Original article

Quality of family planning services at the Family Guidance Association of Ethiopia (FGAE) Clinic: The clients' perspective

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Abstract: The study was carried out to describe some aspects of the quality of family planning services of the FGAE headquarters clinic as perceived by the clients and measure the clients waiting time. A total of 400 clients were systematically selected and interviewed. Results of the study indicated that good ranges of contraceptive method-mix are made available in the clinic and clients calimed to be well informed about the methods, including their possible side effects and contraindications as well as how the methods work. Nearly all interviewed clients claimed that they had enough time to discuss about problems and were cordially treated by service providers. The average length of a visit to the clinic was estimated to be an hour and 33 minutes and clients had to spend 55 minutes in the waiting room. Further, 89% of the clients expressed their satisfaction with the overall services of the clinic and the majority stated that they would recommend and encourage others to get family planning services from the clinic. In conclusion, the quality of care in the clinic is found to be good from the clients perspective and no major constraints were identified. It is recommended that the family planning IEC program of the clinic should be improved, i.e, clients have to get information about the available methods with equal vigor. A mechanism has also to be established to follow up defaulters. [*Ethiop. J. Health Dev.* 1997;11(3):207-212]

Introduction

The quality of family planning services is a subject of increasing interest to family planning service providers and organizations responsible for financing and promoting family planning services. Quality of services is important both for its intrinsic value-high quality service is inherently more desirable than a lower quality service- and for its instrumental value, ie, higher quality service should be associated with, or result in low complication rates, better acceptance, higher continuation rates, and declining fertility rates overtime (1).

Most family planning programs set quantitative targets to reach their ultimate goals of reducing population growth and improving people's health. The number of new acceptors, continuing users, the couple year of protection (CYP) generated, and contraceptive prevalence rate are the most common measurements of success. Until recently, little attention has been paid to measure the quality or the impact of family planning service delivery on clients initial acceptance, satisfaction, correct method use, follow-up, clinic visits or continued use (2).

During its long years of services, the Family Guidance Association of Ethiopia (FGAE) has been exerting considerable efforts to ensure quality family planning services through its service delivery outlets. Since the founding of FGAE clinic at the headquarters, attempts have been made to provide quality services for clients who seek family planning and reproductive health services.

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This study, therefore, attempts to analyze the quality of family planning services in FGAE headquarters clinic using data generated from a survey conducted to serve the purpose. First, aspects of service quality, viz, availability of contraceptive methods, information provided on their use, interpersonal relations and mechanisms to encourage continuity, are described. Then, contraceptive

To this end, assessing the overall quality of family planning services of the FGAE family planning clinic by considering some of the quality of care elements of identified by Judith Bruce (3) seems to be essential to maintain and/or further strengthen its service delivery endeavors.

choice by women, including providers and other influences on the selection of the method is addressed. A client flow analysis is also performed to measure the client waiting time in the clinic.

Methods

Data to assess clients' perspectives on the quality of services during clinic sessions were collected by client interviews at exits. A systematic random sampling scheme was used to select respondents. Out of the first five clients who attended the clinic one was selected randomly and then every fifth client who had received family planning services was interviewed until a total of 400 interviews were completed. These exit interviews were geared toward finding out how clients perceived the quality of services of the clinic. A sample size of 400 was determined primarily on logistical feasibility and by considering desired levels of accuracy in estimates of proportions.

A structured questionnaire was developed and administered to clients through enumerators. Five enumerators were involved to perform the exit interviews after providing them a one day intensive training. In addition to the questionnaire, a client flow form was designed and utilized to carry out the clients flow analysis.

Data entry and analysis, which includes manual editing, coding and cleaning of data as well as production of the required tables and statistical analysis were made before and after data entry. Verification of the edited questionnaires during data entry was made. The data entry was made using Statistical Package for Social Sciences (SPSS/PC+) and the same software was used for the production of tables and other relevant statistical analysis.

Results

Background characteristics of the sampled clients showed that more than half of the interviewed clients were in the age range of 25 to 35 years and their mean age was estimated to be about 30 years. The overwhelming majority (88.9%) are christians and about 79% attained at least elementary schooling. Majority of the interviewed clients were in union at the time of the study (Table 1).

Table 1: **Characteristics of Sampled Clients**

Characteristics	Frequency	Percent
Age		
15-24	72	18.0
25-34	212	52.8
35-49	117	29.4
Mean age	30	
Religion		
Christian	354	88.9
Muslim	43	10.8
Educational Level		
Illiterate	63	15.8
Read and Write	20	5.0
Elementary	101	25.3
Junior Secondary	42	10.5

High School	114	28.5
Above Grade 12	60	15.0
Marital Status		
Single	49	12.3
Married	327	82.0
Divorced	17	4.3
Widowed	6	1.5

As shown in figure 1, about 94% of the clients reported that they have been informed about family planning methods. Out of these 93.8% were informed about the pills, 84.2% about IUD, 72.9% about injectables, and 68% about the condom. The finding also indicated that new clients seem to be least informed about permanent (VSC), and long acting (Norplant) contraceptive methods. On the average, clients have been informed about four of the available methods.

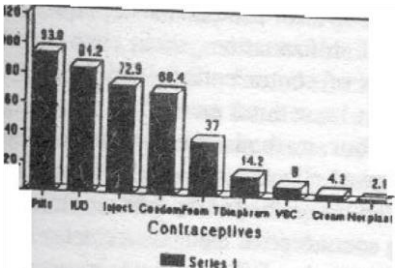

Figure 1: **Percentarge of Respondents Informed about Contraceptives by Method**

About three-fourths of the clients reported that they have chosen the contraceptive methods themselves, and 22.9% claimed that their choice was influenced by recommendations from service providers. The contraceptive use experience of the clients revealed that prevalence of pills is found to be high followed by injectables (figure 2).

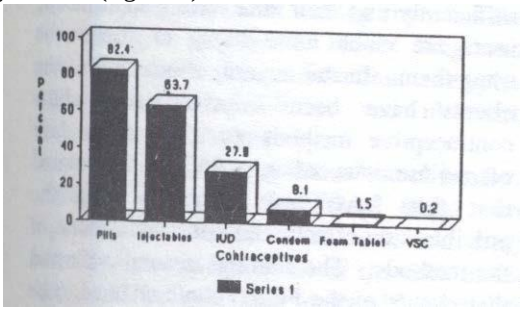

Figure 2: **Percentage of Clients by Method they have Ever Used**

The study further showed that nearly all clients included in the exit interview received information pertaining to side effects and contraindications as well as how each method works. They were also informed how to use the methods and what to do if problems arose (Table 2).

Table 2: **Distribution of Clients Response about the Information Given**

Information	Percent	Cases
How the Method Works	96.0	382
How to Use the Method	96.2	383
Side effects and Contraindications	95.0	378

What to do if Problems arose	94.7	377

Results of the exit interview on the client's views on service providers show that all clients but one claimed that the time they spent with service providers was about right. Nearly all (99.5%) of the clients noted that they have received information and services they wanted from the clinic. All the clients who participated in the exit interview also reported that they were politely treated by service providers. They also claimed to be comfortable in the examination rooms.

Further, 89% of the clients had expressed their satisfaction with the overall service provision mechanisms of the clinic. About 91% stated that they would recommend and encourage friends and relatives to get family planning services from the FGAE clinic (Table 3).

Table 3: **Distribution of Clients View on Service Providers**

Clients Views	Frequency	Percent
Enough time with providers	397	99.7
Treated with respect	399	100.0
Received information and services	397	99.5
Feel Comfort in exam rooms	383	95.8
Satisfied with the services	356	89.0
Encourage others to get services	362	90.5

The analysis also showed that 22.5% of the clients had been served by the clinic for less than a year, and 46.1% have been continuously visiting the clinic for more than two years. On the average, the clients included in the study had been served by the clinic for about four years. Among the interviewed clients, almost all (99.2%) claimed to be told by providers when to return to the clinic and have scheduled for next appointments (not shown).

Results of the clients flow analysis showed that clients spent an average of an hour and thirty three minutes in the clinic. New clients spent longer time (two hours and 35 minutes) than revisits (one hour and 21 minutes). The analysis also revealed that IUD acceptors had to spend more time than injectables and pills acceptors (Table 4).

Table 4: **Average Time Spent in the Clinic**

Average Time		
Category	Hours	Minutes
Clients	2	35
New	1	21
Revisit		
Method Used	1	10
Pills	1	44
Injectables	2	04
IUD	1	33
Total	2	35

It was also found out that clients spent an average of 38 minutes with clinic staff and they had to see four or five staff in the clinic during each visit. In general, clients spent an average of about 55 minutes in the waiting room and between contacts, they have to spend 18 minutes in the waiting room. **Discussion**

There are powerful arguments and evidences to indicate that providing a choice of methods improves program performance and individual satisfaction. Providing a choice of methods increases the effectiveness of family planning programs due to the reason that individuals and couples pass through different stages in their reproductive life and, therefore, overtime, their needs and values will change. Multiple methods provide for switching for individuals who find their initial choice unacceptable or unhealthful, and the availability of a variety of methods makes it more likely that, given erratic contraceptive supplies, at least services for some methods will be available (4).

This element of quality of care was assessed based on data obtained from exit interviews and observations. At the time of the study, about 10 different contraceptive methods (Oral pills, Condom, Intra Uterine Device (IUD), Injectables, Cream jelly, Foam, Foam tablet, Diaphragm, Norplant and VSC) were made available in the FGAE clinic. This shows that there is a reasonably good mix of contraception in the clinic. Although preference for pills and injectables was prevalent, all the methods mentioned are used by the clients.

About 93% of the clients reported to have received information about two or more methods of contraception, and 87% of them named at least three methods. An average of about four methods were identified by the interviewed clients. Although the information provided on methods like permanent and long acting contraceptive methods are not sufficient, clients of the FGAE clinic seem to have information on a good range of contraceptives. Free and informed choice of contraceptive methods seems to be available in the clinic. However, it is worth to mention that VSC and Norplant are the most recently introduced contraceptive methods in the clinic. A similar study in Kenya showed that information was provided on a reasonable range of methods, with the exception of permanent methods (5).

It has been hypothesized elsewhere that if the contraceptive methods are not explained sufficiently and their side effects appreciated, users are much more likely to discontinue using them. In this regard, about 96% of the clients have been informed about how contraceptive methods work and about their correct use. Accordingly, 95% of them stated that they have been informed about the possible side effects and contraindications of the methods. The findings generally showed that clients of the FGAE clinic claimed to be well informed and counselled about the available contraceptive methods.

Client-provider relationships form part of a set of indicators that measure the clients' attitudes toward their interactions with service providers. Such attitudes are hypothesized to contribute to the client's overall satisfaction with the services (6). Despite the impression that information pertaining to clients' attitudes towards their interaction with the service providers, in most cases is highly susceptible to a courtesy bias, results of the exit interview on this aspect indicated that the clients relations with service providers were generally rated as good. Further, the majority expressed their satisfaction with the overall services of the clinic.

Mechanisms to encourage continuity indicate a program's concern and ability to promote continuity of contraceptive use, whether well informed users manage that continuity on their own or the program has formal mechanisms to ensure it (4). The need for return will depend upon the personal characteristics of the client as well as the type of method prescribed (6). The findings of the study portrayed that clients have been advised to be back for the services and scheduled appointments were given, although a follow up mechanism has not yet been established. Therefore, efforts need to be exerted to put a mechanism in place to follow up defaulters and the reasons cited by these group of clients could help clinic personnel to review the service delivery endeavors.

Reducing client waiting time addresses a common problem for managers of family planning programs. Long waits in clinic waiting room can create barriers that prevent clinic services from reaching family planning clients. Analyzing client waiting time and then developing a program to reduce long waits would improve client satisfaction, strengthen organizational capabilities, and ultimately increases staff productivity.

According to the results of the client flow analysis, clients of the FGAE clinic were spending an average of an hour and thirty three minutes in the clinic at the time of the study. New clients seem to spend longer time than revisits and IUD acceptors had to spend more time than injectables and pills acceptors. The observed long wait for the case of new clients could be explained by the requirement of new clients to get information pertaining to different aspects of family planning before getting their contraceptive, and they have to spend some time on IEC. For the case of IUD acceptors, on the other hand, the relatively long waits could be attributed to the time service providers spend to make extensive medical check-ups before the insertion.

In sum, the clients who have been served by the clinic, experienced relatively, short waiting time than other similar health institutions. For instance, a study on the client's view of high-quality of care in Santiago, Chile showed that the average length of a visit to the clinic was an hour and 40 minutes and between examinations clients have to spent 29 minutes in the waiting room (7).

Out of the total of clients interviewed, 24.8 percent reported that they have received family planning services from other health institutions. In comparison, most clients stated that the FGAE family planning clinic provides good medical examination before dispensing any contraceptive method, and some said a variety of contraceptive methods are available and have a free informed choice. They further mentioned that, in other health institutions, the availability of different types of contraceptives is skimpy and do not offer a free informed choice of methods. A relatively shorter time is required to complete the services in FGAE clinic than other health institutions is also considered as a good aspect of the clinic.

In conclusion, the FGAE clinic provides quality family planning services to different categories of clients and no major client complaints were identified. In line with these, the majority of clients expressed their satisfaction with the overall services of the clinic. However, there is a need of improving the information dissemination endeavor to address all the methods with equal vigor. Mechanism should also be established to follow-up defaulters.

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