

Women's Satisfaction with Family Planning Services in Comprehensive Health Centres in Ekiti State, Nigeria

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Abstract:

This study examined women's satisfaction with family planning services in comprehensive health centres in Ekiti State, Nigeria. This study specifically assessed women's satisfaction with the family planning services; and determined view of the women on the waiting time on different categories of staff in comprehensive health centres in Ekiti State. The population for the study consisted of females of reproductive age (18 – 49 years) attending Antenatal clinics, Immunization/Infant welfare clinics, and Family Planning clinics in comprehensive health centres in Ekiti State. The sample size of 422 was obtained using Leslie Kish (1965) formula for determining sample size. Multi stage sampling procedure was used to select the sample for this study. The research instrument used for data collection was Family Planning Satisfaction Survey Scale (FPSSS). The face and content validity of the instrument was determined by experts of Nursing Science and Tests & Measurement. Test re-test method was used to determine the reliability of the instrument and the reliability coefficient value was 0.829. The research questions were answered through descriptive statistics. The findings revealed that the women were satisfied with the quality of family planning services in two of the three domains namely assurance outcome and empathy outcome in comprehensive health centres in Ekiti State. The waiting time to consult the key professionals, Accounts Officers, Nurses and Laboratory scientists was adequate while waiting time for record officers was delayed

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while waiting time for doctors was prolonged. It was recommended among others that healthcare professionals in primary healthcare facilities should reduce the waiting time of women to the minimum and be responsive to the family planning needs of the women.

Keywords: Women, Satisfaction, Family Planning, Comprehensive Health Centres,



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Introduction

FP is one of the major components in the National Population Policy (NPP). The policy was set out in 1988 to reduce fertility rate. One major part of the policy was the specification of targets, which shows a strong interest of the government to alter the reproductive behavior of Nigerians. In terms of fertility, the policy was aimed at guiding every woman to have at most 4 children in her lifetime. Family planning services are practices through the utilization of contraceptive methods to control unplanned pregnancy and child spacing. It is the ability of individuals and couples to attain their desired number of spacing of the children through utilization of family planning services (Aliyu, 2018). Family planning services are utilized to implement set out procedures in the NPP to reduce fertility rate in Nigeria. These services include sex education, use of contraceptive, preconception counselling and management of infertility and management of sexually transmitted infections (STIs) (Gbenga-Epebinu, et al., 2020). However, use of family planning services is the most cost-effective public health intervention in controlling fertility behavior (Ekpenyong, et al., 2018, Usman et al., 2016).

Family planning services have been highlighted as one of the most critical components of health services that cater for effective maternal, sexual and reproductive, health outcomes. From worldwide review, the effective use of contraceptive services would stop about 90% of maternal mortality linked to unsafe abortions and about 20% of overall obstetrics causes of death (Utomo, 2021). According to WHO (2015) reports, functional family planning services will assist in achieving the sustainable development goal of maternal mortality reduction to 70 per 100,000 live births by 2030 and ensuring universal access to sexual and reproductive health including family planning services. The optimal use of modern contraceptive methods can help debar unintended pregnancies and induced abortions in low- and middle-income countries as mentioned by Bellizzi, et al., (2015) as well as contributing directly to improved maternal and child health outcomes (U.N, 2015). Contraceptive also has potential to alleviate poverty globally by improving economic and educational outcomes for women (Prata, et al, 2017). Inadequate access to information and/or services and the stigma linked to family planning use due to social values/norms and expectations around early marriage and motherhood; prevent women from using family planning even when they wish to avoid pregnancy (Parsons, et al., 2015).

In Nigeria, one out of every five married women utilized contraceptives (Gbenga-Epebinu & Ogunrinde, 2020). An additional 16 percent of women want to delay childbearing but are not using contraception. Limited access to family planning prevents women from safely spacing their pregnancies, fuels unsustainable population increase, and puts the health of women and children at risk. While the Nigerian Government provides contraceptives and commodities at no cost, state governments are responsible for channelling the products to the clinics, pharmacies, and other health facilities where women can easily access them. Many states, however, have not allocated funds to transport the family to local health facilities, leading to breaks in contraceptive protection for millions of women.

Patient's satisfaction with FP services is an important measure of clinical success as opinion of consumers draws the attention of a growing number of studies and plays a rising prominent role in various fields. Studies on patient satisfaction have been used to identify ways of improving FP services, implementing reforms, reducing costs, and giving sufficient

information (Slater, et al, 2018). The perspective of users of FP is important in the pursuit of clinically effective and responsive FP services; that is, care that is respectful of the values, preferences and expressed needs of patients, provides information and health education, is accessible, offers emotional support, involves friends and families, ensures continuity, is concerned about the physical comfort of patients, and delivers services in a logistically coordinated manner (Hancock, Vwalika & Sitali, 2015).

Patients' satisfaction with FP services has been measured regularly in many countries. Some studies have reported the link among satisfaction, clinical outcomes, and external factors pertaining to the FP services, while others have compared the indicators for different healthcare areas (Darney, et al, 2016). Satisfaction is linked to perception of the effect of care and the extent to which it meets patient's expectation. Some predictive factors of patient satisfaction is associated with empathy, caring, dependability and responsiveness of health care providers. Others include customization, professional credibility, core services, competence and communication. This study investigated women's satisfaction with family planning services in comprehensive health centres in Ekiti State, Nigeria. This study specifically:

1. assessed women's satisfaction with the family planning services in comprehensive health centres in Ekiti State; and
2. determined view of the women on the waiting time on different categories of staff in comprehensive health centres in Ekiti State.

Research Questions

The following research questions were raised for this study:

1. What is the women's satisfaction with the family planning services in comprehensive health centres in Ekiti State?
2. What is the view of the women on the waiting time on different categories of staff in comprehensive health centres in Ekiti State?

Methodology

This study utilized descriptive survey design. The population for the study consisted of females of reproductive age (18 – 49 years) attending Antenatal clinics, Immunization/Infant welfare clinics, and Family Planning clinics in comprehensive health centres in Ekiti State. The sample size of the study was drawn from the total population of female attending antenatal clinic, infant welfare/immunization clinic and family planning clinic in the health centers. The sample size of 422 was obtained using Leslie Kish (1965) formula for determining sample size. Multi stage sampling procedure was used to select the sample for this study. In stage 1, two local government areas were selected from each of the three senatorial districts in Ekiti State using stratified random sampling technique. In stage 2, one comprehensive health centre was selected from each local government area using simple random sampling technique. Proportional and convenience sampling techniques were used in stage three to select the study participants from each of the comprehensive health centres.

The research instrument used for data collection was Family Planning Satisfaction Survey Scale (FPSSS) to explore the satisfaction of women of reproductive age as regards family planning services. The instrument consisted of 3 sections, A, B and C. Section A sought for demographic characteristics of the respondents while Section B consisted of 42 items on

women satisfaction with family planning services (14 items each on responsiveness, assurance and outcome). Section C sought for information on view of the women on the waiting time on different categories of staff.

The face and content validity of the instrument was determined by experts of Nursing Science and Tests & Measurement. Test re-test method was used to determine the reliability of the instrument. The instrument (FPSSS) was administered on 10% of the sample size in a comprehensive health centre outside the sampled area. The instrument was re-administered exactly after a 2 weeks period of the first administration. The data collected was subjected to Pearson's Product Moment Correlation statistics which yielded reliability coefficient value of 0.829.

The selected comprehensive healthcare facilities were visited to inform them about the intending study and permission was sought for. After gaining the consents of the heads, the eligible respondents were informed, giving adequate explanation by the researcher together with the facility heads, other staff and trained research assistants to gain their consent and full participation before the data collection. The respondents were allowed to ask questions and adequate responses provided. The ethical concerns were read to them before data collection, and they were assured that their names and addresses are not required, for confidentiality. Data obtained was sought for errors and completeness. Analysis was done using Statistical Package for Social Sciences version 27. The research questions were answered through descriptive statistics.

Results

Research Question 1: What is the women's satisfaction with the family planning services in comprehensive health centres in Ekiti State?

Table 1: The level of women's satisfaction (Responsiveness outcome) with FP services in comprehensive health centres in Ekiti State

Quality Satisfaction domain	Descriptive Analysis		
Responsiveness Hours of the clinic Waiting time	Rating score	N(%)	Mean (SD)
Not satisfied	0-6	189 (44.8)	6.9 (2.1)
Satisfied	7-10	202 (47.9)	
Very satisfied	>10	31 (7.3)	
Maximum	14		
Minimum	0		

Results from table 1 shows that mean for the measure of women's satisfaction (Responsiveness outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 6.9 ± 2.1 . The table also revealed that 31(7.3%) of respondents rated women's satisfaction (Responsiveness outcome) with Family Planning services rendered as very satisfied, while 202(47.9%) of respondents rated women's satisfaction (Responsiveness outcome) with Family Planning services rendered as satisfied, and 189 (44.8%) of respondents were not satisfied with Family Planning services.

Table 2: The level of women's satisfaction (Assurance outcome) with FP services in comprehensive health centres in Ekiti State

Quality Satisfaction domain	Descriptive Analysis		
	Rating score	N(%)	Mean (SD)
Assurance Respect and friendly approach shown by Providers; Visual and auditory privacy during consultation and examination; Amount of explanation received about any problem or method of family planning service; Adequacy of information; Confidentiality maintained			
Not satisfied	0-6	61 (14.5)	9.1 (2.7)
Satisfied	7-10	144 (34.1)	
Very satisfied	>10	217 (51.4)	
Maximum	14		
Minimum	0		

Results from table 2 shows that mean for the measure of women's satisfaction (Assurance outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 9.1 ± 2.7 . The table also revealed that 217(51.4%) of respondents rated women's satisfaction (Assurance outcome) with Family Planning services rendered as very satisfied, while 144(34.1%) of respondents rated women's satisfaction (Assurance outcome) with Family Planning services rendered as satisfied, and 61 (14.5%) of respondents were not satisfied.

Table 3: The level of women's satisfaction (Empathy outcome) with FP services in comprehensive health centres in Ekiti State

Quality Satisfaction domain	Descriptive Analysis		
	Rating score	N(%)	Mean (SD)
Empathy Accessibility to the provider; Level of attention/ interest in client care; How the staff treated you; Provider interaction; Ability to discuss problems or concerns about your health with the provider; Quality of the examination or the treatment			
Not satisfied	0-6	149 (35.3)	7.9 (3.1)
Satisfied	7-10	187 (44.3)	
Very satisfied	>10	86 (20.4)	
Maximum	14		
Minimum	0		

Results from table 3 shows that mean for the measure of women's satisfaction (Empathy outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 7.9 ± 3.1 . The table also revealed that 86(20.4%) of respondents rated women's

satisfaction (Empathy outcome) with Family Planning services rendered as very satisfied, while 187(44.3%) of respondents rated women’s satisfaction (Empathy outcome) with Family Planning services rendered as satisfied, and 149 (35.3%) of respondents were not satisfied.

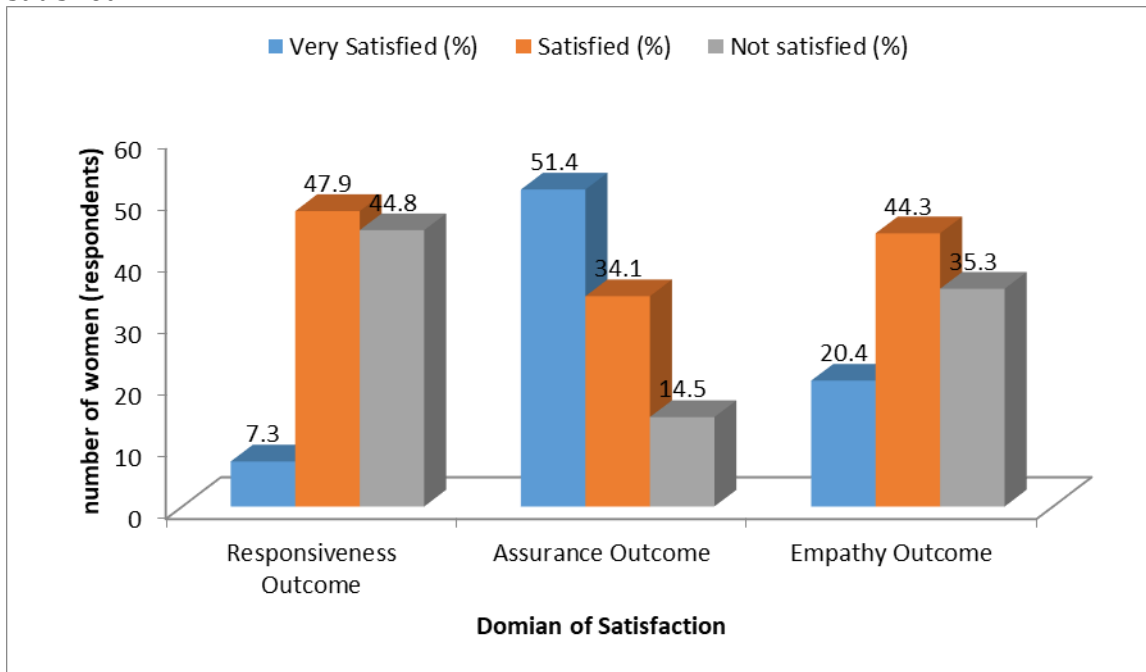


Figure 1: Bar Chart showing domains of satisfaction as outcome of quality of family planning

Chart revealed the domains of satisfaction as outcome of quality of family planning in comprehensive health centres in Ekiti State which were responsiveness, assurance, and empathy.

Research Question 2: What is the view of the women on the waiting time on different categories of staff in comprehensive health centres in Ekiti State?

Table 4: View of the women on the waiting time rate of rendering FP services in the facilities by the categories of staff

Categories of staff	N=422		
	Delayed	Adequate	Prolonged
Records Officers	204(48.3)	194(46.0)	24(5.7)
Accounts Officers	103(24.4)	301(71.3)	18(4.3)
Doctors	78(18.4)	24(5.7)	320(75.8)
Nurses	56(13.3)	342(81.0)	24(5.7)
Laboratory scientist	99(23.5)	283(67.1)	40(9.5)

Table 4 summarizes waiting time of categories of staff rendering family planning services in comprehensive health centres in Ekiti State. Most of the respondents 204(48.3%) felt that the waiting for Records Officers was rated delayed. Most of the respondents 301(71.3%), 342(81.0%) and 283(67.1%) felt that the waiting for Accounts Officers, Nurses and Laboratory scientists to render services to respondents was rated as adequate respectively while most of the respondents 320(75.8%) felt that the waiting time for Doctors was prolonged in comprehensive health centres in Ekiti State.

Discussion

The findings of this study revealed for the measure of women's satisfaction (Responsiveness outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 6.9 ± 2.1 . The result also revealed that 31(7.3%) of respondents rated women's satisfaction (Responsiveness outcome) with Family Planning services rendered as very satisfied, while 202(47.9%) of respondents rated women's satisfaction (Responsiveness outcome) with Family Planning services rendered as satisfied, and 189 (44.8%) of respondents were not satisfied with Family Planning services. The finding is keeping with the study of Musa and Surajo (2018) which explained that the quality of family services is measured in terms of accessibility, patients' satisfaction and personnel skills and information. The results revealed that mean for the measure of women's satisfaction (Assurance outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 9.1 ± 2.7 . The result also revealed that 217(51.4%) of respondents rated women's satisfaction (Assurance outcome) with Family Planning services rendered as very satisfied, while 144(34.1%) of respondents rated women's satisfaction (Assurance outcome) with Family Planning services rendered as satisfied, and 61 (14.5%) of respondents were not satisfied. The findings were in line with the study of Okour, et al. (2017) which stated that the quality of family planning counselling is poor because of inadequate personnel.

The results revealed that mean for the measure of women's satisfaction (Empathy outcome) with Family Planning services rendered in in comprehensive health centres in Ekiti State was 7.9 ± 3.1 . The table also revealed that 86(20.4%) of respondents rated women's satisfaction (Empathy outcome) with Family Planning services rendered as very satisfied, while 187(44.3%) of respondents rated women's satisfaction (Empathy outcome) with Family Planning services rendered as satisfied, and 149 (35.3%) of respondents were not satisfied. The rating of satisfactions by the respondents in the study were in line with the study of Sari, et al (2019) who pointed out the failure was due to the level of personnel Skills/competence, comprehensive information.

The study result revealed the view of the women on the waiting time on different categories of staff in comprehensive health centres in Ekiti State. Most of the respondents 204(48.3%) felt that the waiting for Records Officers was rated delayed. Most of the respondents 301(71.3%), 342(81.0%) and 283(67.1%) felt that the waiting for Accounts Officers, Nurses and Laboratory scientists to render services to respondents was rated as adequate respectively while most of the respondents 320(75.8%) felt that the waiting time for Doctors was prolonged in comprehensive health centres in Ekiti State. The findings of the study were supported by the study of Fikru, et al. (2013) which revealed that quality is related to availability, waiting time, privacy, information, and services received.

Conclusion

The study concludes that the women were satisfied with the quality of family planning services in two of the three domains namely assurance outcome and empathy outcome in comprehensive health centres in Ekiti State. The waiting time to consult the key professionals, Accounts Officers, Nurses and Laboratory scientists was adequate while waiting time for record officers was delayed while waiting time for doctors was prolonged.

Recommendations

Based on the findings of the study the following recommendations were made:

1. Record officers in primary healthcare facilities need to be proactive in discharging their duties.
2. Healthcare professionals in primary healthcare facilities should reduce the waiting time of women to the minimum and be responsive to the family planning needs of the women
3. There is a need to focus on equipping the women by providing them with correct and comprehensive Family Planning information which can have life-long protective benefits for them

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