

Women Satisfaction with Family Planning Services in Maternal and Child Health Centers, Assiut City, Egypt

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Abstract Family planning (FP) is critical for the health of women and their families, and it can accelerate a country's progress toward reducing poverty and achieving development goals. FP is an important component of primary health care, maternal and child health. It is the means of planning families that want space according to choice and time to fit in with life decisions. **Aim:** This study aimed to assess satisfaction level of women attending Maternal and Child Health (MCH) centers with FP services. **Methods:** Descriptive cross-sectional study design was used. A total sample of 569 women was interviewed at four MCH centers covers Assiut city. **Results:** The findings revealed that the mean age of the respondents was 29.38 ± 6.13 , 72.2 % of them were from urban areas and 47.3 % currently use a contraceptive method. A high satisfaction level with family planning services was noticed. **Conclusion:** significantly, the majorities of the clients was satisfied with the provided skills and counseling. It was approved that the most of MCH centers have good quality level in health services and facilities. **Recommendation:** Family planning providers require training to strengthen their communication skills so that they can meet their client's individual needs.

Keywords: family planning, women satisfaction, services, quality

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1. Introduction

Family planning is highly beneficial to women's overall health, particularly in developing countries [12]. Family planning programs in developing countries have worked to increase the number of service delivery of points and expand into remote areas; however, to be effective, they must also address issues of service quality. Many family planning experts hypothesized that low-quality family planning services are a barrier to high contraceptive prevalence use [12].

Substantial increases in contraceptive use & corresponding decline in fertility have been consistently observed throughout the developing world, although such changes have been limited in Sub-Saharan Africa than in other developing regions [4].

In last decades Egypt had suffered major socioeconomic consequences of overpopulation problem as a result of a high level of the birth rate. Overpopulation and unplanned population growth impede the socioeconomic development, hinder prosperity, and threatens the health status of community members [10].

The world population is growing by over 80 million people every year, by 2025 the world would contain over 8 billion people, 6.8 billion of them would live in developing countries, for Sub-Saharan Africa the rate of fertility will be 5.3 children for every woman [3].

Quality can refer to the technical quality of care to the nontechnical aspect of service delivery such as clients' waiting time and staff attitudes, and to programmatic elements such as policies, infrastructures, access, and management [5,7]. The quality of care can be measured from the perspectives of clients or providers or facility. Client satisfaction with services is a subjective way of measuring the quality of services; satisfied clients are more likely to re-visit the services, pass on positive messages to others, and continue the use of a particular FP method. On the other hand, dissatisfied clients are more likely to share their negative experiences with others and less likely to return or continue the use of FP services [2].

Improving the quality of services has an impact on women's satisfaction with the services, which may also lead to increased service utilization, continued FP use, achievement of fertility goals, higher contraceptive prevalence rate and low fertility rate [3].

Patient's feedback is necessary to identify problems that need to be resolved in improving the health services. Measuring patient satisfaction depends on using the "accurate measures because it comprises of standards that incorporate dimensions of technical, interpersonal, social, and moral aspects of care" [11].

Contraception is an important issue for all couples, and the method used should be decided by the women and her partner jointly. This process is facilitated by establishing a trusting relationship with the client and by providing unbiased, accurate information about all methods

available. Adequate communication enhances family planning acceptance, client satisfaction, as well as effective and continued use of contraception [10].

FP positively contributes to the reduction of maternal deaths. It has been estimated that the uptake of contraception in countries with high birth rates has the potential to prevent up to 32% of maternal deaths and nearly 10% of infant deaths [6].

One of the main contributions of the International Conference on Population and Development held in Cairo in 1994 was the recognition that satisfaction of sexual and reproductive rights is a human rights issue. This conference led to a global effort to recognize the importance of FP within maternal and child health programs as a mechanism to improve the accessibility and availability of modern contraceptive methods [6].

2. Aim of the Study

The present study aimed to assess the satisfaction level of women with family planning services provided at Maternal and Child Health centers.

3. Subject and Methods

The descriptive cross-sectional study design was used. The study took place at the four MCH centers in Assiut city; El Arbeen, Qulta, El Waleed and Hee Gharb. These centers provide both preventive services as; family planning, antenatal care, vaccination) and curative services (Medical care services, investigations...etc) for 6 days a week. These services cover Assiut city and its neighbor villages.

The study population was all married women aged 15–49 years and attending the previously mentioned health centers seeking family planning services. The sample size was estimated to be 560 using the statistical formula, P (proportion of women's satisfaction) = 50%, $Z = 1.96$, $d = 0.05$ and confidence level $\alpha = 0.05$. To adjust for sample loss, e.g. from unusable responses, the sample size was increased, 600 women. Interview method was used for data collection. Two tools were used; the first was an interview questionnaire to collect data about (socio-demographic characteristics, pregnancy and labor history, and history of family planning methods use) and causes for attending the center. The second tool was Bruce's key points questionnaire regarding quality in reproductive health which used to assess the women's satisfaction regarding family planning services. The questionnaire includes 6 aspects to be covered by questions: selection of a FP method, the technical skill of service providers, the relationship between service providers and client, consistency, and follow-up, comprehensiveness of service and presenting information to the clients. A total of 30 questions were prepared for all 6 aspects. A Likert scale was used for responses to questions about satisfaction with aspects of services (completely satisfied = 5, satisfied = 4, no view = 3, unsatisfied = 2, completely unsatisfied = 1) [9]. The

women overall satisfaction level was calculated as a high or low satisfaction level. A pilot study was done on (10% of the sample size) 60 women representing all chosen MCH centers, its aim is to test clarity and explore the needed time for every woman to interview, after that the necessary modifications were done, and the pilot study respondents were excluded from the total sample.

An approval letter was taken from the director of Maternal and Child Health Centers in Assiut city to conduct the study. A clear explanation of nature and aim of the study were explained to the women participated in the study, after that, an oral consent was taken from them; after assuring the confidentiality of the information and the right to withdrawn from the study with no effect on the care which provided to them.

4. Field Work

The researchers attending one of the previously mentioned MCH centers every day according to MCH schedule days for family planning services. A suitable place for conducting the interview was prepared to ensure privacy and comfort of the participants. The full explanation for the questionnaire questions was done, and then the women asked to give a response for the scale that suits their satisfaction about the family planning services in the proper answer place. Each interview took about 30 minutes of the women receiving the service. Data were analyzed using the statistical package for social science (SPSS) version 11.5. Frequencies, percentages, chi-square test were calculated. Probability (P-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

5. Results

The present findings show that the mean age of the study respondents was 29.38 ± 6.13 . The majority 72.2% of them were from urban areas, 72.4% of them were housewives and around half (47.8%) of participants and (54%) of their husbands had achieved a secondary education. A mean number of family members were 4.57 ± 1.43 . (Table 1)

Concerning participant's pregnancy and labor history; the results reveals that mean number of pregnancy was 3.09 ± 1.88 , more than three-quarters of the study respondents have more than 4 living children. The majority of them had no history of abortion. (Table 2).

Regarding the current history of contraceptives use; 47.3% of the participants reported currently using contraceptive methods. The most frequently mentioned contraceptive method used was IUD (41.6%) followed by oral pills (33.5%). The mean duration of contraceptive use represents (2.22 ± 2.15). (Table 3)

As regards to the reason for MCH visit, it was observed that more than half (56.4%) of the mentioned causes by women was for selection of a method, while 33.7% reported for follow-up of the currently used method. (Figure 1).

Table 1. Distribution for socio-demographic characteristics of the study participants seeking family planning services, Assiut city

	No. (n= 569)	%
Age:		
< 25 years	120	21.1
25 - < 30 years	205	36.0
≥ 30 years	244	42.9
Mean ± SD (Range)	29.38 ± 6.13	
Residence:		
Rural	158	27.8
Urban	411	72.2
The level of education:		
Illiterate	107	18.8
Read & write	41	7.2
Primary	25	4.4
Preparatory	20	3.5
Secondary	272	47.8
University	104	18.3
Occupation:		
Working	157	27.6
Housewife	412	72.4
Husband education:		
Illiterate	72	12.7
Read & write	41	7.2
Primary	18	3.2
Preparatory	18	3.2
Secondary	307	54.0
University	113	19.9
Family income:		
< 600 LE	102	17.9
600 - 800 LE	256	45.0
> 800 LE	211	37.1
Mean ± SD (Range)	945.32 ± 708.26 (200 – 7000)	
Number of family members:		
< 4	136	23.9
4 – 5	292	51.3
> 5	141	24.8
Mean ± SD (Range)	4.57 ± 1.43 (1 – 10)	

Table 2. Percentage distribution for pregnancy and labor history of the study participants seeking family planning services, Assiut city

	No. (n= 569)	%
Number of pregnancies:		
< 4	364	64.0
4 – 5	151	26.5
> 5	54	9.5
Mean ± SD (Range)	3.09 ± 1.88 (1 – 16)	
Number of living children: □		
< 4	427	75.0
4 – 5	125	22.0
> 5	17	3.0
Mean ± SD (Range)	2.67 ± 1.38 (1 – 10)	
Number of abortions: □		
None	439	77.2
1 – 2	110	19.3
> 2	20	3.5
Status of previous pregnancy:		
Normal	550	96.7
With complications	19	3.3
Baby status:		
Normal	564	99.1
With health problems	5	0.9

Table 3. Percentage distribution for current contraceptive methods used by study participants

Item	No. (n= 569)	%
Current use of contraception:		
Yes	269	47.3
No	300	52.7
Type of currently used contraceptive methods:		
IUD	112	41.6
Oral pills	90	33.5
Injection	45	16.7
Others	22	8.2
Duration of contraceptive use:		
< 1 year	28	10.4
1 - 2 years	164	61.0
> 2 years	77	28.6
Mean ± SD (Range)	2.22 ± 2.15 (1 month – 18 years)	

Table 4 shows the results of women satisfaction regarding family planning method and service provider skills. The vast majority (90.9%) of women reported satisfaction (completely satisfied or satisfied) that their FP choice was free and informed and 85.1% of the women reported completely satisfied or satisfied that all FP methods were explained to them, while 4.6% of them were completely unsatisfied or unsatisfied. As regard to provider skills, the majority 90.5% of women being completely satisfied or satisfied with the provider experience.

Concerning the Communication skills with health care providers, 86.6% of the women were completely satisfied and satisfied with the item "felt able to ask questions" and 92.8% of them were completely satisfied and satisfied with the item "consultation was easy and understandable". Regarding consistency and follow-up, 90.5% of the women were completely satisfied and satisfied with the item "Would like to come to this center again". (Table 5).

The findings revealed that 72.6% of women had satisfaction (satisfied or completely satisfied) with the vaccination services and more than three quarters (76.8%) of women were satisfied or completely satisfied with the antenatal services. As regard to the information given to the clients' aspect, 86.6% of the women were satisfied or completely satisfied with the information they received about use of chosen method, while 8.4% were unsatisfied or completely unsatisfied about information provided from pamphlets and booklets. (Table 6)

Concerning the respondent's total satisfaction score with family planning services, the findings revealed a high satisfaction level among the six aspects and with a total mean score of satisfaction (140.83 ± 15.54) (Table 7).

Table 8 shows the relation between socio-demographic characteristics (age, family income and a number of deliveries) and aspects of family planning satisfaction. A highly statistically significant difference was found between aspects of (skills of health care provider, communication skills of health care providers, follow-up services and information given to the client and number of deliveries).

Table 9 shows a highly significant relation was found between respondents' age, residence and number of family members and the total satisfaction score.

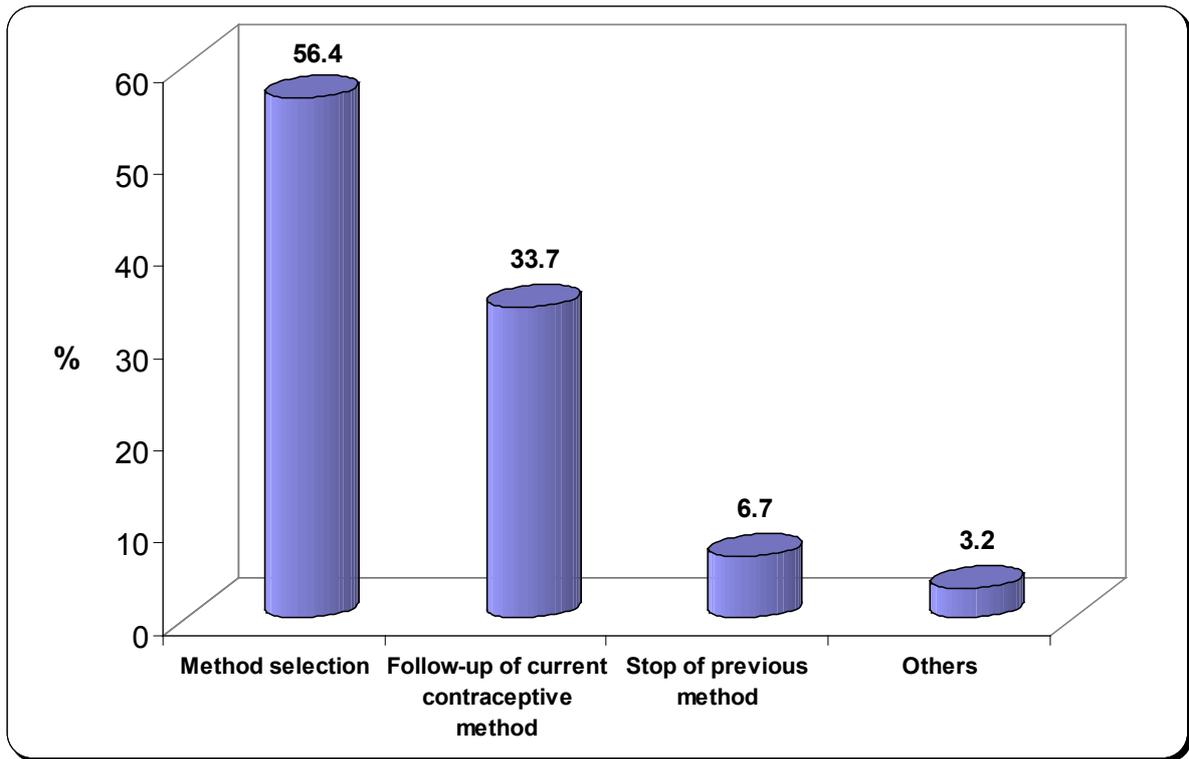


Figure 1. Reasons for current MCH visit

Table 4. Women satisfaction with: informed choice of family planning method and provider skill.

	Very satisfied		Satisfied		Neutral		Dissatisfied		Very dissatisfied	
	No.	%	No.	%	No.	%	No.	%	No.	%
Method selection:										
1) Choice of method was free and informed.	202	35.5	315	55.4	31	5.4	13	2.3	8	1.4
2) Identify all FP methods.	175	30.8	320	56.2	61	10.7	10	1.8	3	0.5
3) FP methods were explained.	177	31.1	307	54.0	59	10.4	22	3.9	4	0.7
4) Information about other settings provides FP services.	121	21.3	302	53.1	98	17.2	39	6.9	9	1.6
5) Information about limitations of contraceptive methods.	144	25.3	312	54.8	88	15.5	20	3.5	5	0.9
6) Information about other settings referred to in need services.	121	21.3	281	49.4	121	21.3	25	4.4	21	3.7
Skills of health care providers:										
Provider selected by client	289	50.8	108	19.0	89	15.6	41	7.2	42	7.4
Knowledge of provider	373	65.6	126	22.1	65	11.4	5	0.9	0	0.0
Experience of provider	379	66.6	136	23.9	52	9.1	2	0.4	0	0.0
Promptness of provider	383	67.3	129	22.7	54	9.5	3	0.5	0	0.0
Skillfulness of provider	383	67.3	127	22.3	56	9.8	3	0.5	0	0.0

Table 5. Women satisfaction with: interpersonal relationship and consistency and follow-up

Item	Very satisfied		Satisfied		Neutral		Dissatisfied		Very dissatisfied	
	No.	%	No.	%	No.	%	No.	%	No.	%
Communication skills with health care providers:										
1) Felt able to ask questions	309	54.3	184	32.3	67	11.8	9	1.6	0	0.0
2) Behavior of provider was polite	387	68.0	143	25.1	37	6.5	2	0.4	0	0.0
3) Had confidence in provider was asked about problems and aim of FP.	320	56.2	205	36.0	42	7.4	2	0.4	0	0.0
4) The consultation was easy and understandable. □	327	57.5	201	35.3	40	7.0	1	0.2	0	0.0
5) Consultation used educational tools.	300	52.7	200	35.1	51	9.0	8	1.4	10	1.8
Consistency & Follow-up										
1) FP methods are always available in health centers.	175	30.8	299	52.5	69	12.1	23	4.0	3	0.5
2) Have enough information about follow-up.	159	27.9	331	58.2	66	11.6	10	1.8	3	0.5
3) Follow-up by health center knows where to go when side-effects occur.	157	27.6	332	58.3	64	11.2	12	2.1	4	0.7
4) Would like to come to this center again.	177	31.1	338	59.4	49	8.6	3	0.5	2	0.4
5) Would be supported and guided if side-effects occur	169	29.7	337	59.2	50	8.8	10	1.8	3	0.5

Table 6. Women satisfaction with: comprehensiveness and information given to clients

	Very satisfied		Satisfied		Neutral		Dissatisfied		Very dissatisfied	
	No.	%	No.	%	No.	%	No.	%	No.	%
Comprehensive services:										
1) Monitoring of child growth.	102	17.9	271	47.6	150	26.4	14	2.5	32	5.6
2) Child immunization services.	134	23.6	279	49.0	125	22.0	8	1.4	23	4.0
3) Antenatal care services.	142	25.0	295	51.8	110	19.3	5	0.9	17	3.0
4) Provider explains methods.	159	27.9	318	55.9	82	14.4	4	0.7	6	1.1
5) Service provider explain the chosen method	177	31.1	321	56.4	69	12.1	1	0.2	1	0.2
6) Provide information about missing pills or side effects.	163	28.6	331	58.2	72	12.7	2	0.4	1	0.2
7) Do you obtain your information from booklets or prints? <input type="checkbox"/>	90	15.8	268	47.1	148	26.0	26	4.6	37	6.5
Information was given to the client: <input type="checkbox"/>										
1) All preventive methods.	139	24.4	298	52.4	102	17.9	24	4.2	6	1.1
2) Use of chosen method.	160	28.1	333	58.5	73	12.8	0	0.0	3	0.5
3) Choice of a method.	159	27.9	321	56.4	79	13.9	6	1.1	4	0.7
4) Problems of forgotten pills and side-effects.	115	20.2	324	56.9	111	19.5	10	1.8	9	1.6
5) Pamphlets and booklets, side-effects of chosen method.	114	20.0	303	53.3	104	18.3	27	4.7	21	3.7
6) Side effects of the chosen method.	140	24.6	329	57.8	83	14.6	6	1.1	11	1.9

Table 7. Total satisfaction score

	Score	Mean \pm SD	Range
Method selection	30	24.13 \pm 3.45	10.0 - 30.0
Skills of health care providers	25	22.21 \pm 3.49	9.0 - 25.0
Communication skills of health care providers	25	22.34 \pm 2.97	11.0 - 25.0
Follow-up services	25	20.66 \pm 3.02	5.0 - 25.0
Comprehensive services	35	27.54 \pm 3.62	17.0 - 35.0
Knowledge for client	30	23.94 \pm 3.74	6.0 - 30.0
Total score of satisfaction	170	140.83 \pm 15.54	69.0 - 170.0

Table 8. Correlation between satisfaction and demographic characteristics

	Age (years)		Family income (LE)		No. of deliveries	
	r-value	P-value	r-value	P-value	r-value	P-value
Method selection	-0.048	0.255	0.001	0.984	-0.128	0.002*
Skills of health care providers	-0.060	0.150	-0.104	0.013*	-0.150	0.000*
Communication skills of health care providers	-0.124	0.003*	-0.141	0.001*	-0.195	0.000*
Follow-up services	-0.069	0.099	-0.098	0.019*	-0.151	0.000*
Comprehensive services	-0.078	0.063	-0.159	0.000*	-0.125	0.003*
Information was given to client	-0.052	0.215	-0.077	0.065*	-0.152	0.000*
Total score of satisfaction	-0.092	0.028*	-0.125	0.003*	-0.194	0.000*

Table 9. Satisfaction score according to personal characteristics

	Satisfaction score		P-value
	Mean \pm SD	Range	
Age			
< 25 years	142.26 \pm 17.46	82.0 - 170.0	0.000*
25 - < 30 years	143.52 \pm 15.63	69.0 - 170.0	
\geq 30 years	137.87 \pm 13.95	102.0 - 170.0	
Residence:			
Rural	135.19 \pm 18.25	82.0 - 170.0	0.000*
Urban	143.00 \pm 13.79	69.0 - 170.0	
Level of education:			
Illiterate/ Read & write	140.28 \pm 17.66	82.0 - 170.0	0.929
Basic education	140.02 \pm 12.17	102.0 - 154.0	
Secondary	141.12 \pm 15.50	96.0 - 170.0	
University	141.20 \pm 13.83	69.0 - 170.0	
Occupation:			
Working	141.20 \pm 16.10	69.0 - 170.0	0.728
Not working	140.69 \pm 15.35	82.0 - 170.0	
Family income:			
< 600 LE	140.13 \pm 17.17	82.0 - 168.0	0.005*
600 - 800 LE	143.06 \pm 16.06	96.0 - 170.0	
> 800 LE	138.46 \pm 13.66	96.0 - 170.0	
No. of family members:			
< 4	143.54 \pm 16.48	82.0 - 170.0	0.000*
4 - 5	141.83 \pm 15.21	69.0 - 170.0	
> 5	136.16 \pm 14.38	102.0 - 170.0	

6. Discussion

One of the important factors that influence the use of family planning & other reproductive health services is client satisfaction with health care services [6].

Research's finding in some areas of Sub-Saharan Africa confirms that the importance of waiting time, friendliness of staff, women's education and distance to health facilities as the main determinants of client satisfaction [8].

Results of the current study showed that the majority of the study respondents were from urban areas and housewives. More than half of them complete a secondary education.

Regarding the current uses of contraceptive methods, around half of the participants currently using a contraceptive method, the most frequently reported used methods were the intrauterine device (IUD) and oral contraceptive pills (OCP). Most of the participants visiting MCH for selection of new family planning method or follow-up the currently used method.

The study results revealed that the majority of women seeking family planning services in Assiut City are satisfied overall with the quality of services they received in different health care centers. These findings reflect that the Ministry of Health and Population doing its best for improving the quality of family planning services. This finding agreed with what has been observed in a study conducted in Urmia University of Medical Sciences to assess women's satisfaction with the reproductive health services, the assessment of women's overall satisfaction indicated that 76.2% were satisfied and 15.8% were completely satisfied by services they received [9]. Another study conducted in Hossana Town revealed that 74.3% of clients were satisfied with the service [3].

Choice of a method has been reported as a very important contributions factor to client satisfaction. The current study findings revealed that most of the respondents reported satisfaction with the method selection and with those methods of family planning were given for them free. This finding reflects the effort which conducted by Ministry of Health to provide the health care centers by different family planning methods free.

Also, this findings supported by that reported by Abdel-Tawab et al., [1] who conduct a study to investigate if the public health services in Egypt help young married women exercise their reproductive rights or not, they reported that the most widely used method is available in the different health centers which an important factor for client's satisfaction.

Individuals require adequate information and a range of options to make the suitable decisions about family planning, the current study revealed that fast majority of women were satisfied with the choice of family planning method, and the detailed information which given to them about every method. The same finding reported by Wood et al., [13] who assess Patient's experiences with family planning in Community Health Centers in Columbia, they find that the studied women reported general satisfaction with the information they received in the centers about family planning methods, regardless of the source of information or the source of care, also Nanbakhsh et al., [9] reported almost all the women (93.3%) indicated satisfaction (completely satisfied or satisfied) that their choice of FP method was free and informed.

The current study results also show that one-quarter of the respondents unsatisfied about information was given to them about the method, this may be due to overloading of work and increase number of clients with limited time because centers provide other reproductive and vaccination service. Similar results have been reported by Chavane et al., [6] who studied women's satisfaction with family planning services in Mozambique, they reported that the women are completely satisfied with the family planning services provided to them at different health care facilities.

As regard providers' skill, the majority of women reported satisfaction with provider's skills and their experiences.

Concerning the communication skills with health care providers, most of the women were satisfied and completely satisfied. This ensures the health care providers capability of work closely with their clients and emphasizes good communication skills. This result confronted with that reported by Rehman et al., [11] who conduct a study in Jinnah hospital, Lahore to assess client satisfaction regarding F.P Services in Reproductive Center; that (61.5%) of the clients were unsatisfied and (19.8%) were highly unsatisfied with the ability of health care provider.

The majority of women are satisfied with quality and adequacy of counseling they are received at the centers and they show their desire to continue to visit the same center to receive other family planning and reproductive services. They also reported that they are satisfied with other services which provided as antenatal care and vaccination, this reflect that the quality and complicity of service is very important for clients to continue for receiving not only family planning service but other reproductive health services, also reflect the successful vision of the Ministry of Health in cover all areas with reproductive and neonatal health service. In the same line of this finding, Nasr and Hassan [10], who are perform study to explore the association between quality of family planning services and client's satisfaction level in maternal and child health centers in Port Said city, they reported that the majority of the clinics are satisfactory about family planning services.

The current study reflects that near to three-quarter of women are satisfied with information which given to them about the currently used method. This finding agreed with that reported by, Nanbakhsh et al., [9] that the majority of women (88.3%) had high satisfaction (completely satisfied and satisfied) with information they received about the use of their chosen FP method.

The current study reflects that more than one-quarter of them are not satisfied with the giving pamphlet and booklet which include side effect about the currently chosen method, this may be due to decrease education level of women. This result in conjunction with that reported by Nanbakhsh et al., [9] that level of dissatisfaction level related to the method of counseling; they reported in their study; one-third of women (32.3%) were unsatisfied or completely unsatisfied with the item about the distribution of information from pamphlets and booklets.

As regard to total clients' satisfaction score, most of the women are satisfied with comprehensive of the service, selection of the method and providers skills and communication.

Regarding the correlation between women's satisfaction and their demographic characteristics, the study reflects a significant correlation between women's satisfaction and the number of deliveries, family income, and women's age. This finding agreed with that reported by Argago et., al. [3], who conduct a study to assess the client's satisfaction with family planning services and associated factors in Hossana Town Public Health Facilities, they reported a statistically significant association between age, the number of parity of clients with family planning service satisfaction. The current study reflects a statistical correlation between women's age, residence, family income and the number of the family member and total level of women's satisfaction with family planning services.

7. Conclusion

Based on study findings, it was proved that the most of maternal & child health care centers have good quality level in health services organization, facilities available in the clinics. Significantly, the majorities of the clients were satisfied with the provided skills and counseling about different family planning methods, and have the intention to revisit the clinic in the future. In addition, it was proved from the study that the factors affecting client satisfaction were number of parity, family income; it is observed also that the health care provider being an important factor in women's satisfaction.

8. Recommendation

Based on the present study findings, the following was recommended:

1. Family planning providers require training to strengthen their communication skills so that they can meet their client's individual needs. Their training should also include involving men in family planning decisions and practices.
2. Further prospective studies to determine factors affecting client satisfaction should be conducted.
3. The fact that women value and depend on health centers for family planning care serves to further emphasize the importance of engaging in quality

improvement efforts in order to further strengthen the client experience.

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