2017-05

Client Satisfaction with Family Planning Service and Associated factors Among family Planning Users in Bahir Dar City Public Health Facilities, Amahara Region, North West Ethiopia.

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CLIENT SATISFACTION WITH FAMILY PLANNING SERVICE AND ASSOCIATED FACTORS AMONG FAMILY PLANNING USERS IN BAHIR DAR CITY PUBLIC HEALTH FACILITIES, AMAHARA REGION, NORTH WEST ETHIOPIA.

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A Thesis Report Submitted to Bahir Dar University, College of Medicine and Health Science, School of Public Health, for the Partial fulfillment of Master of Public Health in Reproductive Health.

May, 2017

BahirDar, Ethiopia

Bahir Dar University

Collage of Medicine and Health Science, School of Public Health,

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Client Satisfaction with Family Planning Service and Associated Factors among Family Planning Users in Bahir Dar City Public Health Facilities, Amahara Region, North West Ethiopia is my original work

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Acknowledgements

First of all, I would like to acknowledge Amhara National Regional State Health Bureau and Bahir Dar University who offered me this opportunity to study myPost Graduate study.

I would like also to acknowledge all staff of Bahir Dar University College of Medicine and Health Science School of Public Health who helps me in all possible ways during my study.

I am glad to express my acknowledgement for my advisors Mr. Melkamu Bedimo and Mr.Teferi Mekonenfor their unreserved advice, support, valuable comments and suggestion and encouragement throughout my study.

I don’t have words to express my sincere thanks to my best friends Tesfa Getanew and Amelework Getinet who have contributed a lot throughout my study time.

Acronyms and abbreviations

CPR	Contraceptive Prevalence rate
EDHS	Ethiopia Demographic and Health Survey
FGAE	Family Guidance Association of Ethiopia
FHRH	Felege Hiwot Referral Hospital
FP	Family Planning
IPPF	International Planned Parenthood Federation
LAFP	Long Acting Family Planning
MCH	Maternal and Child Health
SDP	Service Delivery Point
TFR	Total Fertility Rate
WHO	World Health Organization
USA	United States of America

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Abstract

Background: Client satisfaction is considered as one of the desired outcome of the health care and it is directly related with utilization of health service.Efforts to increase contraceptive prevalence rate are intensified through affordable and accessible service provision. But measures to assure client satisfaction with family planning service are not yet the focus of attention and literatures on the level of client satisfaction are limited.

Objectivities: To Assess Clients' Satisfaction with Family Planning Services and its associated factors among family planning users in Bahir Dar city Public Health Facilities, Amharic region, northwest Ethiopia.

Methods: A Facility based quantitative cross sectional study was conducted in Bahir Dar city Public Health Facilities. Data were collected using pretested interviewer administered questionnaire from 490 family planning users from March 1 to 30, 2017.Use Epi Info and SPSS for data analysis.Bivariable and multivariable logistic regression were done to identify independent variables that have significant association with the dependent variable. Variables with P value < 0.2 were entered to multivariable logistic regressions model and variableswith p-value less than 0.05 was used as cut off point for statically significance.

Results: A total of 490 clients participated yielding a 100% response rate. Sixty six (66.1%) with (95% CI 61.2%, 70.1%) of respondents were satisfied with family planning services. In multivariable logistic analyses satisfaction of clients were found to be associated withclients who were merchants AOR=2.5(95% CI =1.2,5.2),house wives AOR=2.4 (95% CI=1.3,4.4),daily laborers were AOR=3.9(95% CI =1.8,8.6) times more likely to be satisfied with the family planning service as compared with governmental employees.New FP user clients were AOR=2.3 (95% CI =1.3-4.0)] times more likely to be satisfied with FP service than repeat users. Clients who reported convenient service hour were AOR=2.4(95% CI =1.4-4.3) times more likely to be satisfied than those who reported the service hour inconvenient. Clients who reported less than half hour waiting time were AOR=9.7(95% CI =3.2-29.3),half an hour to one hour waiting time AOR=6.4 (95% CI =2.1-19.2), andclients who reported one hour to two hours waiting time were AOR=4.6(95% CI=1.3-16.7)times more likely to be satisfied than those who reported more than two hours waiting time. Clients whoseprivacy was during consultation and procedures were AOR=3.2 (95% CI =1.8-5.5) times more likely to be satisfied than those whose privacy was not maintained.

Conclusion and recommendations: The finding of this study concludes that client satisfaction with family planning service was low as compared to other studies and service waiting time, convenience working hours, privacy during consultation, occupation and frequency of visit were significant predictors for client satisfaction among family planning users. Health facilities and other stakeholders arrange service hours that are convenient for all clients including the civil servants, better to give attention to ensure clients privacy, better to strength women friendly family planning service and also further studies are recommended in terms of observation and qualitative data collection.

Key words:-family planning, family planning service, client satisfaction

INTRODUCTION

1.1 Background

Family planning is having the desired number of children and when you want to have them by using safe and effective modern methods. Proper birth spacing is having children 3 to 5 years apart, which is best for the health of the mother, her child and the family. Family planning services have a positive impact on health outcomes such as reduction in unwanted pregnancies, unsafe abortions and reduced fertility(1).

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(2).This conference led to a global effort to recognize the importance of family planning within maternal and child health programmers as a mechanism to improve the accessibility and availability of modern contraceptive methods. Despite these efforts ,the use of modern methods as measured by the contraceptive prevalence rate(CPR) remains low in many developing countries, with a growth of 1% per year, over the last 30years(3).

Modern family planning services in Ethiopia are pioneered by The Family Guidance Association ofEthiopia; FGAE that was established in 1966.The Ministry of Health also provided MCH/FP services in health facilities. Since 1980, The Ministry further expanded its family planning services with cyclic country support programs by UNFPA and other stakeholders. Provision of access to voluntary family planning, especially effective contraceptive methods, for women and men is not only crucial to directly improve reproductive health outcomes, but is also positively associated with improvements in health, schooling, and economic outcomes (4-6).

In 2015, 64 %of married or in-union women of reproductive age worldwide were using some form of contraception. Twelve per cent of married or in-union women are estimated to have had an unmet need for family planning; that is, they wanted to stop or delay childbearing but were not using any method of contraception. The level was much higher, 22 per cent, in the least developed countries. Many of the latter countries are in sub-Saharan Africa, which is also the region where unmet need was highest (24 per cent), double the world average in 2015

However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa 33 %(7).

Ethiopia is the second most populous country in Africa, and an annual population growth rate of 2.6 percent. The TFR has declined from 5.5 children per woman in 2000, to 5.4 children per woman in 2005, to 4.8 children per woman in 2011, and to 4.6 children per woman in 2016 and 22 percent of currently married women ages 15–49 have an unmet need for family planning services, 13 percent for spacing and 9 percent for limiting (8).

1.2. Statement of the problem

Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities' wherever fertility is high, maternal, and infant and child mortality rates are high too. In parts of Sub-Saharan Africa, there were more than 1,500 maternal deaths for every 100,000 live births; in USA this ratio was 12 deaths per 100,000 live births (9).

Global efforts to improve women's and children's health and increase access to family planning information, services, and supplies(10, 11).

By lowering the pregnancy rate, contraceptive use has a very large effect on number of maternal deaths(12).

One out of seven in Ethiopia dies due to pregnancy & related causes, with more than 50% resulting from unsafe abortion, thus making Ethiopian women at reproductive health risk(13).

Maternal mortality represents an important worldwide public health topic. The United Nations estimates that approximately 303,000 maternal deaths occurred globally in 2015, corresponding to a maternal mortality ratio (MMR) of 216 per 100,000 live births. Although this ratio represents a 43% decrease in MMR since 1990, the number of deaths is still quite high. It has been shown that family planning 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 (14).

Client satisfaction is important measures of the quality of care that iskey to client's decisions to use and to continue using services, and is essential for long-term sustainability. Ultimately, client-focused services that meet people's needs and provide them with satisfying experiences should help clients achieve their reproductive intentions(15).

Once a client reaches the service delivery point; his or her decision to adopt or sustain contraceptive use is influenced by the quality of care provided. The unmet need, which refers to married women and unmarried adolescents who are sexually active may want to use contraception, but because of poor quality family planning service or expectation of poor service or some have been poorly treated at family planning clinic can keep them from using the service. Satisfied users will generate demand in the community and assist in the recruitment of additional accepters. Without significant attention to quality, it would be difficult to lower fertility rates through voluntary means.Existing literature and analysis suggest that improvement in quality of family planning service by enhancing the choice of contraceptive methods available in a country would increase the overall practice of contraception and thus would result in fertility reduction(16).

The decision to initiate and continue to practice contraception may depend on the quality of care available to women, in particular the choice of methods provided, the information elicited for the women and communicated to her, and the nature of personal treatment given(17).

Due to this issue, this study proposed to fill this information gap in Bahir Dar city, Amhara Region North WestEthiopia with its result to similar settings and populations of the country at large.

1.3. LITERATURE REVIEW

One of the factors that influence the use of family planning and other reproductive health services is client satisfaction with healthcare services(18).

Client satisfaction has been studied extensively at the global level and a number of determinants, including accessibility to health services, continuity of care, consultation time, waiting time, and provider/client relationship, have been identified as key factors correlated with satisfaction levels(19).

Detailed information given to users can have a significant and positive effect on the continuation of contraception as an alternative to group counseling(20).

Waiting time has been reported as a very important contributing factor to client satisfaction regarding healthcare services(21, 22).

Good cares attract, satisfy, and keep clients by offering them the service, supplies, information, and emotional support they need to meet their individual goals. Studies found that good service encourage people to continue using contraception when they want to avoid pregnancy. For example in China, women were far more likely to continue using injectable contraception when they had been thoroughly counseled on how the method works and its side effects. Only 11% of women receiving good counseling had dropped out at one year compared with 42% of women receiving limited counseling(23).

The study in Mozambique shows that waiting time, occupation, high level of interaction with provider and privacy during consultation were predictors of client satisfaction with family planning services. In this study only 45.2% of women reported having the opportunity to ask questions of the provider(24).

The study conducted in Egypt, identified client-provider interaction in the form of positive talk by the provider, as positively associated with client satisfaction. Similarly, client centered family planning services, client's choosing on the type of contraceptive method to use were more likely to result in client satisfaction(25).

Confidentiality assurance maintaining privacy and information given to the client during the counseling such as information about how to use the method were shown to be positively associated with client's satisfaction (25-29).

The study shows on client satisfied with received the service in hosanna public health facility, which was 75.3%,77% in Jimma zone, and in Mozambique 86% and also in Jimma zone, Jimma University specialized hospital, Addis Ababa and Bangladesh indicated that 19.1, 37.2, 25% and 52.6 % of clients not satisfied with waiting time service (28-32,37).

Study conducted at Hawassa university referral hospital and Hosanna public facility where age,maternal education, cleanliness of the facility,frequency of visit, proper and adequate explanation on how to use contraceptive were predictor of client satisfaction(33-35).

One principal determinant of uptake and continued utilization of family planning services is overall client satisfaction with those services. Studies of contraceptive discontinuation rates, for example, have indicated that with the exception of the desire to become pregnant the principal reason for discontinuation is dissatisfaction with the quality of services. Higher rates of client satisfaction have been shown to yield higher family planning adoption and continuation rates(36).

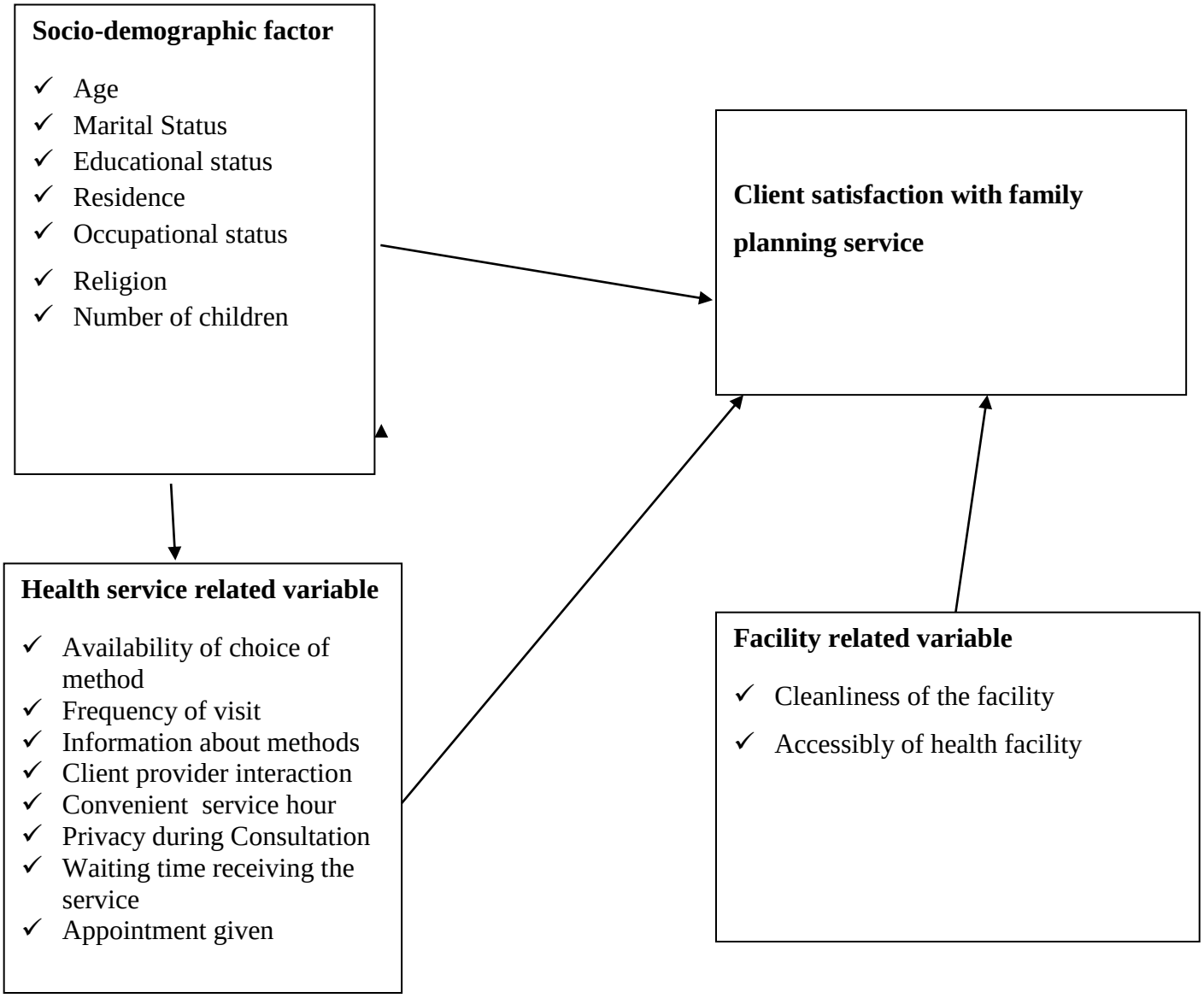


Figure 1: conceptual framework of client satisfaction with modern family planning users

Adapted from Bruce, J. Fundamental elements of the quality of care: A simple framework studies in family planning. 1990, 21 (2): 61 -91

1.4. Significance of the study andjustification

Family planning service accessibility and affordability are highly emphasized and also efforts are intensified to increase contraceptive prevalence rate which is currently estimated nationally as 35% and 46.9% in Amhara region. As far as my knowledge is concerned, despite these efforts and this achievement, measures to assure client satisfaction with family planning service is not yet the focus of attention and limited study on client satisfaction with the service

This study was intended to determine the level of Family planning service satisfaction among modern family planning service users and factors affecting Family planning service in Bahir Dar City, Thus the result of this study provides evidenceon family planning service satisfaction and factors affecting client satisfaction with Family planning service which in turn will be used as an input for program planner, policy maker, and other stake holders who work on the area

More over the finding will be used as baseline evidence for further research.

2. Objective of the study

2.1. General objective

- To Assess Clients' Satisfaction with Family Planning Services and Associated Factors among Family Planning users in Bahir Dar city Public Health Facilities, Amhara North-West Ethiopia in 2017

2.2. Specific objectives

- To calculate proportion ofClients' satisfaction with family planning services in Bahir Dar city Public Health Facilities.
- To identify factors associated with client satisfaction with family planning services in Bahir Dar city Public Health Facilities.

3. Methods

3.1. Study area

The study was conducted in Bahir Dar City which isthe capital city of Amhara regional state, located 565 kilometers North West of Addis Ababa on the highway to Gondar.Bahir Dar Special Zone is bounded by South Gondar in the north, West Gojjam in the east and south, Lake Tana in western part. This town is recently recognized as one of the tourist attraction area in the country and a growing metropolitan hosting a number of guests from many areas in the country and other parts of the world. With the new administrative organization, BahirDar Special Zone includes 9 sub cities, four satellite kebele, and five surrounding rural kebeles. According to Planning and Economy Bureau of Amhara Regional State 2009E.C, total population of BahirDar city administration is 308,877 from this population 245,770 reside in Bahir Dar town, while 63,107 reside in rural. Out of the total population 158,824 are females who are eligible for family planning use. According to 2008 E.C zonal health department report 55% of total family planning users (both new and repeat) were from public health facilities.

Currently there are one referral hospital, one district hospital, ten governmental Health centers, seven health posts and three non-governmental clinics, which are providing family planning service and 546 health provides at public health facility in Bahir Dar city administration.

3.2. Study design and Period

A Facility based cross sectional quantitative study was conducted from March 1to 30, 2017

3.3. Source population

- All women family planning users in Bahir Dar city administration

3.4. Study population

- All women family planning users at public health facility in Bahir Dar city administration.

3.5. Inclusion and exclusion criteria

3.5.1. Inclusion criteria

- All women who were on family Planning at the time of study were included in the study.

3.5.2. Exclusion criteria

- Mothers who came two times during data collection time and incapable of interviewing.

3.6. Study variables

3.6.1. Dependent variable

- Client satisfaction with family planning service.

3.6.2. Independent variables

- **Socio Demographic and obstetric history of variables**

Age, marital, status, religion, residence, educational status, number of children, occupational states, of the respondents was the socio-demographic variables of this study.

- **Service utilization related variable**

- Availability of choice of method
- Frequency of visit
- Information about methods: refers to give information about how to the method use, methods side effect
- Technical competency: refers to cleanness of the procedure the provider, knowlogy and skills of the provider
- Client providerinteraction: refers to the way in which family planning service providers interacted personally with clients.
- Convenient service hour
- Privacy maintain during consultation
- Waiting time for the service

- **Facility related variable**

- Cleanliness of the facility

- Accessibly of health facility

3.7. Operational definitions

- **Clientsatisfaction: -**In this study satisfaction of clients with the FP service was assessed using fourteen likert scaled question items. Eachitem of question had 5 points ranging from 1(very unsatisfied) to 5(very satisfied). First calculated each respondent's mean satisfaction point then over all mean of satisfaction rate was calculated from each respondent's mean satisfaction point(37).
    - **Satisfied client:** - if a client scored greater than or equal to the mean satisfaction score(≥3.22)
- **Waiting time:-**the time gap between the clients arrival at the SDP to clients received the service.
- **Privacy:-**The ability of service provider to withhold certain parts of family planning client personal information from other people and closing of the door or examination room.
- **Convenient service hour:** if the client responded yes for "is the service hour convenient for you?"Then we say the service hour is convenient.
- **Consultation time:** The time spent discussing family panning matter with one's service providers.
- **Available of choice of method:** If the client got her method of choice, we say choice of methods available.

3.8. Sample size determination and sampling procedure

3.8.1. Sample size determination

The sample size of this study was determined using single population proportion formula. We calculated the sample size for both objectives.

we consider the assumption, prevalence of clients satisfaction, 75.3% obtained from previous studies(26), 95% CI and 4% margin of error (d) and expected non response rate of 10%. Based on this assumption,

The formula for calculating the sample size was,

$$\mathbf{n} = \frac{(\mathbf{Z}\frac{\boldsymbol{\alpha}}{\mathbf{2}})^{\mathbf{2}} * \mathbf{P}(\mathbf{1}-\mathbf{P})}{\mathbf{d^2}}$$

Where**:** n=Sample size;

Zα /2= critical value=±1.96

d= marginal error = 0.04^2

p= prevalence = 0.753

Then, the sample size will be $n= (1.96)^2 (0.753x0.247) = 446$

0.04^2

Non-respondent= 10% x 446=44

The total simple size will be 446+44=**490**

3.8.2. Sampling Procedure

A systematic sampling technique was used for selections of the clients. There are twelve public health facilities providing family planning service found in Bahir Dar city, namely: bahirdar health center, Abay HC, FHRH, Zenizelima HC Tis abay health center, meshenity health center, shimbit health center, Ginbot 20 helth center, Shum abo health center, Addis Alem hospital; zege health center, han health center. The sample size was allocated proportionately from each health facility based on monthly performance report. Accordingly in the first quarter report a total of 1654 women family planning users were reported from HCs and hospitalsi.e.Tisabay health center(89)Zenizelima HC(77), Bahir Dar health center(278),Han HC(262),meshenity health center (81),Abay HC(256), FHRH(230), Addis Alem hospital(106),shimbit health center(89),Ginbot 20 helth center(72),Shum abo health center(45), Zege health center(69),then data was collected from all public health facility found in Bahirdar city.

The selections of clients were done by using N/n.

N=Monthly performance report (1654)

n=the total sample size (490)

Based on this every 3**rd**family planning users were interviewed in each health facility.

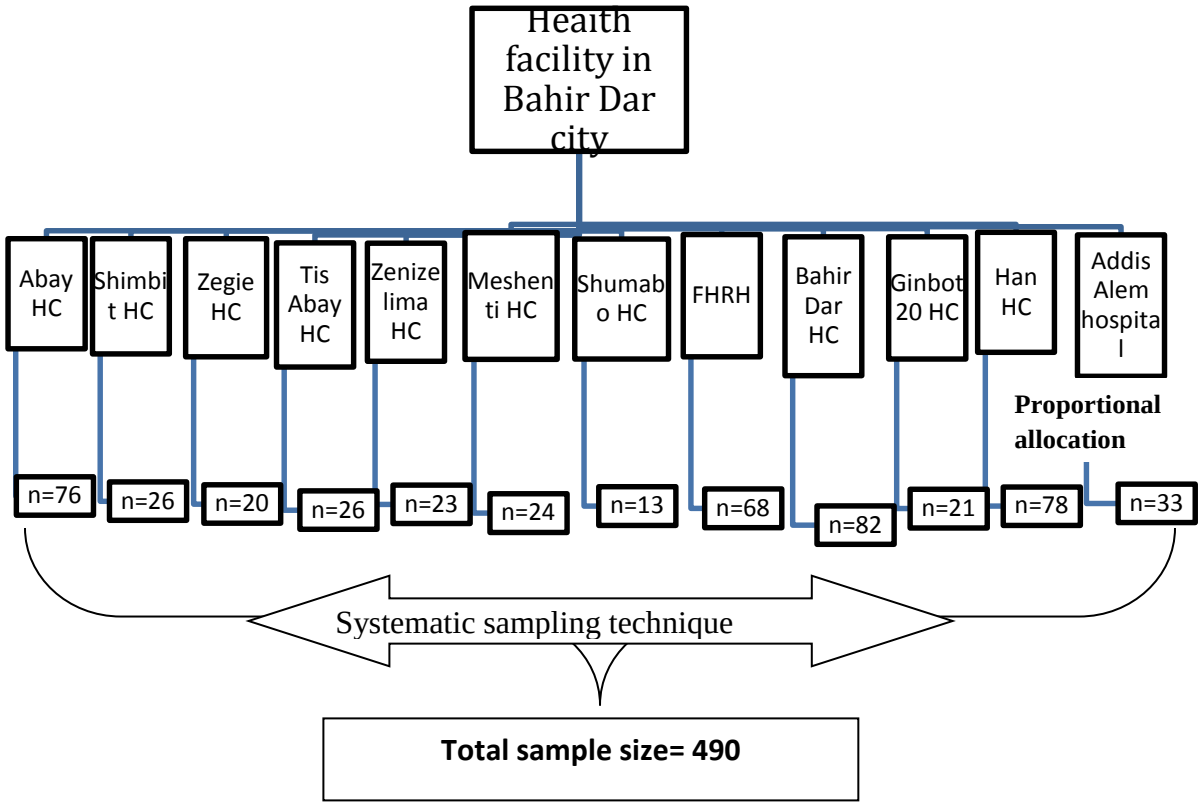


Figure 2: Schematic presentation of the sampling procedure

3.9. Data collection technique and procedures

Data were collected using a structured pretested questionnaire through face-face interview at the exit of the family planning service department. Questionnaire was developed by reviewing similar literatures and was prepared in English then translated to Amharic language. Five 12th gradecompletedata collectors were recruited and two BSc degree health professionals were recruited and trained to supervise the data collection process. But the data collectors and supervisors were recruited from other health facilities.

3.10. Data processing and analysis

The data were cleaned ,coded and entered using Epi info version 3.5.3 statistical software and then was exported and analyzed using IBM SPSS version 20 statistical software. Bivariable logistic regression was done for every independnt variables with the dependent variable independently. And variables with p-value less than 0.2were entered to the final multivariable logistic regressions model by checking the assumptions. Descriptive statistics, frequencies and percentages were used to describe the study population in relation to relevant variables. Goodness of fitness of the model was checked by Hosmor and Lemeshow assumption test(i.e P-Value 0.56)..Finaly variables with p-value less than 0.05 taken as statistically significant variable and adjusted odd ratio with 95% confidence interval were used to interpret the result.

3.11. Data quality assurance

The quality of data assured by properly designing the instrument for its simplicity and pretested followed by modification of the questionnaire accordingly. Training was given for data collectors and supervisors on the techniques of data collection. Proper categorization and coding of data were done. The supervisor and principal investigator checked the data on daily basis for their completeness, accuracy and clarity.

4. Ethical consideration

Ethical approval was obtained from Bahir Dar University, College of Medicineand Health Science, School of Public Health. Permission letters obtained again Amhara regional Health Bureau and Bahir Dar City Health Administration. Verbal consent was obtained from the study participants after explaining the study objectives and procedures and their right to refuse to participate in the study at any time they want. Names of the participants were kept anonymous by using study record number only.

5. Dissemination of Findings

The final thesis report will first be submitted to Bahir Dar University, college of Medicine and Health Science School of public health for in partial fulfillment of Master of Public health in Reproductive health. The copy of this finding will submitted again to Amhara regional Health bureau, Bahir Dar City Health Administration and other stakeholders. The final paper will be sent to a peer reviewed journal for publication.

6. Results

A total of 490 family planning users were approached for interview and all are agreed to participate in the study making a response rate of 100%.

6.1. Socio-demographic characteristicsof study participants

The mean (±SD) age of respondents was 27 (±5.2) years. One hundred seventy seven (36%) of the respondents were within the age group of25-29 years of age and four hundred seven (83.1%) of the respondents were married and more than three fourth (77.8%) of the respondents lived in urban areas. One hundred seventeen (23.9%) of the respondents can`t read and write. With regarding to occupational status of respondents, one hundred sixty four (33.5%) were housewife. Majority of contraceptive users 366(88.8%) were orthodox Christian. (Table2)

Table 1 Socio-Demographic characteristics of study participants at public health facility in Bahir Dar city administration, from March 1 to 30, 2017(n=490)

Variable	Category	Number	Percent
Age group	15-19	37	7.6
	20-24	110	22.4
	25-29	177	36.1
	30-34	110	22.4
	35 & above	56	11.4
Residency	Rural	109	22.2
	Urban	381	77.8
Educational status	Unable to read and write	117	23.9
	Read and write only	90	18.4
	Grade 1 to 8	58	11.8
	Grade 9 to 12	117	23.2
	Certificate and above	108	22.7
Types of Occupation	Government employee	96	19.6
	Private employee	58	11.8
	Merchant	67	13.7
	Housewife	164	33.5
	Unemployed	17	3.5
	Student	23	4.7

Variable	Category	Number	Percent
	Daily laborer	65	13.3
Religion	Orthodox Christian	394	80.4
	Muslim	68	13.9
	Other	28	5.7
Marital status	Married	407	83.1
	Single	62	12.7
	Divorced	17	3.5
	Widowed	4	0.8

6.2 Family planning serviceutilization,facility related and obstetric characteristics of the respondents.

Out of 490 respondents, 389(79.4%) respondents'had received the service from health center. Three hundred sixty eight (76%) of the respondents were repeat users and majority 303 (61.8%) of participants use injectables.Three hundred forty three (70.0%) have at least one child and 68.2% of respondents received their method of choice. Majority 448(91.4%) of respondent received the service is less than one hour walking distance, 302(61%) of respondents reported the waiting time to receive the service was short and 407(83.1%) of respondents reported the service hour was convenient. (**Table3).**

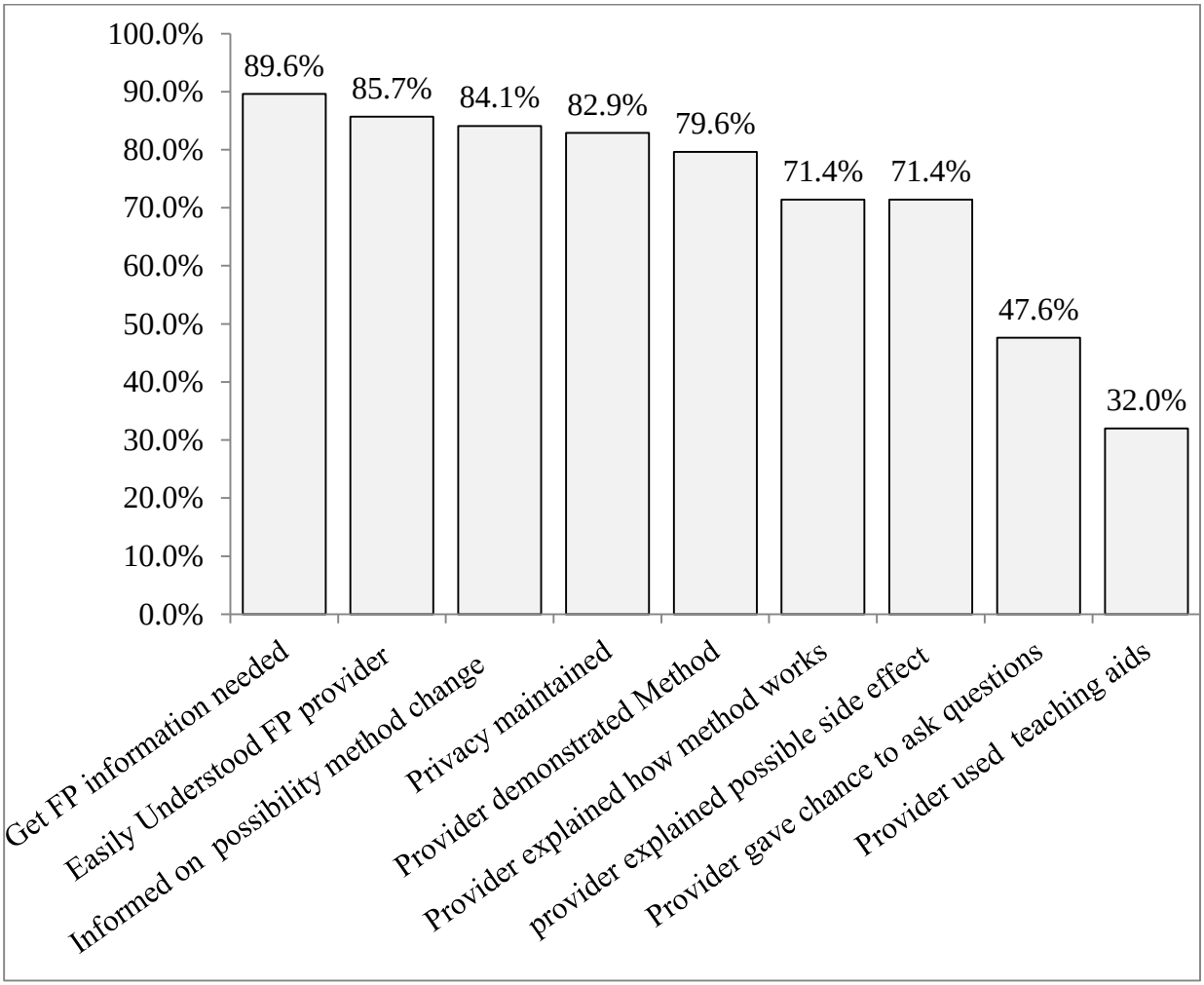
Table 2 Family planning service utilization,health facility related and obstetric characteristics of the respondents at public health facility in Bahir Dar city administration, from March 1 to 30, 2017(n=490)

Variable	Category	Number	Percent
Types of Health facility visited	Health Center	389	79.4
	Hospital	101	20.6
Frequency of visit	New	122	24.9
	Repeat	368	75.1
Number of children	Have no child	122	24.9
	1-4 children	343	70.0
	>4 children	25	5.1
Clients receiving their method of choice	Yes	334	68.2
	No	156	31.8
Method that the client was using	Pills	32	6.5
	Inject able	303	61.8
	Implant	126	25.7
	IUCD	29	5.9
Time it takes to reach the health facility	Less than half hour	314	64.1
for FP service	Half hour to 1 hour	134	27.3
	1 to 2 hours	24	4.9
	More than 2 hours	18	3.7
Waiting time to received the service	Less than half hour	226	46.1
	Half hour to 1hour	210	42.9
	1 to 2 hours	33	6.7
	More than 2 hours	21	4.3
Perceived waiting time for the FP service	Short waiting time	302	61.6
	Long waiting time	61	38.4
FP service hour convenient for you	Convenient	407	83.1%
	Inconvenient	83	16.9%

6.3. Client-provider interaction and information given by provider characteristics of the respondents.

Majority of respondents, 439(89.6%) reported that they can get information when they need about family planning from their service provider. Moreover, it has been revealed as 420(85.7%) of respondents understood family planning service provider easily during their contact time. But, only 233(47.6%) and 256(32%) of respondents reported as the FP service provider gave them the chance to ask questions and as the FP service providers used teaching aids respectively (**Figure.3)**.

Table 3 Client-provider interaction and information given by provider characteristics of the respondents at public health facility in Bahir Dar city administration, from March 1 to 30, 2017(n=490)



6.4. Proportion of client Satisfaction among family planning users at public health facility.

The proportion of satisfaction was measured by satisfaction mean score byusing 14 likertscaled question items of the respondents. The satisfaction mean scored was 3.22. All women who scored ≥3.22 were considered satisfied. According to this , overall client satisfaction with FP services was found to be 66.1% (95% CI 61.2%, 70.1%).Majority of the respondents (89%) reported as they were satisfied and very satisfied with choice of method availability, 88% respondents were satisfied and very satisfied with cleanness of procedures, and 87% were satisfied and very satisfied with service provider knowledge and skill. (Table4.)

Table 4 Proportion of client Satisfaction among family planning users at public health facility at public health facility in Bahir Dar city, from March, 2017(n=490)

Characteristics	**Verydissatisfied [**NO. (%)]	**Dissatisfied** [NO. (%)]	Neutral [No. (%)]	**Satisfied** [No. (%)]	**Very satisfied** [No. (%)]
Registration staff warmly welcomed you	31(6.3)	126(25.7)	152(31.0)	128(26.1)	53(10.8)
Registration staffs informed you where fp service department	10(2.0)	102(20.8)	171(34.9)	152(31.0)	55(11.2)
Service provider staffs were available when required	10(2.0)	39(8.0)	126(25.7)	241(49.2)	74(15.1)
Service provider introduce their name to you	181(36.9)	182(37.1)	57(11.6)	52(10.6)	18(3.7)
Service provider spent enough time in consultation	19(3.9)	44(9.0)	177(36.1)	203(41.4)	47(9.6)
Service provider were respectful	9(1.8)	67(13.7)	192(39.2)	166(33.9)	56(11.4)
provider perform the procedure with cleanliness and sanitation	5(1.0)	4(0.8)	50(10.2)	287(58.6)	144(29.4)
Service provider explanationwas clear and straightforward	3(0.6)	11(2.2)	51(10.4)	266(54.3)	159(32.4)
Choice of methods available	14(2.9)	6(1.2)	32(6.5)	219(44.7)	219(44.7)
Service provider gave adequate information	16(3.3)	43(8.8)	123(25.1)	206(42.0)	102(20.8)
Health facility easily accessible	13(2.7)	23(4.7)	119(24.3)	237(48.4)	98(20.0)
Location of family planning service department	7(1.4)	37(7.6)	160(32.7)	198(40.4)	88(18.0)
Waiting room has enough sitting chairs	33(6.7)	27(5.5)	115(23.5)	180(36.7)	135(27.6)
Cleanliness of the health facility	5(1.0)	18(3.7)	128(26.1)	228(46.5)	111(22.7)

6.5. Factors associated with client satisfaction with family planning service among respondents at public health facilities in Bahir Dar city administration.

Variable such as , occupational, type of FP visit, service hour convenient, privacy during consultation and waiting time for receiving the service were significantlyassociated with client satisfaction by usingbackwards stepwise multivariable logistic regression.

Clients who were merchants were 2.5 times more likely to be satisfied with FP service than government employees [AOR=2.5(95% CI =1.2,5.2)].In addition, house wives were 2.4 times more likely to be satisfied with FP service than government employees AOR=2.4 (95% CI=1.3,4.4). Daily laborers were also found to be 3.9 times more likely to be satisfied with the FP service as compared with governmental employees AOR=3.9(95% CI =1.8,8.6).

New FP user clients were 2.3 times more likely to be satisfied with FP service than repeat users [AOR=2.3 (95% CI =1.3-4.0)](**Table 5).**

Table 5 Factors associated with client satisfaction with family planning service among respondents at public health facilities in Bahir Dar city administration North West Ethiopia, March, 2017(n=490).

Variables	Satisfied with FP service		COR(95% CI)	AOR (95% CI)	p-value
	Yes (%)	No (%)			
Marital status					
Married	275(67.6%)	132(32.4%)	1.4(0.9, 2.3)*	1.76(0.9,3.3)	0.080
Others	49(59%)	34(41%)	1	1	
Occupation					**0.007**
Government employee	46(47.9%)	50(52.1%)	1		
Private employee	29(50.0%)	29(50.0%)	1.1(0.7,2.1)	1.2(0.6,2.5)	
Merchant	48(71.6%)	19(28.4%)	2.7(1.4,5.3)**	**2.5(1.2, 5.2)****	
Housewife	21(73.8%)	43(26.2%)	3.1(1.8,5.2)**	**2.4(1.3, 4.4)** ***	
Unemployed	13(76.5%)	4(23.5%)	3.5(1.1,11.6)**	3.3(0.8,12.8)	
Student	15(65.2%)	8(34.8%)	2.0(0.8,5.3	1.9(0.7, 5.8)	
Daily laborer	52(80.0%)	13(20.0%)	4.3(2.1, 9.0)	**3.9(1.8,8.6)** ***	
FP visit					
New	88(72.1%)	34(27.9%)	1.2(0.9, 2.3)*	**2.3(1.3,4.0)*****	**0.004**
Repeat	236(64.1%)	132(35.9%)	1	1	
Service hour convenience					
No	35(42.2%)	48(57.8%)	1	1	
Yes	289(71.0%)	118(29.0%)	3.4(2.1,5.5)	**2.4(1.4, 4.3)*****	**0.002**
Waiting time					**<0.001**
<1/2hr	166(73.5%)	60(26.5%)	6.9(2.6,18.7)**	**9.7(3.2, 29.3)*****	
≥1/2to 1 hr	132(62.9%)	78(37.1%)	4.23(1.6,11.2)	**6.4(2.1, 19.2)*****	
>1 to 2 hrs	20(60.6%)	13(39.4%)	3.85(1.2,12.5)	**4.6(1.3, 16.7)** **	
>2 hours	6(28.6%)	15(71.4%)	1	1	
Privacy					
No	33(39.3%)	51(60.7%)	1	1	
Yes	291(71.7%)	115(28.3%)	3.9(2.4,6.37)***	**3.2(1.8, 5.5)*****	**<0.001**

NB: * P-Value <0.2, **P-Value <0.05, ***p-value <0.01

7. Discussion

The result of this study revealed that 66.1 %(p=66.1%: 95% CI 61.2%, 70.1%) of respondents were satisfied with the services rendered by public health facilities in Bahir Dar city administration. The overall satisfaction is low when it is compared with other study done on client satisfaction in hosanna public health facility, which was 75.3%(28),77% in Jimma zone(29),and in Mozambique 86% (37). This discrepancy might be due to high level of expectation of family planning service users in our study area, this is because currently, clients are aware of their needs and rights and also they know that the health care facility are established to provide satisfactory and high quality service to them(38).Also the different on the health facility which is the study in Mozambique was included hospital, health center and health post but our study was included only at hospital and health center. For instant our study divided satisfaction into two levels: satisfied and not satisfied by using mean score as a cut of point while other study classified satisfaction into three levels low, medium and high satisfaction by using mean score + and – standard deviation(29, 37)

Each client has the right to get information. This study indicates that63 %(95% CI 55.2%, 70.6%) of clients were satisfied withsufficient information about the method given by the service provider received. This is low when it is compared with other study done on client satisfaction in Hosanna public health facility, which was 73.5 %(26). This discrepancy might be due to the service providers over loaded by the service users this leads to the provider cannot give sufficient information to clients because of lack of time, andinadequate training for family planning serves providers was the other shortage detected by previous study(39).Due to shortage of manpower, they were providing family planning service by shifting in addition to other outpatient activities and/ordue to high level of expectation of family planning service users in our study area. An evaluation of the barriers to sustained contraceptive use in Nepal concluded that detailed information given to users can have a significant and positive effect on the continuation of contraception as an alternative to group counseling .It also appears to be important that users be encouraged to ask questions about their own unique situations(20).

This study shows that only 47.6%(95%CI 43.3%,51.8%) of women reported having the opportunity to ask questions of the provider this is similar with the study conducted in Mozambique which was 45.2%(37)

In our study,Occupational status of the client, type of FP visit, service hour convenient, privacy during consultation and waiting time for receiving the service were found associated factors with FP service client satisfaction. In our study in related to the predictors of client satisfaction regarding family planning service delivery where consistent with what has been observed in study conducted in Hossana public health facility where waiting time service, frequency of visit, privacy maintain and convenient service hour were significantly related to satisfaction(26). The possible reason for this consistent might be both are study at public health facility and similar working hour of both study area.

The long waiting time for clients getting service is one of the factors affecting the quality of FP resulting in negatively associated with client satisfaction and future client continuity questions (39-41). Our study identified that waiting time is one factor of client satisfaction and this was the same study conducted in Hossana(26) in Jimma Zone(29) and in Mozambique(37).The possible reason might be for our study area due to specific working hour for family planning service, so this leads to excessive number of service users in the facility at working time, and also inadequate training for family planning serves providers was the other shortage detected by previous study(42).Due to shortage of manpower, they were providing family planning service by shifting in addition to other outpatient activities.

Family planning is a very personal subject and people do not like to openly discuss their problems. Therefore, privacy is very much important in providing family planning services clients feel morecomfortable if providers respect their privacy during counseling sessions, examinations, and procedures. 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 (43).In our study clients who got privacy during FP consultation and procedures were 3.2 times more likely to be satisfied with the FP service than those who didn't get privacy and this was the same in study conducted in Hossana(26) The possible reasons for our study might be all reproductive health services gave in one room; and service providers did not give attention about clients' privacy.

Women who were come for first time were more likely for satisfaction than who had two and more visits. The reason might be first comers may not know their rights about the service. However it was oppose with the study done Hosanna(26).this could be explained educational variation of the respondents

In our study identify occupation was associated factor for client satisfaction.In our study clients who were government employees less likely satisfied than daily laborers, merchants andhouse wives and also in our study and study at Hosanna(26), Jimma(29) and Mozambique(37) also convenient service hour was associated factor for client satisfaction. The possible reason in our study might be the governmental working hour and family planning service hour was the same and this service hour overlap with governmental workers so due to this for governmental worker family planning user less satisfied.

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8. Limitations of the study

Since the study was institutional based might under estimate the results related to satisfactions.

9. Conclusions and recommendation

9.1. Conclusions

The finding of this study concludes that client satisfaction with family planning service was low as compared to other studies. Frequency of visit, waiting time, privacy during consultation, convenience of service hour and occupation of the clients were the predictors of client satisfaction with family planning service.

9.2. Recommendations

For health facility

- Strategies that minimize client waiting time by
    - Arrange service hours that are convenient for all clients including the civil servants.
    - Better to give attention to ensure clients privacy
    - Better to strength women friendly family planning service

For program planner

- Assess about service privacy, convenient hours and waiting times and take appropriate intervention.

For researcher: -further studies are recommended in terms of observation and qualitative data collection

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ANNEX:

Sample English questionnaire for exit interview

Bahir Dar University College of Medicine and Health ScienceSchool of Public Health

Questionnaire on client satisfaction of family planning service

To be filled by data collectors

Region_____ Zone_____Woreda_____

Cod number of the health institution_____

Good morning dear client! My name is _____. I came from…….

The objective of the study is to assess the level of client's satisfaction with the family planning service of the health centers and to identify factors associated with clients' satisfaction with family planning service in Bahir Dar city administration public health center, which will be important to improve family planning service delivery of the health centers To do this, your information is very important.Would like to ask you a few questions about your visit to the clinic to find out your experience today. We would be very grateful if you could spend a few minutes to answer questions related to the service. We will not put your name or registration number in the format. All the information you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you don't want. But your honest participation will contribute to generate information that can be used to improve quality family planning service.

Do I have your permission to continue?

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

Code number of the client ----------

Interviewer: - Name_____

Checked by supervisor/investigator.Signature_____

I thank you for your cooperation.

Part I: Socio – Background characteristics

No	Questions	Alternative choice for respondents	Code
1	How old are you?	1. Age in years ------2. Don't Know	
2	Your residence	1. Rural 2. Town	
3	What is your current marital status?	1. Single2.Married 3. Divorced. 4. Widowed 5. No answer	
4	If married, have you discussed family planning with your husband?	1. Yes 2.No	
5	Do you have children?	1.Yes 2.No	
6	If yes, how many living children do you have?	Number of children……..	
7	Would you like to have more children	1.yes 2.No	
8	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 years6.No answer	
9	What is your educational level?	1.Illiterate 2.Write&read 3.Primaryschool(1-8) 4.Secondaryschoolcompleted 5.Tweleve +1& above	
10	What is your occupation?	1.Government employee 2.Private employee 3.Merchant4.Unemployed 5.House wife 6.Student 7.Daily laborer 8.Prostitute 9.Other (specify)	
11	What is your religion	1.OrthodoxChristian 2.Catholic 3.Protestant 4.Muslim 5.Other (Specify)-------	

Part II:Client interview on facility service utilization and accessibility

No	Questions	Alternative choice for respondents	Code
12	Types of family planning visiting	1. New 2.Repeat	
13	Who told you for the first time about the family planning service of this health center/Hospital?	1. Husband 2. Neighbors 3.Health professional 4. Other (specify)	
14	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 5. Don't know	
15	Did this health facility near to your home?	1. Yes 2. No	
16	Was the service hour for this clinic convenient for you?	1.Yes 2.No	
17	How long did you wait between the times you first arrived to the clinic and got family planning service?	1. Less than 1/2 hr 2. Half to one hour 3. 1 hour to 2 hour 4. Don't know	
18	Did you get the information you wanted about family planning service	1.Yes 2.No	
19	If no, why	1.Provider did not want to tell me **2**.The service I wanted was not available 3.The time was too short 4. Other (specify).	
20	During consultation, was the provider easy to understand?	1.Yes 2.No	
21	Did the provider give you a chance to ask questions about family planning service?	1.Yes 2.No	
22	If yes, were you satisfy	1.Yes 2.No	

23	Was there enough privacy during consultation?	1.Yes 2.No	
24	Which method are you using?	1.Pills2.Injectable 3.IUCD 4.Condom5.Implant 6.Other (specify)	
25	During the consultation for the method you accept to use, did the health personnel explain about the following?		
25.1	Clearly explains how the method works?	1.Yes 2.No	
25.2	Demonstrate how to use it?	1.Yes 2.No	
25.3	Describe possible side effect	1.Yes 2.No	
25.4	Explain what to do if you experience any problem before the next visit?	1.Yes 2.No	
25.5	Explain the possibility of changing method if you are not comfort with it?	1.Yes 2.No	
26	In addition to the method you received, were you told about any other methods?	1.Yes 2.No	
27	If yes, which method?		
	Pills	1.Yes 2.No	
	Injectable	1.Yes, 2.No	
	IUCD	1.Yes 2.No	
	Implant	1.Yes 2.No	
	Condom	1.Yes 2.No	
	Other (specify)	1. Yes 2.No.	
28	Do you pay for the service and for contraceptive?	1.Yes 2..No	
29	If yes, Was the service expensive	1.Yes 2..No	
30	Which service did you like from this clinic? 1.Get service with in short period 2.Provider gives good service 3.Counselling was clear & satisfactory 4.Received the method chosen	 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	
31	Did you receive next appointment?	1. Yes 2. No	

Part III. Miscellaneous scale on client satisfaction

The following are statements about different components that measure client satisfy. Please mark (√) according to your agreement in the statement, i.e., if very satisfied=5, if satisfied=4, if neutral=3,if unsatisfied=2, and if very unsatisfied=1.

No	Statement	Alternative choice for respondents				
		1	2	3	4	5
1	Registration staff warmly welcomed you					
2	Registration staffs informed you where family planning service department					
3	Service provider staffs were available when required					
4	Service provider introduce their name to you					
5	Service provider spent enough time in consultation					
6	Service provider were respectful					
7	provider perform the procedure with cleanliness and sanitation					
8	Service provider explanation was clear and straightforward					
9	Choice of methods available					
10	Service provider gave adequate information					
11	Health facility easily accessible					
12	Location of family planning service department					
13	Waiting room has enough sitting chairs					
14	Cleanliness of the health facility					

Thank you very much!

የባህርዳርዩኒቨርሲቲ

የህክምናጤናሳይንስኮሌጅ

የህብረተሰብጤናአገልግሎትክፍል

ስለቤተሰብምጣኔአገልግሎትተጠቃሚዎችንእርካታለማጥናትየተዘጋጀመጠየቅ፡፡

ክልል_____ዞን _____ወረዳ___የጤናድርጅቱመለያኮድ/ቁጥር_____

ጤናይስጥልኝየኔእመቤት፡፡ስሜ_____ይባላል፡፡የመጣሁትከ_____ነው____::

የባህርዳርዩኒቨርሲቲየቤተሰብምጣኔአገልግሎትተጠቃሚዎችንእርካታመለየትለሚያደርገውጥናታዊምርምርአባልነኝ፡፡

የዚህጥናትአላማበባህርዳርከተማበሚገኙጤናጣቢያዎችየቤተሰብእቅድተጠቃሚዎችንእርካታናተዛማጅእንከኖችለማየትነው፡፡

ይሽውችግሮችንለመጠቆምናመፍትሔለማምጣትይረዳል፡፡ስለዚህእናንተየምትሰጡኝመረጃጠቃሚነውእናምፈቃደኛከሆኑትን

ሽጥያቄዎችልጠይቀዎትእፈልጋለሁ፡፡ስምመጥቀስአያስፈልግም፡፡የሚሰጡኝመረጃሚስጥሩይጠበቃል፡፡

ፈቃደኛነዎትልቀጥል --- ፈቃደኛነኝ ፈቃደኛአይደለሁም

- የደንበኛውመለያቁጥር_____
- ቃለመጠየቁንያደረገውስም_____
- ቃለመጠየቁንያረጋገጠውሱፐርቫይዘር/አጥኝፊርማ_____

ክፍልI.ማህበራዊገፅታንበተመለከተ

1. እድሜሽስንትነው ---------- (1) ------ አመት (2) አላውቀውም
2. የመኖሪያቦታሽ …….. (1) ገጠር (2) ከተማ
3. የጋብቻሁኔታ …….. (1) ያገባች (2) ያላገባች (3) የፈታች (4) ባሏየሞተባት (5) ሌላ---------
4. ያገባችከሆነስለቤተሰብፅቅድከባለቤትሽጋርትወያያለሽ (1) አዎ (2) የለም
5. ልጆችአሉሽ …… (1) አዎ (2) የለም
6. ልጆችካሉሽምንያህልበህይወትአሉ …… የልጆችቁጥር …….
7. ተጨማሪልጆችትፈልጊያለሽ (1) አዎ (2) የለም
8. አዎካልሽመቼ ……(1) በቅርብ (2) አንድአመትውስጥ (3) በ2 ዓመትውስጥ (4) በ3 ዓመትውስጥ (5) መልስየለም
9. የትምህርትሁኔታ ……(1) ማንበብናመጻፍየማትችል(2) ማንበበመጻፍየምትችል (3) 1ኛ ደረጃያጠናቀቀች(1-8)
   (4) 2ኛ ደረጃያጠናቀቀች (5) ከ12ኛ ክፍልበላይየሆነች
10. ሥራሽምንድንነው (1) የመንግስትሰራተኛ (2) በግልተቀጣሪሰራተኛ (3) ነጋዴ (4) የቤትእመቤት (5) ሥራየሌለው
    (6) ተማሪ (7) የቀንሰራተኛ (8) ቡናቤትሠራተኛ (9) ሌላ--------
11. ሐይማኖትሽ …….. (1) ኦርቶዶክስክርስቲያን (2) ካቶሊክ (3) ፕሮቴስታንት (4)ሙስሊም (5)ሌላ----------

ክፍልII.በተቐሙየአገልግሎትአሰጣጥናተደራሽሁኖታላይየተደረገመጠይቅ

12. የወሊድመቆጣተሪያሁኔታሽ? 1. አዲስ 2. ድጋሚ(ተመላላሽ)
13. የቤተሰብምጣኔአገልግሎትእዚህጤናጣቢያእንደሚሰጥማንነገረሽ? (1) ባለቤቴ (2) ጎረቤት (3) ጤናባለሙያ (4) ሌላ ---------
14. እዚህለመድረስምንያህልጊዜወሰድሽ ? (1) <1/2 ሰዓት (2) ½ -1 ሰዓት (3) ከ1-2 ሰዓት (4) ከ2 ሰዓትበላይ
15. ጢናተቀሙለመኖሪያቤትሽቅርብነዉ? 1) አዎ (2) የለም
16. ተቀሙአገልግሎቱንየሚሰጥበትሰዓትምቹነው ? (1)አዎ (2) የለም
17. ጤናጣቢያውላይከደረሽጀምሮአገልግሎቱንለማግኘትየወሰደብሽጊዜ ? (1) ከ1/2 ሰዓትበታች (2) ከ1/2 -1 ሰዓት (3) ከ1-2 ሰዓት (4) ከ2 ሰዓትበላይ
18. ስለተሰብምጣኔመረጃአገኘሁትያለሽ ? (1) አዎ (2) የለም
19. የለምካልሽለምን ? (1) ባለሙያአልነገረኝም (2) የምፈልገውንአገልግሎትአላገኘሁም (3) ቆይታውበጣምአጭርነበር (4) ሌላ -----
20. ስለቤተሰብምጣኔውባለሞያውምክርሲሰጥሽበቀላሉተረዳሽው ? (1) አዎ (2) የለም
21. ባለሞያውስለቤተሰብምጣኔአገልግሎትጥያቄካለሽእንድትጠየቂውዕድልሰጠሽ ? (1) አዎ (2) የለም
22. አዎካልሽረክተሻል ?……..(1) አዎ (2) የለም
23. አገልግሎቱንበምትዎስጅበትጊዜየአንቺንገመና (ፕራይቬሲ)ጠብቀውልሻል? (1) አዎ (2) የለም
24.የትኛውንየመከላከያዘዴነውየሚጠቀሙ ? (1) ኪኒን (2) መርፌ (3) ኮንዶም (4) በክንድየሚቀበር (5) በማህፀንየሚገባ (6) ሌላ
25. እርስዎስለሚወስዱትየወሊድመከላከያዘዴየምክርአገልግሎትሰጪውስለሚከተሉትነጥቦችበቂገለፃአደረገለዎት?
    25.1.የወሊድመከላከያዘዴእንዴትእንደሚሰራነገረዎት (1) አዎ (2) የለም
    25.2.እንዴትእንደሚጠቀሙአሳይቶዎታል (1) አዎ (2) የለም
    25.3.ስለሚያመጣውየጎንዮሽጉዳትነግሮዎታል (1) አዎ (2) የለም
    25.4.የመከላከያዘዴውካልተሰማማዎትሊቀይሩእንደሚችሉነግሮዎታል (1) አዎ (2) የለም
26. አሁንሊጠቀሙበትከተቀበሉትየወሊድመካላከያሌላየወሊድመከላከያዘዴእንዳለነግሮዎታል? (1) አዎ (2) የለም
27. አዎካሉየትኛውየመከላከያዘዴነው? (1) ኪኒን (2) መርፌ (3) ኮንዶም (4) በክንድየሚቀበር (5) በማህፀንየሚገባ (6) ሌላይግለፁ ……..
28. ለአገልግሎትእናለመከላከያዘዴውይከፍላሉ? (1) አዎ (2) የለም
29.ከከፈሉ (አዎ) ካሉክፍያውውድነውትያለሽ ? (1) አዎ (2) የለም
30. አዚህጤናጣቢያከሚሰጠውአገልግሎትየትኛውንየወዱታል (የተሻለነው)?
- በአጭርጊዜአገልግሎቱንመስጠቱን ……(1) አዎ (2) የለም

- አገልግሎትሰጭዎችአቀባበልጥሩስለሆነ …… (1) አዎ (2) የለም
- የምክርአገልግሎታቸውበትምህርትመርጃየተደገፈስለሆነ …….(1) አዎ (2) የለም
- የምፈልገውአይነትየመከላከያዘዴስለሚገኝ …… (1) አዎ (2) የለምሌላ……

31.ለሚቀጥለውእንድትመጪቀጠሮተሰጥቶሻል …..(1) አዎ (2) የለም

ክፍልIII

ከዚህበታችበሰንጠረዥየተቀመጡነጥቦችተጠቃሚዎችበአገልግሎቱላይያላቸውንየተለያዩእርካታዎችንያሳያሉ፡፡በጣምረክቻለሁከሆነ 5 ላይ √ ያድርጉ፣ርክቻለሁከሆነ 4 ላይ √ ያድርጉ፣በመርካትእናባለመርካትመካከልከሆነ 3 ላይ √ ያድርጉ፣አልረካሁምከሆነ 2 ላይ √ ያድርጉ፣በጣምአልረካሁምከሆነ**1** ላይ √ ያድርጉ፡፡

ተ.ቁ	**የአገልግሎትአይነቶች**	የእርካታደረጃ				
		1	2	3	4	5
1	ካርድከፍልባሉባለሙያዎችበተደረገልሽአቀባበል					
2	ካርድከፍልባሉባለሙያዎችየወሊድመቆጣጠሪያክፍሉየት እንደሆነበሰጡሽመረጃ					
3	አገልግሎትሰጪባለሙያዎችበፈለግሻቸዉሰአትበማግኘትሽ					
4	አገልግሎትሰጪባለሙያስሙን/ዋንላንቺበማስተዋወቅ					
5	የጤናባለሙያውየምክርአገልግሎቱንሲሰጥሽበወሰደዉሰአት					
6	የጤናባለሙያውባተደረገልሽአክብሮት					
7	ባለሙያዉአገልግሎቱንበሚሰጥበትወቅትበተከተለዉንጽህና					
8	የጤናባለሞያዉባደረገልሽግልጽናቀጥተገኛገለጻ					
9	የተለያዩአማራጭየእርግዝናመከላከያዘዴዎች**በ**መኖራቸዉ					
10	በጤናባለሞያዉስለእርግዝናመከላከያዘዴዎችበቂመረጃበማግኘትሽ					
11	ጤናድርጅቱን/ተቋሙበቀላሉባለዉተደራሽነት					
12	የወሊድመቆጣጠሪያክፍሉንያለበትንቦታበቀላሉበማገኘሽ					
13	አገልገሎቱንለማግኘትበሚጠብቁበትቦታላይበቂወንበሮችንበማግኘትሽ					
14	በጤናተቋሙንጽህና					

ስለትብብረዎአመሰግናለሁ!!