stated in the program of action of the International Conference on Population and Development is, to enable couples and individuals to decide freely and responsibly the number and spacing of their children. Furthermore it also stated that the right to have the full information and means to do so, to insure informed choices and to make available a full range of safe and effective methods of family planning (16).

Furthermore among current users of selected modern methods(Pill , IUD, Injectables & Implants) age 15-49, only 28.1% were informed about possible side effects or problems of that method, 24.4% were informed about what to do if they experienced side effects, and 37.1 % were informed about other methods they could use which is very low. However, for the program to be effective it is required that all family planning providers inform users about potential side effects of the method and what they should do if they encounter such side effects. This information will help the user in coping with the side effects and thus decrease discontinuation of the methods (16).

Poorly delivered family planning services can lead to incorrect, or discontinued contraceptive use and cause unwanted pregnancies, infections, injuries, and even death (17). It is the right of the clients to be treated with dignity& privacy, receive information and the chosen contraceptive methods safely (18). Studies of contraceptive discontinuation rates have indicated that - with the exception of the desire to become pregnant - the main reason for discontinuation is dissatisfaction with the quality of family planning services (19). Satisfied clients are more likely to reuse the services, pass on positive messages to others like nighouber, relatives, and continue use of a particular family planning method (20).

On the other hand, clients dissatisfied with the service are more likely to share their negative experiences with others and are less likely to continue use of family planning services (21). A study in Colombo district on quality of care in government family planning clinic shows that 48.7% family planning users were dissatisfied with the toilet facilities in the clinic and 27.3 % were dissatisfied with adequacy of time spent with the provider to discuss family planning needs (22). Another study on assessment of Family Planning Services in Kenya shows a surprising result that is clients are less likely to be satisfied when served by male providers. (23)

The study conducted in Jimma zone on assessment of quality of family planning indicated that 10.9% and 8.1% of those who reported problem clients expressed dissatisfaction with waiting

time and solutions given by the provider respectively (24). The other study conducted in Northeast Ethiopia indicated that 66.3% responded there was no adequate privacy in service provision sessions and 18% said that it was difficult to understand the service provider (26).

Even though, there were large numbers of researches conducted on satisfaction of health care in general, only few studies carried out on satisfaction with family planning services in Ethiopia and particularly in Guji zone. Furthermore, in the study area factors affecting clients' satisfaction with family planning service were not studied and well known. Hence, this assessment is believed to make it possible to identify problems that exist in the care to clients and to switch on the solutions, enhance the attraction of clients for family planning and also ensure continued use of the service.

Chapter Two: Literature Review

2.1 Defining 'Quality'

The US Agency for Health care Research Quality defines quality health care as "doing the right thing, in the right way, at the right time, for the right person and having the best possible results" (27). Historically, quality was defined at a clinical level, and involves offering effective, technically competent, safe care that contributes to the client's well-being. Furthermore, quality of care is a multidimensional issue, defined, and measured differently, according to stakeholders' priorities.

- Client's perception of quality, whose perception of quality may be influenced by cultural & social concerns, place significant emphasis on the human aspects of care.
- Providers usually gives priority for technical competency, as well as logistic and infrastructure support from their institution
- Program managers may emphasize on support systems, such as recordkeeping and logistics; and
- Donors and Policymakers deals with efficiency, cost, and outcomes for health investment as a whole (28).

The concept of quality, as defined by Donabedian, is a 'property' or characteristic of medical care. This characteristic can range from one end of the spectrum to the other (e.g. low to high quality care) and can manifest itself through various elements or "attributes." The first category of attributes includes the technical aspects of care and the human context in which it is provided. The second category of attributes, according to Donabedian, goes beyond the technical interpersonal frame and includes accessibility and continuity. Another significant contribution to understanding the definition of quality, particularly in terms of family planning services, comes from Bruce". Her broad definition includes the ways in which individual users are treated by the system. Bruce has identified a framework which encompasses six fundamental elements crucial to the quality of family planning services if clients' demands and expectations are to be fully met. These elements include Provider-client information flow, interpersonal relation, technical competence, and choice of methods, follow-up and continuity mechanisms, and the appropriate constellation of services. This model, developed by Bruce, has spurred interest in the different elements of quality in reproductive health-care services (27).

2.3 Benefits of Good Quality

Quality of care, as a basic human right, has emerged as a critical element of family planning and reproductive health programs.

Several impact studies have shown that improving the quality of family planning services increases contraceptive use. Studies in Tanzania, Bangladesh &Senegal showed that women's contraceptive use was higher in areas where clients felt that they were receiving good service than it was in areas with lower quality health care service (24).

Providing high quality of family planning service also makes sense for care providers, since improving basic standards of care attracts a large number clients, decrease per capita costs of services and ensuring sustainability. As an example, the Bangladesh Women's Health Coalition attracts clients by providing a mix of services or integration of service , so that clients can use a visit for more than single purpose, and by having well-trained paramedical personnel, rather than doctors, perform pelvic exams, Intra uterine device insertions, and menstrual regulation services. The huge number of clients has enabled the program to distribute its fixed costs over a larger number of clients, allowing the coalition to serve more clients at a lower cost (29).

2.4 Client's satisfaction

The word "satisfaction" is derived from the Latin (satis= enough and faction= to do or make). These terms illustrate the point that satisfaction implies a filling or fulfilment response, Oliver stated this in 1993 (30). Patient's satisfaction is "the individual's positive evaluations of distinct dimensions of healthcare" was described by Linder-Pelz in 1982. Expression of satisfaction is an expression of attitude, an effective response, which is related to both the belief that the care possesses certain attributes (31).

The very first and taxonomy of client satisfaction with medical care was developed by Ware and associates that included satisfaction questionnaire and client responses to open-ended questions posed to identify satisfaction and dissatisfaction. Since then a great number of studies have been done on client satisfaction evaluating service and service provider (32). In 1999, a study was conducted in Sweden revealing that client satisfaction studies began in it in 1990's with an aim to improve quality of the services and increase efficiency and effectiveness of care process (33).

There are three basic reasons why health professionals should take client satisfaction as a serious measurement:

Firstly, there is convincing evidence that satisfaction is an important health care outcome measure. It may be an indicator of whether clients follow their recommended care. It shows whether the clients re-attended for care and changed their provider of health care.

Secondly, client satisfaction is a useful measure in assessing consultations and patterns of communication (such as the success of giving full information involving the client's care that enables clients to decide their choice of method freely).

Thirdly, Clients feedback can be used as an input to choose between alternative methods of organizing or providing health care (such as length of consultation or arrangements for out of hours care) (34).

Within the health care sector, client satisfaction has emerged as an important component and measure of the quality of care provided to client. The new emphasis of quality of care and outcome measurement has led to increased appreciation of the significance of client perception of the care they receive. Client satisfaction is now a principal concern of quality assurance and an expected outcome of service (35). Unlike clinical process measures, which are mainly facility centered, client satisfaction is a "client centered" outcome measure. It reflects the personal response of the client's to, and evaluation of, care provided. Client satisfaction is the only available measure of the personal impact of the full spectrum of the health care process. (36)

A study conducted by Risser in 1975 and pointed out that patient satisfaction has been defined as "the degree of congruency between a client's expectation of ideal nursing care and his perception of the real nursing care he received" (37). Another study conducted by Swan in 1985 proposed definition of patient satisfaction with medical and nursing care in a hospital viewed patient satisfaction, as a positive emotional response that is desired from a cognitive process in which patient compare their individual experience to a set of subjective standards (38).

Ethiopia has continuously experienced an increase in contraceptive prevalence in the last two decades. According to the first national survey on fertility and family planning in 1990, only 4% of the women in their reproductive ages were using some family planning methods, of which only fewer than 3% were using modern contraceptives (39). The contraceptive prevalence rate has doubled between the periods 1990 and 2000 and by the year 2000 it was estimated at 8.2% (40). The subsequent Demographic health survey in 2005 recorded a twofold increase in contraceptive prevalence rate and put the rate at 14.7% (41). With the trend continuing, contraceptive prevalence reached at 28% by the year 2011. (42) Moreover the government attempts to improve the provision of family planning service through training of health workers and Health extension workers on long acting modern family planning service,

expanding Health education & community mobilization by using recently established women development army.

However, even if those efforts were made, still there is a challenge to provide family planning according to the needs of client. Since health extension workers have not been trained to remove Implanon, clients have to travel to a health center or hospital. Additionally, privacy in the health institution & availability of different methods of family planning were of concern. Due this and other factors like satisfaction with the service the contraceptive acceptance rate was low in the study area.

Ways to judge client's satisfaction in quality of family planning service?

A growing body of research is discovering what clients want & how to measure client satisfaction. In both developed & developing countries, clients share seven major concerns (43) these are:

a. **Respect: -** client's need to be treated with respect and friendliness.
b. **Understanding: -**users of a service value individualized service, prefer providers who make the effort to understanding their particular situation, and needs.
c. **Complete and accurate information: -**Clients value information. They worry that family planning providers are not telling them all facts, especially negative information about contraceptive methods.
d. **Technical competence: -**family planning users can and do judge the technical competence of the service they receive.
e. **Access: -**Family planning clients want ready access to contraceptive service and supplies. Services have to be affordable, reliable, and without any barrier.
f. **Fairness: -** Clients want providers to offer thorough explanations and examinations to everyone without any discrimination. They complain that providers offer best treatment and first chance for friends, relatives…etc.
g. **Results: -**Clients come for service for a specific purpose. They are dissatisfied with the service when told to come back another time or to go a different facility.

In general the overall satisfaction with family planning services were 96.1%, 80.8%, 61.3% & 93.7% in Nepal, Colombo district Sirlank, Iran & Jimma zone respectively. (44, 45)

Studies regarding status of quality of F/P service in Ethiopia are not carried out sufficiently. However studies in Jimma, showed that, 69(10.9%) and 14(8.1%) of those who reported problems expressed dissatisfaction with waiting time and solution given by providers respectively. Unavailability method was the reason in most services delivery points raised by provider and leads them to provide methods different from client choice. In this study again provider's special training and time of training have shown significant difference on quality of service indicators. Several constraints in the service provision of family planning were also identified (24).

Another study in Addis Ababa has shown that shortage of logistics and supplies, poor client's record, inadequate supervision, poor counseling service, and long waiting time were major constraints to satisfy clients (46).These and other studies in developing countries showed that, the presences of low quality of family planning service contribute to lessened service utilization.

Factors affecting satisfaction with family planning service

1. Socio-demographic factors

Commonly it believed that satisfaction with health care might be dependent upon variables such as gender, marital status, social class, and- in particular- age. Socio- demographic characteristics were concluded to be at best a minor predictor of satisfaction. A research conducted by Doborah L. in 1997 on health education on OPD and patient satisfaction, revealed that age and education were not statically significantly associated with level of patient's satisfaction with physician, but many other variables were. Sex was significantly associated; Females were more satisfied with their physician then the males (47).

According to study done in India educational attainment shows a significant relation with satisfaction; the greater satisfaction is associated with lower levels of education (48).

2. Access

Access to health service is a vital but complex element of quality of care, since it determines whether a client even gets to the service provider or not. Studies identify cost and distance as being among the major factors that constrain women's ability to access health services. (49). But the degree to which these bottlenecks limit access is strongly influenced by clients' perception of quality.

2.1 Distance from health facility

Many women cannot easily get to clinics, which are often far apart. Even if public transportation

is available, travelling alone may not be socially acceptable for rural women. Furthermore, the need to travel long distances may make it difficult for some women to obtain the health services in secret.

2.2 Costs of service (Transportation & service cost)

Costs, including fees for transportation, supplies, and services, can be another barrier to care. In the 2000 Cambodia Demographic and Health Survey (DHS), women said that lack of money was the main constraint to obtaining health care (50). Clients are generally more likely to use low-cost services. A study in Kenya shows that low costs and proximity of services were the two most important factors that attracted them to services.

3. Method Choice and Availability

Clients want a variety of services. Providing a wide range of contraceptive methods can help clients find those that match their health circumstances, lifestyle, and preferences. One woman in Kenya explained, "I asked them to give me the injectable. They told me that the pill was okay with me and I couldn't receive the injectable with only two children. I decided to stop and have never gone back" (51)

4. Respectful and Friendly Treatment

Studies find that women are more likely to seek out and continue using family planning services if they receive respectful and friendly care. In one study in Zaire, most women who were asked about the two best qualities for a nurse first mentioned qualities related to communication style, such as attentiveness and respect, and second listed technical qualities (competence) (51).

5. Privacy and Confidentiality

Clients feel more comfortable if providers respect their privacy during examination, counseling sessions, and procedures. In a qualitative study in Chile, 30 - 50 % of female patients reported absence of privacy during gynecological examinations. One woman commented, "The exam and the clean-up afterwards shouldn't be done so publicly, because there are men moving around in the halls and you feel really embarrassed. There should be a curtain or a door. I don't want people to see my body" (51). Lack of privacy can violate women's sense of modesty and make it more difficult for them to participate actively in selecting a family planning method of choice. In a few places, obtaining and using contraceptives can be a difficult and risky decision that can

lead to abandonment, violence, or divorce. In those situations, women need assurance of complete confidentiality.

6. Competent Service Providers

Clients value service providers' technical competence as well as privacy and confidentiality. Clients' definitions of competence do not always coincide with technical definitions of quality. Ultimately, clients judge technical competence by whether their needs are met or their problems are resolved.

7. Information and Counseling

Clients want to receive information that is relevant to their felt needs, desires, and lifestyles. Because clients differ in their reproductive intentions, ability to make decisions, and other factors that affect contraceptive choice, attitudes about family planning, they need information that enables them to make decision regarding choice of method. Clients who are well-informed and have made their choice about a contraceptive method may not want detailed information on a range of other methods. Others may want information about benefits, risks, and procedures. Counseling helps to establish a trusting relationship between user and provider. In a study in Kenya, women were not satisfied with the information provided by the health provider; they wanted to hear about a larger number of methods so that they could make an informed choice (51).

8. Convenient Schedules and Waiting Times

Inconvenient clinic hours and long waiting times can prevent clients from obtaining the services they need. In both Senegal and Malawi, clients identified long waiting times as a concern. One client said, "The wait is a big problem. I'll sometimes skip my appointment if I think about the hours I'll have to spend at the centre" (52).

3. Conceptual frame wok of the study

In this study, the J. Bruce (1990) framework, which is the central paradigm for quality in international family planning Program, was adopt and finally adapted according to the study objectives.

The Bruce framework consists of six main elements:-

1. ***Choice of methods***: number of contraceptive methods offered on a reliable basis; methods offered to serve needs of major subgroups (age, gender, breast-feeding women); satisfactory choices for couples wishing to space/limit births; no unnecessary restrictions upon methods.
2. ***Information to clients:*** information provided to clients during service interactions which allows clients to choose and use contraception with competence and satisfaction. This includes information about method advantage, contraindications, and disadvantages, how to use selected method, potential side effects, and continuing care from service providers.
3. ***Technical competence***: providers' clinical techniques; observance of protocols; and asepsis in clinical conditions
4. ***Interpersonal relations*:** shows the degree of empathy; trust/ rapport, confidentiality/ privacy; and sensitivity by provider to the client's needs.
5. ***Mechanisms for encouraging continuity and follow up*:** is a way of encouraging continuity of use through well-informed users/formal program mechanisms. Mechanisms could include both mass media and client-based follow-up mechanisms (return appointments, home visits to clients)
6. ***Appropriate constellation of services***: the extent to which family planning services are situated to be convenient and acceptable to clients. This includes their accessibility (distance, timing, and cost) and the degree of integration with other services.

Conceptual frame work of the study

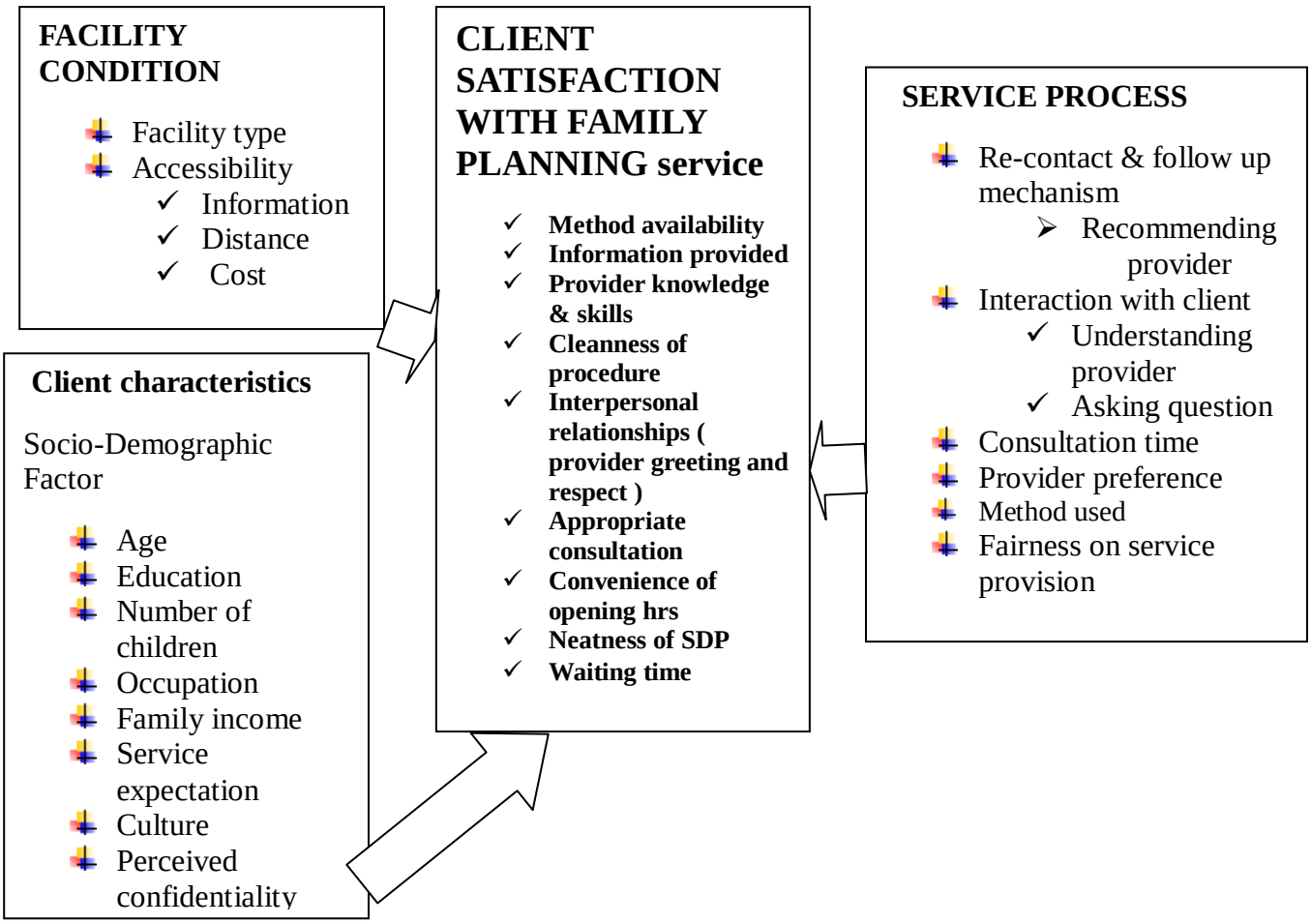


Figure 1. Model used in identifying the assessment of clients' satisfaction in the FP services

4. Significance of the study

An important step towards improving the quality of care in family planning, and to ensuring that the services are meeting client's needs is asking clients what they think about the care they received. Therefore, this study will try to assess the status of clients' satisfaction with Family Planning service in Guji zone health facilities. Then at the end of this study, possible recommendations will be suggested to improve the existing gaps, which enhance satisfaction with family Planning service and increase contraceptive prevalence rate in the study area. Furthermore, it serves as a source of information for other study.

Chapter Three: Objectives

3.1 General objective

- To assess client's satisfaction & contributing factors with family planning services in Guji zone public health facilities, Oromia Regional state.

3.2 Specific objectives:

- ✓ To determine the Magnitude of clients' satisfied with family planning service.
- ✓ To assess factors associated with clients' satisfaction with family planning service.

Chapter Four: Methods and Materials

4.1 Study area and period: - The study was conducted in Oromia regional state, Guji zone, which is located 530km to Addis Ababa in the southern direction. It is bounded by Bale Zone in the East, Borena Zone in the Southeast; Somali Region in the South and SNNPR in the North-West. Based on the 2007 Population and Housing Census, the zonal population in 20012/13 is estimated to be 1,628,796 with 345,304 Women in childbearing ages. The Zone has 13 woredas and two town administrations with 322 rural and 35 urban kebeles.

The Zone currently has 355 health institutions, out of which 2 are hospitals, 52 health centers and the remaining 302 health posts. Medical staff engaged in the provision of health care services in government owned health facilities include: 23 physicians, 72 health officers, 394 nurses of all categories, 23 environmental health workers and 683 rural based health extension workers .With all these health institutions there is FP service and the contraceptive acceptance rate is 28 % (53). The study was conducted from October 1to30, 2013.

4.2 Study design: - Institution based cross-sectional study was employed.

4.3 populations

4.3.1Source population:-All women of reproductive age who were currently using modern FP services from public health facilities in Guji Zone

4.3.2 Study population: All Sampled 290 women using modern family planning service from selected health facilities.

4.3.3 Inclusion & exclusion criteria:-All females who were using any one of the modern Family Planning methods and visited the family planning clinic during data collection period were included in the study, but all male contraceptive users at the time of data collection were excluded from the study.

4.4 Sample size determinations

The required sample size was determined by using single population proportion formula considering the following assumptions:-Proportion of satisfied clients with FP service 90.5 % (24), level of significance, 5%, and margin of error = 5%, and 10% non-response rate. Then the formula for calculating the sample size will be.

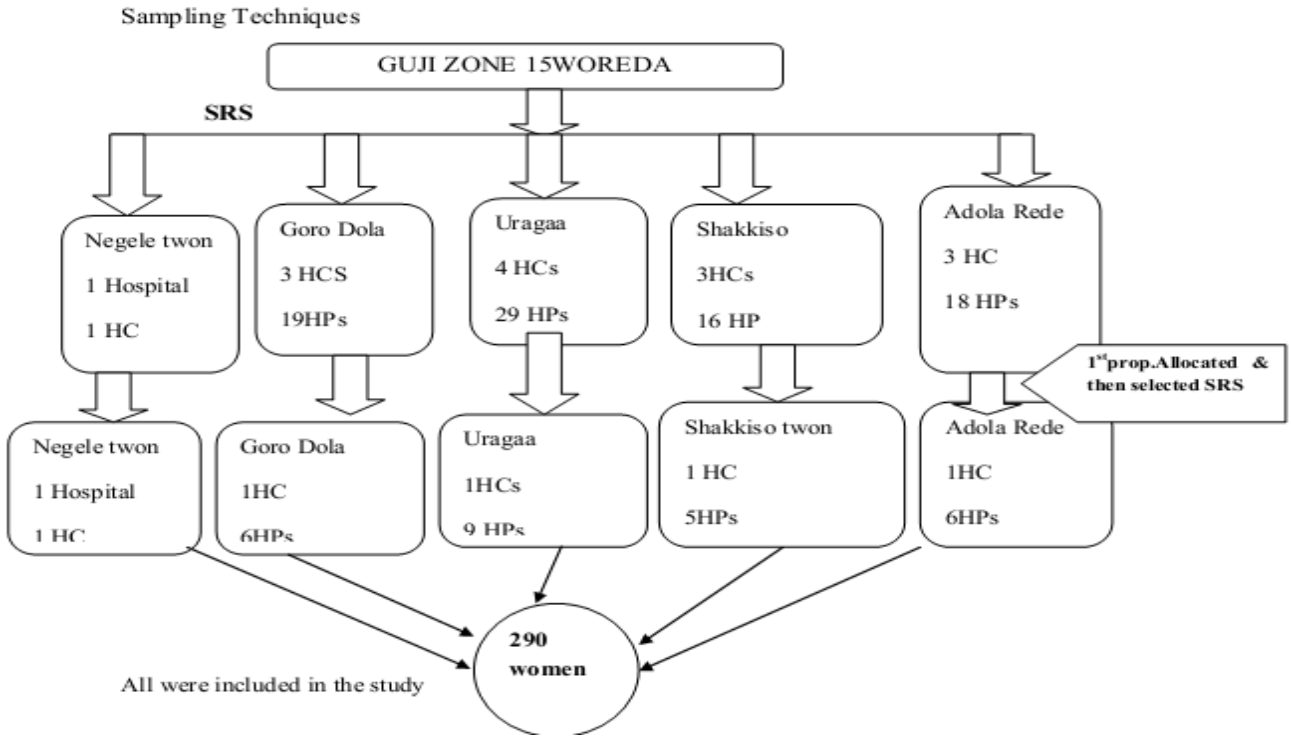
$$n = \frac{(z\alpha/2)^2 P(1-P)}{d^2}$$

$$n = \frac{(1.96)^2 (0.905)(0.095)}{0.0025} = 132 \text{ multiplied by 2 for design effet } = 132*2 = 264$$

Adding 10 % non response rate = 26+264 = 290

4.5 Sampling technique and procedure

Selection of study subjects was carried out through a multistage sampling technique. In Guji zone there are a total of 15 Woredas .In the first stage five woredas were selected using simple random sampling and then facilities under selected woredas were stratified by types of institution. Thirty two health facilities were decided to be taken from selected woredas based on World health organization standard (if the numbers of units are small take 30-50% sample) (25).Number of health institution to be included in the study were allocated for each woreda based on proportion and five health centers, twenty six health posts and one Hospital were selected by simple random sampling. Sample for each selected Health facilities were allocated based on their previous monthly client follow. Finally, consecutive patients who full fill the inclusion criterion were included in the study until the allocated size was obtained in each facility.



4.6 Data collection instruments & methods:-A pretested, structured and translated questionnaires adapted from various studies (22, 23, 24, & 26) were used face-to-face exit-interview. The questionnaire contains socio demographic characteristics, Users' perception about the service process, overall clients' satisfaction scale & provider preference related questions. The overall satisfaction questionnaire consists of five point likert scale type questions. Ten enumerators who were diploma holder were selected and recruited for data collection. Two coordinators were recruited and they strictly followed to ensure the completeness of questionnaire and to give farther clarification. Data collectors and the supervisor were trained for one day by the principal investigator on the study instrument, consent form, how to interview and data collection procedure.

4.7 The study variables:-
4.7.1 Dependant variable: - F/P users satisfaction.

4.7.2 Independent variables:-Facility conditions like type of health facilities & its accessibility. Service characteristics like perceived consultation time, Interaction with provider, gender of provider, method used & fairness on service provision. Clients' characteristic, which includes socio-demographic variables & perceived confidentiality were independent variables.

4.8 Data management and analysis:-The completed questionnaire was checked for completeness and consistency by the principal investigator. Code was given to the completed questionnaire. Then data were entered using EPI info version 6.0 and exported to SPSS.16 statistical packages. Data clean up were performed to check for, accuracy, consistencies, & values. Frequencies and Proportions were calculated for descriptive findings. A Bivariate binary logestic regression analysis of variables was conducted to select candidate variables at P value of 0.25. Finally, multivariate binary logistic regression was used to fit model for satisfaction by backward conditional method.

4.9 Data quality assurance: - To keep the quality of the data, Questionnaire was prepared initially in English by the investigator and translated to Afan Oromo and retranslated back by other translator to English to compare its consistency. Before the actual data collection, the questionnaires were pre-tested on 5% of sample size in Bulbule health center which was not included in the study sample. The questionnaire was checked for its clarity; understandability,

completeness, reliability and sensitivity of response. Then correction was made accordingly .The principal investigator and the supervisors checked the collected data for completeness and corrective measures were taken accordingly. 10% of the collected data were selected randomly and reviewed by the 1st advisor. The latter also did consistency check between the questionnaires and the dataset to verify whether data was accurately fed into the computer program. Based on these procedures corrections were made in the dataset.

4.10 Operational Definitions:-

1- Occupation: - In the study Britain socio-economic classification of occupation were used. In the study , Higher manger ,Admin & professionals includes cabinets ,Hospital mangers & engineer , Intermediate manger ,Admin & professionals include Health professionals ,accountant and merchants , Supervisors Junior Admin & professionals include supervisors and hourly employ skilled manual workers includes driver ,farmer using tractor to cultivate ,mechanics and carpenter & lowest grade worker includes farmer using ox to cultivate & students .

2- Satisfied clients: - It is users' opinion of care received from FP service .In this study median score of nine likert scale item which measures different components of FP service was used to categorize satisfaction. Value above the median score was labeled as satisfied.
3- Privacy: - attempt to screen the client from view while undressing or undergoing examination & discussing their health in general.
4- Service expectation :- expectation of the respondent towards the FP service before coming to the Health facility

4.11 Ethical clearance: -Prior to the study period Ethical clearance was obtained from the Ethical Review Committee of the collage of public health and medical science, Jimma University. Guji zone health department and respective woreda health office were informed in order to get official letter to conduct the study. During the study verbal consent was obtained from all participants.

4.12 Communication of the result:-The result of the study will be communicated to the organization or institution or individuals who have direct or indirect input to the project. All attempts will be made to present the results of the study on local and/or international Journals.

Chapter Five: Result

5. Characteristics of study participants

5.1 Socio-demographic characteristics

Two hundred eighty two (282) women participated in the study, giving a response rate of 97.2%. About 139 (49.3 %) of the respondents were from health posts, 107 (37.9 %) from health centers & 36 (12.8%) from Hospital .Out of the total 282 women who have been interviewed 205 (72.7%) were from rural area. The age of the respondents ranged from 17 to 42 years. The mean age was 27.3 SD± 5.92 years old. With regard to marital status of study participants, 269(95.4%) of the women were married, and out of this 258 (91.5%) were married and living together with their husbands. About 231 (81.91%) had children, out of this 115 (49.78%) had three and above children and the rest had one to two. From those who had children, 142(61.47%), were feeding breast at the time of data collection.

One hundred six (37.6%) of clients were illiterates, 78 (27.7%) can read and write but have no formal schooling and the rest 98 (34.75 %) attended primary school and above. Regarding ethnicity of the study participants, 210(74.5%) were Oromo. One hundred seventeen (41.5%) of the respondents were followers of protestant religion and regarding religiosity 169 (59.9%) of the study participants were found to be weekly attendants of religious service.

Most of the respondents, 185(65.6%) were Lowest grade worker according to Britain socio-economic classification in their occupation. The average family sizes were 5.38 and it ranges from 1 up to 13. (**Table1**)

Table1: Socio-demographic characteristics of study participants, Guji Zone 2014.

Variables	Frequencies	%
Age group		
15-19	32	11.3
20-24	65	23.0
25-29	80	28.4
30-34	65	23.0
35-39	34	12.1
40and above	6	2.1
Educational status		
Illiterate	106	37.6
Can read and write no formal education	78	27.7
Primary schoolcompleted	50	17.7
Secondary school completed	34	12.1
Twelve +1 and above	14	5
Occupational status of husband		
Higher managerial ,Admin, professional	14	5
Intermediate managerial ,Admin, professional	34	12.1
Supervisory & Jun. Admin & professional	12	4.3
Skilled Manual worker	34	12.1
Lowest grade worker	185	65.6
Marital status		
Never married	12	4.3
Married & live together	258	91.5
Married but not live together	11	3.9
Divorced	1	0.4
Ethnicity		
Oromo	210	74.5
Amhara	28	9.9
Gedio	33	11.7
Others(Tigre ,Somali & Gurage)	11	3.9
Quintile group of Wealth index		
Lowest quintile group	66	23.4
Second quintile group	38	13.5
Middle quintile group	67	23.8
Fourth quintile group	44	15.6
Highest quintile group	67	23.8
Religion		
Orthodox	52	18.4
Catholic	52	18.4
Protestant	117	41.5
Muslim	56	19.9
wakefata	5	1.8

5.2 Preference of providers by clients

Respondents were asked to rank their preferred service providers that family planning service could be obtained better. Two hundred fifty, (88.7%) preferred female provider as their first choice to provide them a service.

5.3 Pervious Service expectation & cultural influence

Regarding pervious expectation about family planning service, 204 (72.3%) had good expectation before first contact to health facility for service. Majority of the study participants, 229 (81.2 %) had no health problem after adopting contraceptive methods. Out of 53 (18.8%) who had problem, 13 (24.5%) discontinue the service. Respondents were asked whether the culture in which they were living will influence family planning users. Out of 282 participants, 114 (40.4%) had cultural influence from community.

5.4 Perceived confidentiality

Majority of the study participants, 275 (97.5%) were believed the service provider will keep their secret. Privacy was maintained for 275(97.5%), during counseling and physical examination. Privacy during consultation by types of health institution was, 138 (99.3 %) in Health post, 106 (99.1%) in HC and 31 (86.1%) in Hospital.

Table 2: Clients' response on provider preference, pervious service expectation & privacy in Guji zone, 2014

Variables	**Frequencies (N=282)**	
	Number	**%**
Provider sex preference		
Female	250	89.0
Male	32	11.0
Pervious service expectation		
God	204	72.0
Bad	78	28.0
Privacy		
Maintained	275	97.5
Not maintained	7	2.5

6 .Facility condition

6.1 Source of information about family planning service

All the study participants had information about provision of family planning service in health institution. The major source of information was, 165 (58.5%) health professionals and husbands were the least frequent source 11 (3.9%) (Figure 1).

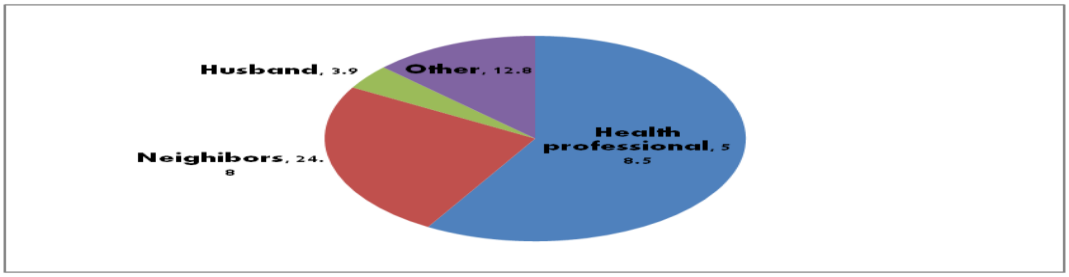


Fig1.pie chart showing source of information for family planning users in Guji zone, 2014

6.2 View of clients on accessibility of health service delivery points

Distance of study participants' home from the service delivery points was evaluated by the clients themselves, were 125(44.3%) traveled less than half an hour and, 102 (36.2%) between half an hour to one hour on foot. All study participants did not pay for FP service they got in all facilities visited.

7. Service process

7.1 Convenience of Service delivery point opening hour & waiting time

About 269 (95.4%) users' were agreed on opening time of the service delivery point. Study participants waiting time was recorded and the median time was 33 SD + 20 minutes ranging from1 second to 2 hours and fifteen minutes. The response of clients on waiting time were 258(91.5%) said short& 24 (8.5%) said long. Among the study participants, 258 (91.5%) said FP service were given according to the firs come and first served principle.

7.2 Re-contact & follow up

Two hundred seventy eight (98.6%) responded that, they will come for their next appointment & 4 (1.4%) responded that, they will not come for their next appointment.

7.3 Service & information given to the clients

Both new and repeat clients were asked about the service and information they received. 254 (90.1%) received sufficient information and service, 14 (5%) did not get the service and information and the rest get either information or service (table 3). The perceived reason for not getting the necessary information were, 13 (46.4%) provider was not interested & 9(32.1%) time shortage Out of 102 new clients, explanation was given mostly on S/E of the methods 93(91.2%) and the less on possibility of changing methods if the method is not wanted by the clients79(77.5%).(see table 2). During explanation for availability of methods other than they used, most attention was given for pills 70 (81.4%) & least attention was given to spermicidal 24 (23.5%).

Table 3: Information given for new family planning users on Family planning method provided Guji zone, 2014

Variables	**Frequencies (N=102)**	
	Number	**%**
Explanation for New Users On method used		
Explain how the method works	85	83.3
Demonstrate how to use	90	88.2
Describe possible side effect	93	91.2
Explain what to do if experience any problem before next visit	89	87.3
Explain possibility of changing method if you are not happy with it	79	77.5
Where to go for resupply or follow up visit	86	84.3

7.4 Client provider interaction

Regarding communication with their provider, 238 (84.4%) responded that time to communicate with provider was about right. Two hundred thirty nine (84.8%) clients responded provider was easily understandable during counseling and 6(2.1%) did not understand the provider at all. Two hundred twenty clients were asked some questions to service provider about contraceptive methods they were provided, out of these 205(93.2%) were satisfied with the answer given by service provides and 6(2.7%) were not satisfied. Two hundred seventy one, (96.1%) of the study participants reported that, they would recommend the service provider they saw while getting service to a friend.

Table 4: Clients' response on service process variables, Guji zone, 2014

Variables	**Frequencies**	**%**
Agreement on opening Hrs of SDP		
Agree	269	95.4
Not agree	13	4.6
Getting the desired service & information		
Yes	254	90.1
No	14	5
Some but not satisfied with both	6	2.1
Get only service not information	8	2.8
Time to communicate with provider		
Sufficient	244	86.5
Not sufficient	38	13.5
Understanding service provider		
Easy to understand	239	84.8
Difficult to understand	37	13.1
Do not understand at all	6	2.1

Table 5: Response of clients' on service process variables by type of Health facilities Guji zone, 2014

	HP (N=139)	%	HC(N=107)	%	Hosp(N=36)	%	Total	%
Opening HR								
Agree	130	93.5	104	97.2	35	97.2	269	95.4
Not agree	9	6.5	3	2.8	1	2.8	13	4.6
Waiting time								
Short	138	99.3	92	86.0	28	77.8	258	91.5
long	1	0.7	15	14.0	8	22.2	24	8.5
Getting desired Info & service								
yes	124	89.2	94	87.9	36	100.0	254	90.1
No	6	4.3	8	7.5	0	0.0	14	5.0
Some	4	2.9	2	1.9	0	0.0	6	2.1
only service	5	3.6	3	2.8	0	0.0	8	2.8
Time to communicate with provider								
about right	117	84.2	91	85.0	30	83.3	238	84.4
too short	19	13.7	15	14.0	4	11.1	38	13.5
long	3	2.2	1	0.9	2	5.6	6	2.1
Understanding service provider								
easy	115	82.7	97	90.7	27	75.0	239	84.8
difficult	22	15.8	8	7.5	7	19.4	37	13.1
don't at all	2	1.4	2	1.9	2	5.6	6	2.1

Table 6: Comparison of clients' satisfaction with family planning service by selected variables Guji zone, 2014

Variables	Satisfaction				Total	
	Satisfied		Not Satisfied			
	No	%	No	%	No	%
Opening HR						
Agree	138	48.9	131	46.5	269	95.4
Not agree	2	0.7	11	3.9	13	4.6
Waiting time						
Short	132	46.8	125	44.3	257	91.1
long	8	2.8	16	5.7	24	8.5
Getting desired Info & service						
yes	133	47.2	121	42.9	254	90.1
No	4	1.4	10	3.5	14	5.0
Some	2	0.7	4	1.4	6	2.1
only service	1	0.4	7	2.5	8	2.8
Time to communicate with provider						
Sufficient	127	45.0	117	41.5	244	86.5
Not sufficient	13	4.6	25	8.9	38	13.5
Understanding service provider						
easy	124	44.0	115	40.8	239	84.8
difficult	15	5.3	22	7.8	37	13.1
don't at all	1	0.4	5	1.8	6	2.1

7.5 Methods provided

From 282 clients, 198(70.2%) were injectable users & 38 (13.5%) were Norplant users. From 102 new clients, 69(67.6%) injectable, 16(15.7%) pill, 4(3.9%) IUCD, 1 (1%) condom, and 12 (11.8%) clients were Norplant users. Out of 160 repeated clients 19(11.9%) oral pill, 127(79.4%) injectable, 26 (3.8%) Norplant, 6 (3.8%) IUCD, 1 (0.6%) condom & 1 (0.6%) were female sterilization users.

Table 7: Method of choice by family planning users, by type of Health facilities Guji zone, 2014

Types of methods	**Type of Health facility**					
	HP(N=139)		HC(N=107)		Hospital(N=36)	
	freq.	%	freq.	%	freq.	%
Pills	16	11.5	17	15.9	2	5.6
IUCD	0	0.0	5	4.7	3	8.3
Condom	0	0.0	2	1.9	0	0.0
Injectable	101	72.7	70	65.4	27	75.0
Norplant	22	15.8	12	11.2	4	11.1
Female sterilization	0	0.0	1	0.9	0	0.0

8. Clients Scale of agreement on service provision

In the analysis of user's level of agreement by components of service delivery ,the strongly agree and agree were categorized to agree where as Neutral, disagree& very strongly disagree were categorized to Disagree because the numbers of the respondents in the strongly disagree and disagree were small .Among modern family planning user's, Convenience of opening hours of service delivery point was the aspect where agreement was rated highest 273 (96.81%) and agreement was rated lowest 218 (77.30%) with the availability of different types of family planning methods. (See table 7).

Table 8: Response of clients' agreement with different components of family planning service, Guji zone, 2014

Different component of service	**Level of agreement(N=282)**			
	Disagree		**Agree**	
	No	%	No	%
Provider greeting is good and in friendly way	19	6.74	263	93.26
Provider perform the procedure with cleanness & sanitation	18	6.38	264	93.62
Provider has good knowledge & skill	18	6.38	264	93.62
Sufficient methods were available	64	22.70	218	77.30
Information given about the method is sufficient	25	8.87	257	91.13
Waiting time is adequate	17	6.03	265	93.97
Privacy was maintained	24	8.51	258	91.49
Waiting place is adequate with latrine & water supply	41	14.54	241	85.46
time of the service convenience	9	3.19	273	96.81

9. Overall satisfaction with family planning service

Nine items related to satisfaction, on the five likert scale, were used to asses study participants satisfaction with family planning service. Over all 49.6 % of study participants were satisfied. 64 (46.0%) respondents from health post, 51 (47.7%) respondents from health center and 25 (69.4%) respondents from Hospital were satisfied with family planning service they got.

(See fig 2)

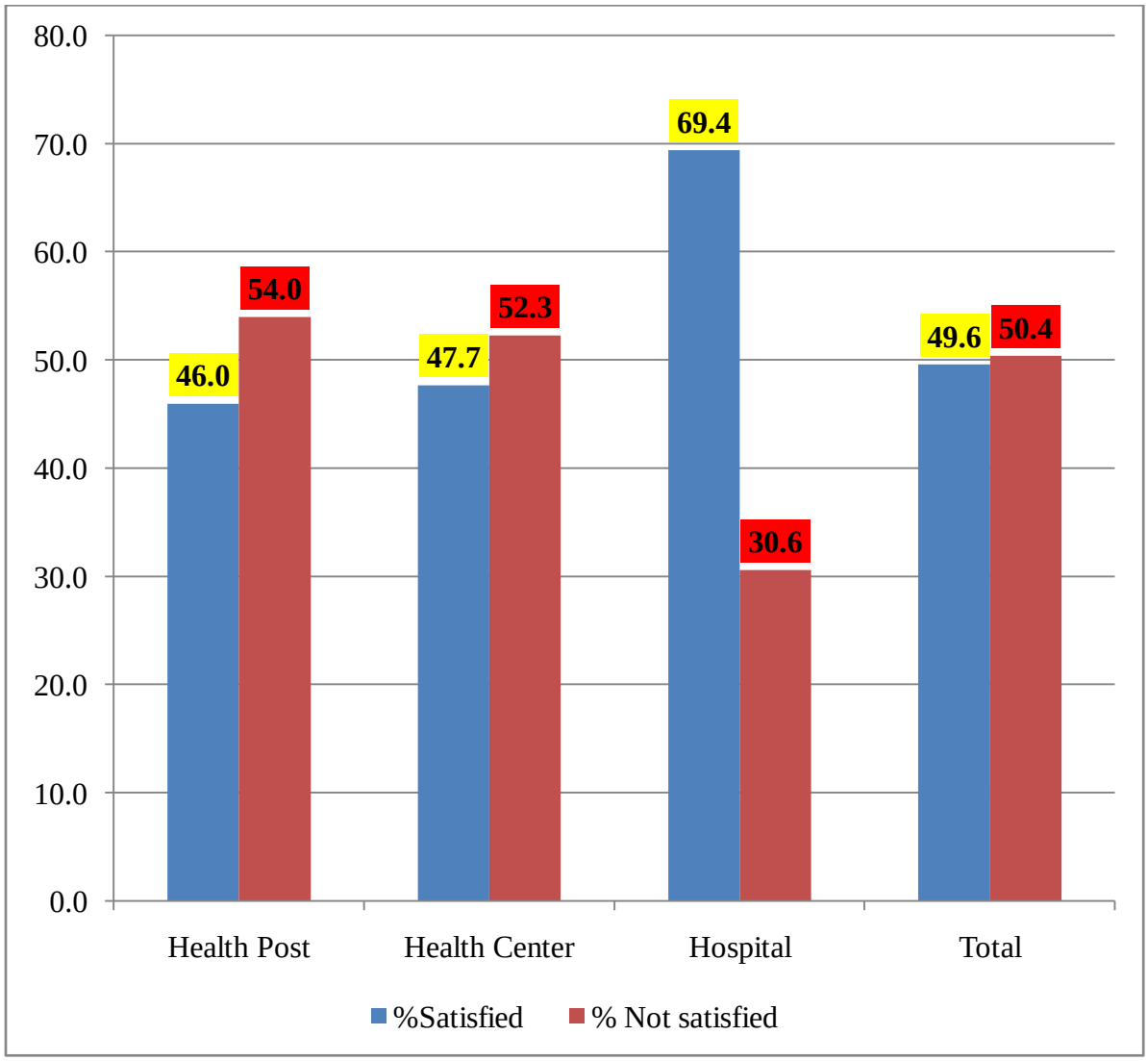


Figure2. Bar graph showing satisfaction with family planning service by types of Health institution in Guji zone, 2013

Table 9: Bivariate logistic regression analysis of satisfaction with family planning service in Guji zone, 2014

	Satisfaction					
Candidate variables	Not satisfied N (%)	Satisfied N (%)	P-value	COR	95.0% C.I for OR Lower	Upper
Type of Health facility			0.045			
Health post	75(54.0)	64(46.0)	0.014*	0.375	0.171	0.822
Health Center	56(52.3)	51(47.7)	0.026*	0.401	0.179	0.896
Hospital	11(30.6)	25(69.4)	1			
Age			0.001*	0.934	0.896	0.973
Marital status			0.120			
Single	9(75.0)	3(25.0)	0.654	0.667	0.113	3.930
Married & live together	125(48.4)	133(51.6)	0.227	2.128	0.625	7.243
Married not t live together	8(66.7)	4(33.3)	1			
Educational status						
Not attain formal education	100(54.3)	84(45.7)	0.067	0.630	0.384	1.033
Attain formal Education	42(42.9)	56(57.1)	1			
Time to have next child						
Within 2yrs	11(78.6)	3(21.4)	0.046*	0.254	0.066	0.976
After 2 yrs	41(48.2)	44(51.8)	1			
Family size						
<=5	71(41.3)	101(58.7)	0.000*	2.553	1.556	4.191
>5	70(64.2)	39(35.8)	1			
Having children						
Yes	124(53.7)	107(46.3)	0.019*	0.471	0.251	0.884
No	18(35.3)	33(64.7)	1			
Number of living child			0.005			
One	16(34)	31(66.0)	0.001*	3.244	1.592	6.611
Two	36(52.2)	33(64.7)	0.165	1.535	0.838	2.810
Three and above	72(62.6)	43(37.4)	1			
Waiting time			0.083			
< 30 minute	116(47.5)	128(52.5)	0.178	2.575	0.651	10.190
30 to 1 hr	18(66.7%)	9(33.3)	0.848	1.167	0.242	5.616
1hr & above	7(70.0)	3(30.0)	1			
Opening Hrs Convenience						
yes	131(48.7)	138(51.3)	0.024*	5.794	1.260	26.637
No	11(84.6)	2(15.4)	1			
Understanding provider						
Easy to understand	115(48.1)	124(51.9)	0.127	5.391	0.621	46.841
Difficult to understand	22(59.5)	15(40.5)	1			
Professional preference						
Male provider	11(34.4)	21((65.6)	0.059	2.102	0.973	4.541
Female provider	131(52.4)	119(47.6)	1			
Getting desired service & Information			0.075			
Yes	121(47.6)	133(52.4)	0.058	7.694	0.933	63.445
No	10(71.4)	4(28.6)	0.399	2.800	0.255	30.703
Some but not sufficient	4(66.7)	2(33.3)	0.363	3.500	0.236	51.899
Only get the service	7(87.5)	1(12.5)	1			

To see the relative effect of independent variables on the dependent variables, logistic regression analysis was carried out using SPSS version 16. . A Bivariate analysis showed that, type of health facility (P=0.045), Women's age (P=0.001), having child (p=0.019), Number of living children (P=0.005), Time to have next Child (p=0.046), family size (P=0.0001) &Service delivery point opening hours (p= 0.024) were significantly associated with clients satisfaction

Table 10: Independent predictors of satisfaction with family planning service in Guji zone, 2014.

	Satisfaction					
Candidate variables	Not satisfied N (%)	Satisfied N (%)	P-value	AOR	95.0% C.I for OR Lower	Upper
Type of Health facility						
Health post	75(54.0)	64(46.0)	0.039*	0.146	0.024	0.904
Health Center	56(52.3)	51(47.7)	0.050	0.159	0.025	1.001
Hospital	11(30.6)	25(69.4)	1			
Age (β=-0.117)			0.036*	0.890	0.798	0.992
Time to have next child						
Within 2yrs	11(78.6)	3(21.4)	0.031*	0.165	0.032	0.845
After 2 yrs	41(48.2)	44(51.8)	1			
Family size						
<=5	71(41.3)	101(58.7)	0.018*	3.695	1.253	10.895
>5	70(64.2)	39(35.8)	1			
Understanding provider						
Easy to understand	115(48.1)	124(51.9)	0.030*	5.329	1.177	24.139
Difficult to understand	22(59.5)	15(40.5)	1			

Multivariable logistic regression showed that type of health facility, family size, time to have next child, Age of women &Understanding provider during counseling were associated with satisfaction. Women attending FP service at health posts were 0.146 times less likely to be satisfied than those served at Hospital (OR=0.146, 95% CI (0.024, 0.904)). Women having family size less than or equal to five were 3.69 times more likely satisfied with FP service than those who have more than five (OR=3.695, 95% CI (1.253, 10.895)). On the other hand users who want to have their next child within two years duration were 0.165 times less likely satisfied with FP service than those who want after two years (OR=0.165, 95% CI (0.032, 0.845)). For a year increase in age of respondents will result in0.890 decrease in log odds of satisfaction with FP service (OR=0.890, 95% CI (0.798, 0.992)).Women who easily understand the provider during counseling were 5.329 times more likely satisfied with FP service than those who said difficult to understand (OR=5.329, 95% CI (1.177, 24.139)).

Chapter six: Discussion

Measuring the level of client's satisfaction with family planning service can help Health institutions service provision & management, as well as increase and maintain the quality of the service provision. The overall satisfaction in this study was 49.6 %. This is lower than the satisfaction report from jimma Zone 93.7% (45).The probable reasons for the discrepancy between the two studies might be difference in types of facility. The recent study includes Health centers, health posts & Hospitals while the pervious only includes health centers.

Forty percent of respondents from health post, 47.6% respondents from health center and 69.4% respondents from Hospital were satisfied with family planning service. Percentage of users' satisfaction in hospital was higher than Health center and Health post. The probable reason for this high proportion of satisfied user in hospital could be due to availability of trained professionals who were able to provide comprehensive family planning service.

In this study the mean waiting time was 32 minutes ranging from1 minutes to 2 hours and fifteen minutes , which was almost similar with studies in Jimma (mean 31.7 minutes) (24) and Bangladesh (mean 30minutes) (22). The response of clients on waiting time was long for 8.5% and furthermore, 8.5 % said family planning service was not given according to the firs come and first served principle. It was similar with study in jimma in which 10.9% were dissatisfied with waiting time (24).95.4% of respondents agreed with the convenience of the opening hours of the service deliver point which is almost similar with a study in Jimma 97 % (45).

The current study also shows that 9.9 % of the study participants did not get the service and information, they desired to get. This is lower than a study in jimma in which 21.1% were not getting the service they want (24).The difference might be due expansion of long acting methods to health post level. Further more Out of 102 new clients, explanation was given for 91.2% about side effect of the methods and77.5% possibility of changing methods if the method is not wanted by the clients. This is higher than the Study conducted in Jimma in which only 55.3% were informed about possible side effects or problems of that method and 46 % were informed about other methods they could use (45). The difference may occur due to provision of integrated refreshment training for health workers and health extension workers on Comprehensive maternal, neonatal and child health in the study area .However it was still lower than the national standard 100%

Regarding sufficiency of consultation time 86.5% responded that time to communicate with provider was sufficient. This is lower than a study done in jimma 94.4% (45) & higher than study in Colombo District, Sir Lanka 81% (22). This might be happening due to overflow of client & shortage of time.

In this study, forty three (15.2%) client responded providers were difficult to understand while communicating which is lower than studies conducted in Northeast Ethiopia 18% (26). Furthermore two hundred twenty clients asked some questions to service provider about contraceptive methods they were provided, out of these 15(6.7 %) were not satisfied with the answer given by service providers.

In this study , privacy was maintained for 97.5% of study participants with lowest percentage in Hospital 86% and this is consistent with studies in Jimma 93% and Sir Lanka 97% (23,24) .In this study 14.5% of respondents showed disagreement with cleanness of the waiting area and toilet. This is consistent with study in Jimma in which 13 % family planning users were dissatisfied with the toilet facilities in the clinic (45). This might led to discontinuation of family planning service which in turn leads to population problem.

In this study, during the explanation for availability of methods other than they used, most attention was given for pills 81.4% & less attention was given to spermicidal 23.5%. This is inconsistent with study in Jimma where most attention was given in Norplant 60% & less attention was given to vasectomy 3.3% (45).

In this study 69.5%of the study participants were using injectable. The reason for high injection users in this study might be clients' preference for its long effect and does not require daily base remembrance. On the other hand, Permanent methods, Norplant, and IUCD were not popular in this study area. But studies in Kenya showed that permanent method was popular and used by the majority of clients (47). The probable reason for low use of Norplant, surgical contraception, and IUCD in this study might be unavailability of methods, and inadequate information given to clients while counseling about the method. Furthermore, in this study most family planning users (88.7%) preferred female provider and this is inconsistent with study in Kenya on assessment of family planning services (23). This may occur due to; socio- demographic / cultural difference.

In this study most socio- economic variables were not significantly associated with the outcome variable except age and family size. This is consistent with study in Jimma in which marital status, discussion of family planning with husband/partner, occupation of the clients; religion & residence were not significantly associated with satisfaction (45). The finding of this study was consistent with study in Iran in which age of the clients were significantly associated with satisfaction (44).

Furthermore, in this study multivariate analysis showed that type of health facility, time to have next child & understanding provider during counseling were significantly associated with service satisfaction. It was consistent with study in Kenya in which facility types were significantly associated with clients satisfaction (23) and inconsistent with study in Iran in which time to have next child was not significantly associated (54). In addition the current study finding was consistent with study in Jimma in which understanding the provider during consultation was significantly associated with service satisfaction (45).

Strengths and weakness of the study

Strength of the study

Pretest was done before the actual data collection on similar characteristics of different setting.

Limitations of the study

Since the study was institutional based might underestimate the results related to satisfactions. It is possible that dissatisfied clients might not come to health institutions.

Chapter seven: Conclusion and recommendation

Conclusion

The result of the study revealed that, the overall satisfaction with family planning service provided was marginal. Percentage of users' satisfaction in hospital was higher than Health centre and Health post. On the other hand, this study showed that family size (AOR=3.695) & Understanding provider during counseling (AOR=5.329) were strong predictors of satisfaction with family planning. Sufficient method availability, inadequate information about specific methods, lack of privacy during service provision & neatness of the waiting area and toilet were some of the areas where users show high disagreement. Method choices were limited to injectable & oral pills .

Recommendations

Based on the findings of this study it is recommended that:-

Guji Zone & woreda Health office

1. Guji zone and Woreda health office has to communicate with RHB and other partners to train staff by giving special focus on sufficient information provision Since getting sufficient information regarding all available methods was the right of the client and helps them to choose the one they need.
2. Should avail different methods of family planning service like long acting & permanent methods.

Health facilities providing the service

1. Provider should use language that is too easy for users to understand.
2. Should keep the cleanness of the waiting area and toilet
3. Should keep the privacy of each service users
4. Provide good advice and keeping clients safety
5. Should give information and counseling on all methods available

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I. Appendix: QUESTIONNAIRES –ENGLISH VERSION

COLLEGE OF PUBLIC HEALTH & MEDICAL SCIENCE

DEPARTMENT OF HEALTH SERVICE MANAGEMENT

QUESTIONNAIRE FOR CLIENT EXIT INTERVIEW

INTRODUCTION AND INFORMED CONSENT FORM FOR THE CLIENT

Greeting Hello! My name is ----------I am working in research team of Jimma University College of Public health &Medical Science Post Graduate School. This is a study to be conducted with objective of assessing satisfaction with family planning service among women getting the services at public health facilities. As the study is directly related to women getting family planning services **.**You are one of the women who are selected to participate in this study, therefore your are kingly requested to participate in this study and provide the information required from you. Your participation in this study is completely on voluntary bases**.** I am going to ask some very personal question and you have the right to refuse from participation. Your response will be kept confidential and there will be no way of linking your individual responses to the final result of the study findings.

I would like to inform you that the responses that you provide the questions are very essential, not only, for the successful accomplishment of the study but also for producing relevant information which will be helpful in improving the delivery of family planning services. Would you willing to participate in this study?

Yes ---------- No ----------

Code number of the client ---------- Client arrived at service delivery points-------- Time client received service------- Waiting time----------

Interviewer: -

Name_____ Cod number_____

Part I: Socio – Background characteristics

No	Questionnaire	Coding category	Skip to
101	How old are you?	1. Age in years ------ 88. Don't Know	
102	Your residence	1. Rural 2. Town	
103	What is your current marital status?	1.Single 2.Married & live together 3.Married but not live together 4. Divorced. 5. Widowed	
104	If married /have regular partner, have you discussed family planning with your husband?	1.Yes 2.No	
105	Do you have children?	1.Yes 2.No	Q111
106	If yes, how many living children do you have?	1.One 2.Two 3.Three & above	
107	What is the age of your youngest child?	1. ------Year/Month------- 88. Don't know	
108	Would you like to have more children	1.yes 2.No 3.Depend on God 4.Depend on husband	
109	If yes, when would you like the next child	1.Immedeatly 2.Up to one year 3. Up to two years 4. Up to three years 5. After three years	
110	Are you currently breastfeeding?	1.Yes 2.No	
111	What is your educational level?	1.Illitrate 2. Write & read only 3. Primary school(1-8) 4.Secondaryschool completed 5.Tweleve +1& above	
112	What is your religion	1.Orthodox Christian 2.Catholic 3.Protestant 4.Muslim 5.Other (Specify)-------	
113	Religiosity based on worship places attendance	1. Daily church/ mosque goer 2. Two-six times Weekly 3.Weekly 4.Every 2 weeks 5.Monthly 6.During holidays 7.Not going at all	
114	What is your ethnicity?	1.Amhara 2.Oromo 3.Tigre 4.Agew 5.Guragie 6.Other (specify)----	
115	What is your occupation?	1.Government employee 2.Private employee 3.Merchant 4.Un employed 5.House wife 6.Student 7.Daily labourer 8.Prostitute 9.Other (specify)-----	Q115 A
116	What is your monthly income?	----------Eth.birr	Q116b
117	Family size including dependents and relatives, in number.	----------	

Q115 A please chooses the category that best describes your **main** job. (it is for both wife and husband)

S. no	*Wife*	*Husband*
1	Executive, administrator, or senior manager (e.g., CEO, sales VP, plant manager)	Executive, administrator, or senior manager (e.g., CEO, sales VP, plant manager)
2	Professional (e.g., engineer, accountant, systems analyst)	Professional (e.g., engineer, accountant, systems analyst)
3	Technical support (e.g., lab technician, legal assistant, computer programmer)	Technical support (e.g., lab technician, legal assistant, computer programmer)
4	Sales (e.g., sales representative, stockbroker, retail sales)	Sales (e.g., sales representative, stockbroker, retail sales)
5	Clerical and administrative support (e.g., secretary, billing clerk, office supervisor)	Clerical and administrative support (e.g., secretary, billing clerk, office supervisor)
6	Service occupation (e.g., security officer, food service worker, janitor)	Service occupation (e.g., security officer, food service worker, janitor)
7	Precision production and crafts worker (e.g., mechanic, carpenter, machinist)	Precision production and crafts worker (e.g., mechanic, carpenter, machinist)
8	Chemical/Production Operator (e.g., shift supervisors and hourly employees)	Chemical/Production Operator (e.g., shift supervisors and hourly employees)
9	Laborer (e.g., truck driver, construction worker)	Laborer (e.g., truck driver, construction worker)
10	Farmer Eg .Use ox ,tarctor ,other	Farmer eg. Use ox ,tractor ,other

<u>Q116B</u> please choose the category that best describes your <u>housing condition</u>.

	Drinking water source		**Television possession**
	Rain water		Yes
	Pond/ lake/ dam		No
	River	6	Missing
	Open spring		**Main floor material**
	Open well		Earth/ sand
	Covered spring		Dung
	Covered well		Wood planks
	Piped outside compound		Reed/ Bamboo
	Piped into compound		Parquet
	Piped into dwelling		Vinyl sheets/ tiles
1	Missing		Cement
	Type of toilet facility		Cement tiles/ brick
	No facility/ bush/ field		Carpet
	Traditional pit latrine	7	Missing
	Improved ventilated pit latrine		**Roof material**
	Flush toilet		Wood/ mud
2	Missing		Thatch
	Electricity		Reed/ Bamboo
	Yes		Plastic sheet
	No		Mobile roof
3	Missing		Iron sheet
	Radio possession		Cement
	Yes	8	Missing
	No		
4	Missing		
	Cooking fuel		
	Dung		
	Firewood		
	Charcoal		
	Coal		
	Kerosene		
	Biogas		
	Natural gas		
	Electricity		
5	Missing		

Part II C1ient interview on service process (For both new & repeat)

No	Questionnaire	Coding category	Skip to
201	Who told you for the first time about the family planning service of this clinic?	1. Husband 2. Neighbors 3. Health professional 4. Other (specify)____	
202	How long did it take to you to arrive at this clinic?	1.Less than 1/2 hr 2.1/2 to 1 hr 3.1 to 2 hrs 4.More than 2 hrs 88. Don't know	
203	Are the opening hours for this clinic convenient for you?	1.Yes 2. No 88. Don't know the opening Hours	
204	How long did you wait between the time you first arrived to the clinic and gets family planning service?	1. No wait 2. Less than 1/2 hr 3. Half to one hour 4. 1 hour and above 88. Don't know	
205	How do you feel about your waiting time?	1.No waiting 2.Short 3.Long 4.Too long 88. Don't know	
206	Do you feel that today you received the information & service that you wanted?	1.Yes 2.No 3.Some but not adequate information and service 4. I have received the service but not the information. 5. I have received the information but not the service. 6.Other (specify)----------	
207	If not why	1.provider do not want to tell me 2.the service I want was not available 3.time was too short & I did not get time 4. Other (specify). ----------	
208	Did you feel that your consultation with the clinical staff was ...	1.About right 2.Too short 3. Too long 88. Don't know	
209	During consultation, was the provider easy to understand?	1.Easy to understand 2.Difficult to understand 3.Don't understand	
210	Did you ask any question about family planning	1.Yes 2.No----------	Q212
211	If yes, did the answer satisfy you?	1.Yes 2.No 3.Partically	
212	Was there enough privacy during consultation?	1.Yes 2.No	
213	Do you know any other clinic where you can get family planning service?	1.Yes 88. don't know	
214	If yes, is this clinic the closest site to your home?	1. Yes 2.No 88. Don't know	
215	Do you believe the service provider who attended you today could be trusted with secret?	1.Yes 2.No	
216	Will you come back for next appointment?	1.Yes 2.No	
217	Would you recommend the services provider you saw today to a friend?	1.Yes 2.No	

Part II section I: - Question for new family planning users

No	Questionnaire	Coding category	Skip to
218	Why do you come to this clinic?	1. To start birth control 2. To get counselling 3. To get both service	
219	Did you decide to use contraceptive method at this visit?	1.Yes 2.No----------	Q221
220	If yes which method did you accept today?	1.Pills 2.IUCD 3.Condom 4.Female sterilization 5.Diaphragn 6.Injectable 7.Spermicide 8.Nor plant 9. Other (specify)----------	
221	If no, why did you not start to use contraceptive method today	1.Change my mind 2.Came for information only 3.Pregnancey suspected 4.Contraindication for method wanted 5.Method wanted not available 88. Don't know	
222	**During the consultation for the method you accept to use, did the health personnel explain about the following**		
222.1	Clearly explains how the method works?	1.Yes 2.No	
222.2	Demonstrate how to use it?	1.Yes 2.No	
222.3	Describe possible side effects	1.Yes 2.No	
222.4	Explain what to do if you experience any problems before the next visit?	1.Yes 2.No	
222.5	Explains the possibility of changing method if you are not happy with it?	1.Yes 2.No	
222.6	Where to go for supply or follow up visit?	1.Yes 2.No	
223	In addition to the method you received, were you told about any other methods?	1.Yes 2.No_____	Q225
224	**If yes, which method**?		
224.1	Pills	1.Yes 2.No	
224.2	Injectable	1.Yes 2.No	
224.3	Spermicidal	1.Yes 2.No	
224.4	Diaphragm	1.Yes 2.No	
224.5	IUCD	1.Yes 2.No	
224.6	Condom	1.Yes 2.No	
224.7	Female sterilization	1.Yes 2.No	
224.8	Nor plant	1.Yes 2.No	
224.9	Other (specify)----------	1.Yes 2.No	
225	Will you come for next appointment?	1.Yes 2.No	

Part II section II: - for re supply or follow-up clients

No	Questionnaire	Coding category	Skip to
226	Which method are you using?	1.Pills 2.Injectable 3.Spermicides 4.Diaphragm 5.IUCD 6.Condom 7. Nor plant 8. Other (specify)----------	
227	Which method do you know other than the method you are using		
227.1	Pills	1.Yes 2.No	
227.2	Injectable	1.Yes 2.No	
227.3	Spermicidal	1.Yes 2.No	
227.4	Diaphragm	1.Yes 2.No	
227.5	IUCD	1.Yes 2.No	
227.6	Condom	1.Yes 2.No	
227.7	Female sterilization	1.Yes 2.No	
227.8	Nor plant	1.Yes 2.No	
227.9	If other specify _____	1.Yes 2.No	
228	Last time you have obtained family planning method, did you get it from this clinic	1.Yes---------- 2.No	Q230
229	If no, where did you get it	1.Other Governmental health institution 2.Private clinic 3.Community based distribution 4.Pharmacy 5.Other	
230	Did you pay for the service and for contraceptive?	1.Yes 2.No	
231	If yes how much for one visit?	1.Price for contraceptive per cycle ---- 2.Price for service -------	
232	If a friend of yours wanted family planning service, would you encourage her to come to this clinic or go elsewhere?	1.Come to this clinic 2.Go to somewhere else 88. Don't know	
233	If you encourage her to go somewhere else, why?		
233.1	Long waiting time here	1.Yes 2.No	
233.2	Far away	1.Yes 2.No	
233.3	Poor quality service	1.Yes 2.No	
233.4	Poor/inadequate consultation here	1.Yes 2.No	
233.5	Only few F/P methods are available here	1.Yes 2.No	
233.6	Other (specify)----------	1.Yes 2.No	
234	Which service did you like from this clinic?		
234.1	1.Get service with in short period	1.Yes 2.No	
234.2	2.Provider gives good	1.Yes 2.No	
234.3	3.Counselling was clear & satisfactory	1.Yes 2.No	
234.4	4.Received the method chosen	1.Yes 2.No	
234.5	5. Other (specify)----------	1.Yes 2.No	
235	Will you come for next appointment?	1.Yes 2.No	

Part II Section III. Miscellaneous scale on client satisfaction

No	Questionneiry	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
236	Provider greeting is good and in a friendly way					
237	Provider perform the procedure with cleanliness and sanitation					
238	Provider has good knowledge and skill to perform the procedure					
239	Sufficient methods are available					
240	Information given about the method is sufficient					
241	Waiting time is adequate					
242	Privacy was maintained					
243	Waiting place is adequate with latrine and water supply.					
244	Time of service convenience					

Part II Section V: - Preference of source that quality family planning can be obtained better.

245. Please place in rank order (from most to least) you would believe you can receive better service/especially on technical skill/.

Doctor_____ Nurse who is female_____

Nurse who is male_____ Community based distributors____ other specify_____

246. Whom do you prefer best to provide you a family planning service?

1. Male provider 2. Female provider

247. What is your pervious expectation about family panning service before first contact to Heath facility for the service?

1. Good 2. Bad

248. Do you have any health problem after adoption of contraceptive?

1. yes 2 .No

249. If yes do you want to discontinue the service?

1 Yes 2.No

250. In your residence area do community members influence or discriminate FP users?

1. Yes 2.No

251. Do FP program service were provided on first come first served principle ?

1. Yes 2.No

GAAFFILEE –OROMIFFAAN KAN QOPHAA'E

YUUNVARSTII JIMMAATTTI KOOLEEJJII FAYYAA

HAWAASA FI SAAYINSII YAALAA

DIIPAARTIMANTII HOOGGANSA TAJAAJILA FAYYAA

Gaaffile tajaajilamitota tajaajila argatanii bahniif

Seensa fi feedhii hirmaachu tajajilamtoota argachuu

Nagaa jirtuu! Maqaan koo _____ jedhama. Ani koree qoranno Yuunivarsitii Jimma Koolejjii Fayyaa Hawaasaa fi Saayinsii Yaala baruumsa digrii lamaffaa keessa hojjedha.Kaayoon qorannoo kana itti quufinsa ykn gamachuu tajajilamtoota karoora maatii dhabilee fayyaa motumaa keessatti haadholeef keennama jiru xinxaalufi . Qorannon kun kan kalatiidhan ilaalatu haadholee tajaajila karoora maatii fudhataa jirani dha. Isinis namoota qoranno kana keessatti akka hirmaatan filataman keessaa tokkodha. Kanafu isin ilee qoranno kana keessatti hirimaatanii raga isin irraa barbaadamu hundaa akka keennitan isin afeera. Hirmaanan keessan guutuman gutuutti feedhii keessan irratti hunda'a kanafu yoo fedhii hinqabanee dhisuu ni dandeesu. Ragaan ykn Deebin isi naaf keennitan icitiin eegama namituu hinhimamau.

Ragaa qoranno kanaaf keennitan tajaajila dhabilee fayyaa sana keessatti keennamu fooyyessuf gahee oli aanaa qaba ,Kanfuu qorannoo keenya keessatti hirmaachu ni feetuu ?

Eeyee ---------- Lakkii ----------

Lakk. Kodii tajaajilamaa ---------- Sa'aa dhabata fayyaa itti dhaqabee-------- Sa'aa tajaajila itti argatan------- Sa'aa dabaree eegan----------

Gaaffii Gaafataa: -

Maqaa_____ Kodii gaafataa_____

Dhaabata Fayyaa itti guutame Hospitaala /Buufata fayyaa/Keellaa fayyaa

Kutaa I: Haala Waliigalaa

lakk	Gaaffilee	Qoodama koodii	Irraa darbii
101	Gani kee meeqa?	1. Umurii waggaadhan ------ 88. hinbeektu	
102	Bakka jireenyaa	1. Baadiyaa 2. Magaala	
103	Gaa'eela	1.hinheerrumine 2.heerumanii waliin jiraatu 3.heeruman garuu waliin hinjiraatan 4. Adaan bahaanii jiru 5. Jaarsi jala du'ee jira	
104	Kan heerumitan ykn Jaalalle dhabbata kan qabidan yoo ta'ee wa'ee karoora matii marii gootan ni beektu ?	1.eyee 2. lakii	
105	Ijoolee ni qabduu ?	1.eeyee 2.lakkii	G111
106	Yoo kan qabdan ta'ee ,Ijoleen lubbuun jirtu meeqa?	1.tokko 2.lama 3.sadii fi isa oli	
107	Umuriin daa'imma kee isaa dhummaa lubbun jiruu meeqaa?	1. ------woggaa/ji'aa------- 88. hinbeektu	
108	Ijoolee dablataan qabaachuu ni feeta ?	1.eeyyeen 2.Lakkii 3.Waqqayoo beeka 4. Jaarsa kootu murteesa	
109	Ijoolee dabalataan qabaachu kan feetu yoo ta'ee yeroo kammiti dahuu barbaada ?	1.amummaa 2.woggaa tokko keessatti 3. woggaa lamma kessatti 4. Woggaa sadii keessatti 5. woggaa sadiin booda	
110	Yeroo ammaa kan harmaa hoosisaa jirta ?	1.eeyee 2.lakkii	
111	Sadarkaa barumsa	1.hinbarane 2. Barreesuu fi dubisuu qofa danda'a 3. Sadarka 1 ffaa (1-8) 4.sadarkaa 2 ffaa kan xumuran 5.kuta 12+1 fi isaa oli	
112	Amantaan kee	1.oritodoksii 2.Kaatolikii 3.proteesitantii 4.Musiliima 5.kan biro ibisaa-------	
113	Garaa mana amantaa yoomi deemitaa?	1. Guyyaa hundaa 2. Torbanitti yeroo 2-6 3.Torbanin 4.Torban lama lamaan 5.Ji'aan 6.yeroo Ayyaanaa 7.yeroo kami hindeemu	
114	Sabin kee malii?	1.Amaara 2.Oromo 3.Tigre 4.Gedi'oo 5.Guragee 6.kan biro ibsaa ----	
116	Galiin keessan kan ji'aa meeqaa ?	Birrii ----------	G116b
117	Baayyina maatii keessanii ijoolee firaa fi kan biro dabalatee	----------	

G115 Haala hojjii keettii fi kani abbaa warraa keettii kan sirriti ibsuu filadhuu

Lakk	*Haadha warraa*	*Abbaa warraa*
	Hogganaa ,,gaggeessaa olaana , ogeessa olannaa	Hogganaa ,,gaggeessaa olaana , ogeessa olannaa
1	(e.g., CEO, sales VP, plant manager)	(e.g., CEO, sales VP, plant manager)
	Oggeessaa	Oggeessaa
2	(e.g., engineer, accountant, systems analyst)	(e.g., engineer, accountant, systems analyst)
	Oggeessa teekinikaa	Oggeessa teekinikaa
3	(e.g., lab technician, legal assistant, computer programmer)	(e.g., lab technician, legal assistant, computer programmer)
	Daldaalaa	Daldaalaa
4	(e.g., sales representative, stockbroker, retail sales)	(e.g., sales representative, stockbroker, retail sales)
	Haala mijeessa waajiraa fi suparvazara	Haala mijeessa waajiraa fi suparvazara
5	(e.g., secretary, billing clerk, office supervisor)	(e.g., secretary, billing clerk, office supervisor)
	Gaggeessaa hojii	Gaggeessaa hojii
6	(e.g., security officer, food service worker, janitor)	(e.g., security officer, food service worker, janitor)
	Hojeetaa ogummaa techinikaa	Hojeetaa ogummaa techinikaa
7	(e.g., mechanic, carpenter, machinist)	(e.g., mechanic, carpenter, machinist)
	Hojjetaa guyyaa /hojjeta sa'atii	Hojjetaa guyyaa /hojjeta sa'atii
8	(e.g., shift supervisors and hourly employees)	(e.g., shift supervisors and hourly employees)
	Hojetaa humna	Hojetaa humna
9	(e.g., truck driver, construction worker)	(e.g., truck driver, construction worker)
	Qotee bulaa	Qotee bulaa
10	Eg .Use ox ,tarctor ,other	Eg .Use ox ,tarctor ,other
11	Kan biro ibsaa---------	Kan biro ibsaa---------

<u>Q116B</u> Haala jirreenya keettii kan sirriti ibsuu filadhuu

	Mada bishaan dhugaattii
	Kan roobaa
	Haroo/bishaan kuufame
	Laga
	Bishaan burqaa banaa
	Bishaan boola banaa
	Bishaan burqaa dalai qabuu
	Bishaan boola dalai qabuu
	Bishaan boonuu moraan alaa
	Bishaan boonuu mooraa keessaa
	Dhunfaan boonao kan qaban
1	Kin biroo
	Mana ficaanii
	Mana ficaani hinjiru
	Mana ficanii addaa
	Mana ficanii sadarkaa egatee
	Mana ficaanii bishanii irraa dhiqu qabu
2	Kan biroo
	Ibsaan jiraa
	eyee
	mit
3	Kan biroo
	Raadiyoo qabduu
	eyee
	lakkii
4	Kan birro
	Wanti itti nyaata bilcheefatan
	Koobota ykn dhoqee loonii
	Muukaa/Qorraani
	Cilee/Kasala
	Coal
	Gaasii addii /kerosenii
	Baayoo gaasii/Biogas
	Gasii umaamaa /Natural gas
	Eletirikaa
5	Kan biroo

	Teleevezinii ni qabduu ?
	eeyee
	lakkii
6	Kan biroo
	Diinqi mana keessanii
	Laafaa ykn dhagaadha
	Dhoqeen dibame
	Mukaan tolfame
	Xaawulaan tolfame
	Parquet
	Plastikaan uwifame
	Siibintoon uwiifame
	Sibintoon uwifami plastic qaba
	Keeshan uwifame
7	Kan birroo
	Xaaran manaa
	Muuka /dhoqee dha
	Thatch
	xawulaadha
	Plaastika
	Xaraa socha'uudha/mobile roof
	Qorqoorodha
	Simintodha
8	Kan biroo

Kutaa II Gaafii itti quufinsaa tajaajila (Haraa fi dedeebin kan fayyadamaniif)

Lk.	Gaffilee	Qoodama koodii	I.darbii
201	Tajajilii karoora maatii akka dhabbata kan keessatti keennamu yeroo duraaf eessaa dhagessani ?	1. Irisa 2. Olaa 3. oggeessaa fayyaa 4. Kan biroo____	
202	Man keettii kaatee Dhabbaata kan gahuuf sa'aa meeqa siiti fudhatee?	1.sa'aa 1/2 gadi 2 sa'aa1/2 - 1 3. sa'aa 1 - 2 4.sa'aa 2 oli 88. hinbeektu	
203	Sa'aan tajajili karoora maatii kun itti keennamu isinif mijawadha ?	1.eyee 2. lakkii 88. Sa'aa banamuu hinbekitu	
204	Erga dhabata kana geessanii taajila argachuuf sa'aa meeqa isinit fudhatee ?	1. Hin eegine 2. sa'aa 1/2 gadi 3. sa'aa1/2 - 1 4. Sa'aa 1 fi isaa oli 88. hinbeekitu	
205	Sa'aa tajaajila karoora maatii argachuuf eegidan akkamin ilaalitu?	1. Hin eegine 2.Gababadha 3.Dheeradha 4.bayee dheeradha 88. Hin beekitu	
206	Guyyaa haraa tajaajila fi hubbanoo argachu qabu ergadhe jira jeetani yaaduu ?	1.eyee 2.Lakkii 3.xiqqoo argadhe garuu gahaa miti 4Tajajila qofa malee hubanno hin argane. 5. Hubannoo qofa malee tajajila hin argane . 6.Kan biroo----------	
207	Lakii yoo ta'ee maaliif	1.Ogeessi nati himu hinbarbaane 2.Tajaajili arigachuuf ani barbaadu hinjiruu 3.yeroon gabaaba waan ta'eef ani yeroo gaha hinargane 4. Kan biroo. ----------	
208	Mariin fi Gorsii ogeessaa waliin tasistan maal fakkaata ?	1.Baayee gaaridha 2.Baayee gababadha 3. Baayee dheradha 88. hinbeektu	
209	Yeroo gorsaa yaada ogeessaa hubachuu akkamiin ilaalitani ?	1.Hubachuuf salphadha 2.Hubachuuf namatii ulfaatadha 3.Hin hubanee/waliihingalee	
210	Wa'ee karoora maatii yeroo gorsaa ogeessa kee gaaffii gaafatee jirtaa	1.eeyee 2.lakkii ----------	G212
211	Eeyee yoo ta'ee deebiin isaa sii quubise jiraa?	1.eyee 2.lakkii 3.jiduu gleessaa	
212	Yeroo gorsaa icitiin kee eegamee jira?	1.eeyee 2.lakkii	
213	Dhabata kanaan alattii iddoo karoori maatii itti keennamu ni beekta?	1.eyee 2 . Lakkii 88. hinbeekituu	
214	Eeye yoo ta'e mana keetti dhihoo dha?	1. eyee 2.lakkii 88. hinbeektu	
215	Ogeessi guyyaa haraa tajaajila siif keenne iciitii koo ni eega jete yaadaa?	1.eyee 2.lakkii	
216	Beellam itti aanuuf nii dhufitaa?	1.eyee 2.lakkii	
217	Ogeessa hara tajajila siif keenne kan akka hiriyoon kee bira deemanii itti faayyadaman isaanitii ni himitaa ?	1.eyee 2.lakkii	

Kutaa II goola I: - Gaaffilee itti fayyadamitoota karoora maatii haaradhaaf (New)

lakk	Gaaffilee	Qoodama koodii	I.darbii
218	Dhaabbata kana maaliif dhufitee?	1. Karoora maatii calqabuuf 2. Gorisa argachuuf 3. Lamaanuu argachuuf	
219	Guyyaa haraa karoora maatii barbaadu fudhachuuf murteesitee jirtaa?	1.Eyee 2.lakkii----------	G221
220	Eyee yoo ta'ee gosa kamii fudhachuuf murtesitee?	1.Piilisii 2. IUCD 3.Kondomii 4.Female sterilization 5.Diyafiraamii 6.Lilimen kan keennamu 7.Isparimii ajeessaa 8.Noorplantii 9kan biiroo----------	
221	Lakkii yoo jete maaliif guyyaa haraa fudhachuu hindandeenyee ?	1.yaada koon jijire 2.Gorsa qofaaf waan dhuufeef 3.Ulfaan qaba jedhe waan yaaduf 4.Gosan fudhachu fedhuu anaaf ittifamadha /Con.In 5.Gosiin barbaadu hin jiru 88. hinbeekitu	
222	Ogeessi fayyaa gosaa karoora maatii ati guyyaa haraa fudhachuuf murteesite irratti yoo sii gorsu ,qabixii armaan gadii sii ibsee jiraa ?		
222.1	Haala qorichi itti hojjetuu sit himee?	1.Eyee 2.Lakkii	
222.2	Haala itti fayydamitun siti agrisisee?	1.Eyee 2.Lakkii	
222.3	Midhaa ini qabu (Side effect) sit himee ?	1.Eyee 2.Lakkii	
222.4	Rakkon yoo sii mudatee maali akka gochuu qabduu siti himee?	1.Eyee 2.Lakkii	
222.5	Gosa karoora maatii fudhatee kan itti hingamadine yoo ta'ee akka jijiruu dandeessu siti himee?	1.Eyee 2.Lakkii	
222.6	Qorsaa dabalataan fudhachuuf eessa dhaquu akka qabduu sitti himamee?	1.Eyee 2.Lakkii	
223	Gosaa karoora maatii atti fudhateen alatti kan biro jirachun sit himamee?	1.Eyee 2.Lakkii_____	G225
224	**Eyee yoo ta'ee gosa kami** ?	1.Eyee 2.Lakkii	
224.1	Pilisii	1.Eyee 2.Lakkii	
224.2	Kan lilimoon keennamu /Injectable	1.Eyee 2.Lakkii	
224.3	Isparmii Aajeessaa /Spermicidal	1.Eyee 2.Lakkii	
224.4	Dayaafiraamii /Diaphragm	1.Eyee 2.Lakkii	
224.5	Gadaameessa keessa kan awalamu/IUCD	1.Eyee 2.Lakkii	
224.6	Kodomii /Condom	1.Eyee 2.Lakkii	
224.7	Dubartiin Maseensuu /Female sterilization	1.Eyee 2.Lakkii	
224.8	Irree keessa kan awalamu/Nor plant	1.Eyee 2.Lakkii	
224.9	Kan biroo)----------	1.Eyee 2.Lakkii	
225	Beellam itti aanuf ni dhuftaa?	1.Eyee 2.Lakkii	

Kutaa II Gola II: - Tajajilamtoota dedeebitif (re-supply or repeat clients)

Lakk	Gaaffilee	Qoodama koodii	I.darbii
226	Gosa kami fudhachaa jirtaa?	1.Pilisii 2.limoon kan keennamu 3.Spermicides 4.Diyaafiramii 5.IUCD 6.Kondomii 7. Noorplaantii 8. Kan biroo----------	
227	Kan fudhachaa jirtuun alaattii gosa kami beekitaa ?		
227.1	Pilisii	1.Eeyee 2.Lakkii	
227.2	Kan lilimoon keennamu /Injectable	1.Eeyee 2.Lakkii	
227.3	Isparmii Aajeessaa /Spermicidal	1.Eeyee 2.Lakkii	
227.4	Dayaafiraamii /Diaphragm	1.Eeyee 2.Lakkii	
227.5	Gadaameessa keessa kan awalamu/IUCD	1.Eeyee 2.Lakkii	
227.6	Kodomii /Condom	1.Eeyee 2.Lakkii	
227.7	Dubartiin Maseensuu /Female sterilization	1.Eeyee 2.Lakkii	
227.8	Irree keessa kan awalamu/Nor plant	1.Eeyee 2.Lakkii	
227.9	Kan biroo)----------	1.Eeyee 2.Lakkii	
228	Yeroo darbee karoora maatii dhabata kanaa fudhatee ?	1.Eeyee---------- 2.Lakkii	G230
229	Lakkii yoo ta'ee eessaa fudhatee	1.Dhabata mootumaa biroo 2.dhabata dhunfaa 3.Community based distribution 4.Farmaasii 5.kan biroo	
230	Tajaajila fi qorsaa karoora maatiitif kanfalitii ni raawataa?	1.Eeyee 2.Lakkii	
231	Eye yoo ta'ee yeroo tokkof hangam kanfalitaa?	1.Gatii qorichaa ---- 2.Gatii tajaajilaa -------	
232	Hiriyoon kee fedhii karoora maatii fayyadamuu kan qaban yoo ta'ee asi dhufanii akka fayyadaman itti himitaa moo iddo bira akka deeman itti himita?	1.Asi akka dhufan godha 2.Iddo biraa akka deeman itti hima 88. hinbeek	
233	Iddoo biro akka deeman kan itti himituu yoo ta'ee maliif?		
233.1	Asitii yeroo dheera nama eegisisu	1.Eeyee 2.Lakkii	
233.2	Nuuraa fagaata	1.Eeyee 2.Lakkii	
233.3	Tajaajili qulqulina hinqabu	1.Eeyee 2.Lakkii	
233.4	Gorsaa garii namaf hin keennamu	1.Eeyee 2.Lakkii	
233.5	Qorsi gosa hundaa hinjiru	1.Eeyee 2.Lakkii	
233.6	Kan biroo----------	1.Eeyee 2.Lakkii	
234	Tajaajila dhaabataa kana keessaa kami jaalataa?	1.Eeyee 2.Lakkii	
234.1	1.Tajaajila yeroo gababatti argachuu	1.Eeyee 2.Lakkii	
234.2	2.Ogeessa gaariitu jira	1.Eeyee 2.Lakkii	
234.3	3.Gorsa gaarii fi gahaa ta'etu jira	1.Eeyee 2.Lakkii	
234.4	4.Gosa karoora maatii fedhutu naaf keenname	1.Eeyee 2.Lakkii	
234.5	5. Kan biroo----------	1.Eeyee 2.Lakkii	
235	Beellema itti aanuf ni dhufitaa?	1.Eeyee 2.Lakkii	

Kutaa II Golaa III. Shaalagii waligalaa itti gamaduu tajaajilaa

Lakk	Gaaffilee	Baayise ittin waligala	Ittin walgala	hinbeeku	Itti walhingalu	Baayisee itti walhingalu
236	Ogeessi tajaajila keennu nagaa nama hinfudhaa ,akka gaariitti nama simata					
237	Ogeessi tajaajila keennu qulqulinaa fi icitii ni eega					
238	Ogeessi beekumsa fi gahumsa gaarii tajajila keennu ni qaba					
239	Gosaa tajajila karoora maatii heeddu jira					
240	Gosaa karoora maatii irratti hubbanoo gahaa keennu					
241	Yeroo dabaree itti eegatan gaaridha					
242	Icitiin kamiyuu ni eegama					
243	Idoon dabaree itti eegatan qulquludha ,manificani qulquluu ni jira .					
244	Yeroon tajaajili itti kennamu mijaawadha					

KutaaII Golaa V: - Feedhii idoo tajaajila karoora maatii qulqulina qabu fudhatanii

245. Gahumsa ogeessa tajaajila keennu irratti hunda'udhan Ogeesaa ykn idoo tajajila gaarii ni keenna jetee yaadu tartiban teechisi

Dookitara_____ Narsii _____ Sadarka hawaassatti namota rabisan_____

HEF _____ Kan biroo._____

246. Tajaajila karoora maatii akka siif keennu eenyu filataa?

1. Ogeessa dhiiraa 2. Ogeessaa dhalaa

247. Utuu Gara dhaabbata fayyaa kan hindhufin amantaan wa'ee tajaajila karoora maatii ati qabdu ? 1. Gaariidha 2. Badaadha

248. karoora maatii fayyadamuun walqabatee rakkoon fayyaa kanaan dura sii mudate jiraa?

1.eyee 2 .lakkii

249. Eeye yoo ta'ee tajaajila addaan kutee jirtaa ? 1 eyee 2.lakkii

250.Akka naannoo keetti dhiibaa haawasin namoota karoora maatii fayyadamu irraan gahu jira ? 1.eyee 2.lakkii

251. Tajaajili karoora maatii yoo dhaabata fayyaatti keennamuu dabaree nama dura dhufee dursa keennun kennamaa? 1 . eyee 2. lakkii

Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in this or any other university, and all sources of materials used for this proposal have been fully acknowledged.

Name of the student Yirdachew Semu

Signature _____

Date _____

Approval of the first advisor:

This thesis has been submitted with my approval as University advisor.

Name of the first advisor: _____

Signature _____

Date _____

Approval of the second advisor:

This thesis has been submitted with my approval as University advisor.

Name of the second advisor: _____

Signature _____

Date _____

Approval of the Internal Examiner:

This thesis has been submitted with my approval as University Internal Examiner.

Name of the Internal Examiner: _____

Signature _____

Date _____