

Quality Assessment of Family Planning Services in Ife/Ijesa Administrative Health Zone: Clients' Perspective

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Abstract

Context: Medical audit in healthcare has a goal to monitor and upgrade the standard of health care in a setting. Whether a client will accept, use effectively and continue to practice contraception depends on the quality of services rendered.

Objective: To assess the quality of our family planning services as perceived by our clients.

Design, Setting and Subjects: A cross-sectional survey of clients at three family planning clinics in Ife-Ijesha Administrative Health Zone coordinated by the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife between 1st April and 31st August 2000. The study group consisted of 490 clients.

Main Outcome Measures: Technical competence of providers, client/provider relations; mechanisms to encourage continuity, constellation of services offered and client satisfaction.

Results: More than half (52.2%) of clients felt satisfied with the competence of the provider, 94.6% were satisfied with the client-provider relationship. Measures to encourage continuity were maintained in 90.8% of clients. There is a high level (94%) of client satisfaction with overall services rendered while 36.7% received other information apart from family planning services.

Conclusion: Our clients were satisfied with the quality of family planning services being rendered. However there is need for improvement in the counselling of women before vaginal examination/ procedures. Literature should be provided to educate clients about what to expect during specific procedures. The common side effects of all methods should be fully explained to clients.

Key Words: Family Planning, Contraception, Service Quality, Audit [Trop J Obstet Gynaecol, 2003, 20: 28-31]

Introduction

Family planning constitutes an essential ingredient of the safe motherhood initiative, its core function being to prevent unwanted pregnancies. It is also a key element in the population strategy of most developing countries and a tool for socio-economic development and improvement of maternal and child health^{1, 2, 3, 4}. However, whether a client will accept, use effectively and continue to practice contraception depends on the quality of services rendered⁵. Health research organisations have developed various methods such as situation analysis^{6, 7} and COPE (Client-Oriented Provider-Efficient) programme^{8, 9} to help family planning service providers to evaluate the quality of their services and make appropriate adjustments for improved quality and client satisfaction.

Quality can be assessed at 3 levels of service delivery: The policy level (PL), the service delivery point (SDP) and the client's level (CL). This study seeks to assess the quality of care at the third level (that is, the quality of services received from the clients perspective). This would help to a large extent in improving our services to meet both the perceived and actual quality of care, thus encouraging more women to seek and use hospital-based family planning services in Nigeria.

Subjects and Methods

This cross-sectional survey was carried out amongst 490 family planning clients visiting the hospital – based family planning clinics at Obafemi Awolowo University Teaching Hospitals Complex with three centres: Ife State Hospital (ISH), Urban Comprehensive Health Centre (UCHC) Eleyele, Ile-Ife and Wesley Guild Hospital (WGH), Ilesa.

A descriptive research design was used. Every family planning client that visited the clinic during the study period (April to August 2000) at the three family planning centres was interviewed by means of semi-structured questionnaire administered by trained interviewers.

The questionnaires were based on the Bruce-Jain framework¹⁰ which assessed the following elements using corresponding indicators:- interpersonal relations, choice of methods, the kind of information given to clients, technical competence, mechanisms to encourage continuity of service, appropriateness and acceptability of services and, finally, the constellation of services offered.

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The questionnaire was pre-tested on 40 clients at the Seventh Day Adventist Hospital Family Planning Clinic, Ile-Ife to validate it. After the pre-testing exercise, relevant modifications of the questionnaire were made prior to its use for this study. Statistical analysis done included descriptive statistics and chi-squared test of association. Significance levels were set at $p < 0.05$. Data analysis was done using Epi-info statistical software on an IBM-compatible computer.

Results

A total of 490 clients were interviewed. Of these, the new clients (NC) were 155 (31.6%) and revisit clients (RC) were 335 (68.4%). There were 120 clients from UCHC, 170 from ISH and 200 from WGH. The age range was 20-52 years (mean 32.70, standard deviation [SD] 7.09, median 32, and mode 30). Most of them (88.7%) were married, 9.3% were single while 2.1% were widowed. Forty (8.1%) had primary education, 190 (38.8%) had secondary and 185 (37.8%) had tertiary education. Most of the clients (76.3%) were Christians while 23.7% were Muslim. Their occupations included teaching (45.9%), artisans (21.0%), schooling (9.2%), civil servants (9.2%), nursing (6.1%) and trading (6.1%). Approximately 3% were unemployed. The mean number of children each had was 3.4 (SD: 1.9; Range 1-9; Mode 3)

Interpersonal Relations

Of the 165 clients who had questions and concerns, most (94.6%) were satisfied with the answers given by the service providers while 1.8% were not and 3.6% were indifferent. Among all the 490 clients, 84.7% were satisfied with the level of privacy while 11.2% were not and 4.1% were indifferent. Most of the clients (76.5%) felt satisfied with the duration of consultation while 8.2% felt it was too short and 13.3% felt it was too long while 2% were unconcerned. The clients suggested a maximum mean duration of consultation of 16.4 minutes (Range: 5-90; Mode: 10 minutes).

Assessment of Choice of Methods

Most of the clients (70.6%) were using their preferred method of contraception, although 29.4% would have preferred another method. The reasons for not using their preferred method among these 29.4% of clients include method inappropriate for them (71.4%), method not offered at the centre (13.3%) and method temporarily out of stock (14.3%). Most of the clients (75.3%) made the choice of contraception themselves while the provider made the choice in 22.4% of the clients. In only 2.3% was the choice made jointly by both client and provider. However 63.3% of the new

clients reported that providers emphasised the use of the intrauterine contraceptive device (IUCD) above other methods. Other methods mentioned include contraceptive pills, injectables, condoms, bilateral tubal ligation, diaphragm, spermicides and implants.

Information Given to Clients

Most of the clients (70.6%) reported that they were not informed about the side effects of their chosen methods. Only 29.4% were given the information. Most of them (65.9%) also reported that they were not told about other sources of supply for their method, while 34.1% were informed. Only 29.6% were told that they could change method if it becomes necessary while 70.4% were not informed. Surprisingly all the clients complained of not being given brochures/education materials on family planning to take home for further reading.

Technical Competence

Out of the 335 revisit clients, 52.2% felt satisfied with the competence of the provider. However, nearly half (47.8%) felt that they did not receive proper attention/care. Out of the 330 clients on whom various examinations/procedures were done, only 42.4% had such procedures explained to them before and after they were done while 57.6% did not have the benefit of receiving such information.

Mechanisms to Encourage Continuity

Of all the clients interviewed, only 45(9.2%) were not asked to come for a revisit. Most of them 90.8% were given appointment or told to come if problems were encountered.

Appropriateness and Acceptability

Overall 465 (94.9%) clients were satisfied with the overall service received, 15(3.1%) were not, while 10(2%) were indifferent. The reasons for being satisfied with overall services include: prompt attention; receiving explanations for their concerns; getting information and the services wanted and meeting nice and polite providers among other reasons (Table 1). The least reported waiting time was 2 minutes and the maximum was 90 minutes (mean 26.3; mode 5 minutes). Most clients (86.7%) found the waiting time reasonable; 2% found it too long while 11.2% were indifferent to the waiting time. Majority of the clients 410(83.7%) were satisfied with the clinic opening hours, while 65(11.2%) felt it was inconvenient and 25(5.1%) were indifferent. Of the 65 clients who found the opening hours inconvenient 54.5% would prefer weekends or public holidays, 9.1% preferred early in the morning, 18.2% afternoon and 18.2% evening/night time.

Most of the clients 440(89.8%) felt the cost of obtaining services is acceptable, 25(5.1%) felt it was

a little expensive, 10(2%) felt it was too expensive while 15(3.1%) were indifferent.

Table 1
Clients' Perception of the Quality of Family Planning Services Received

<i>Clients' Response</i>	<i>NC n: 155 n(%)</i>	<i>RC n: 335 n(%)</i>	<i>Total N: 490 n(%)</i>
Reasons for Overall Satisfaction			
<i>Received information needed and explanations for concerns</i>	20 (12.9)	80 (23.9)	100 (20.4)
<i>Prompt Attention</i>	30 (19.4)	65 (19.4)	95 (19.4)
<i>Providers Nice And Polite</i>	30 (19.4)	30 (8.9)	60 (12.2)
<i>Services Better Here Than Other Clinics</i>	10 (6.5)	25 (7.5)	35 (7.1)
<i>Methods Effective</i>	-- (0.0)	35 (10.4)	35 (7.1)
Suggestions to Improve Quality			
<i>Provision of Literature & Educational Materials</i>	50 (32.3)	80 (23.9)	130 (26.5)
<i>Full Explanation of Examination/Procedures to Clients</i>	20 (12.9)	70 (20.8)	90 (18.4)
<i>More Service Providers</i>	10 (6.5)	20 (5.9)	30 (6.1)
<i>Adjust Clinic Time</i>	10 (6.5)	5 (1.5)	15 (3.1)
<i>Reduction of Costs</i>	5 (3.2)	10 (2.9)	15 (3.1)
<i>Improved Privacy</i>	5 (3.2)	8 (2.4)	13 (2.6)

NC: New Clients; RC: Revisit Clients

Estimated levels of monthly income among the clients include >N20,000 (5.1%), N15,000.00–N20,000.00 (23.5%), N10,000.00–N15,000.00 (58.2%) and <N10,000 (5.1%). The relationship between the level of income and level of satisfaction with the cost of obtaining services was not statistically significant, $p > 0.05$ (Table 2).

The suggestions given by 30% of the clients to improve the quality of services (Table 1) include: provision of literature and educational materials for distribution to clients (26.5%), explanation of the procedures/examinations to be done for the clients before and after being carried out (18.4%), engagement of more family planning service providers (6.1%), reduction in cost borne by clients (3.1%), provision of more privacy (2.6%) and adjustment of clinic time (3.1%).

Constellation of Services

Apart from family planning services, 180 (36.7%) of the clients received other services and information.

One hundred and sixty-five clients (33.7%) have other family planning clinics nearer them but did not go there due to the expense to be borne at such clinics (24.2%), poor quality of care (27.2%), inconvenient opening time (15.2%) and preference for teaching hospital services (33.5%).

Table 2
Relationship Between Level of Income and Satisfaction with the Cost of Services

<i>Satisfaction With Cost</i>	<i>Level of Monthly Income (x ₦1000)</i>			
	<i><10 n (%)</i>	<i>10-15 n (%)</i>	<i>16-20 n (%)</i>	<i>>20 n (%)</i>
<i>Too Expensive</i>	-- (0.0)	5(1.0)	-- (0.0)	--(0.0)
<i>Expensive</i>	-- (0.0)	10(2.0)	15(3.1)	--(0.0)
<i>Appropriate</i>	25(5.1)	270(55.1)	100 (20.5)	25(5.1)
Total	25(5.1)	285(58.2)	115 (23.5)	25(5.1)

Discussion

This study has shown that overall, most clients served by the clinics where the survey was done felt satisfied with the level of services received. However, this could be partly attributable to a fear of criticising those in authority or because the clients wanted to please the interviewers^{11, 12}. It could also be because the clients' expectation in terms of service quality is low; hence they may be satisfied with relatively poor services¹³.

Though the proportion of those dissatisfied is low (3.1%) this should be taken seriously because the clients who have an idea of what good quality should be would rather go to where they would receive such. It is well established that three factors – distance, cost and quality (perceived and real) are major players in the decision to seek and use care. Quality of care seems to be particularly important because studies confirm that where potential patients have access to more than one facility, their perception of the quality of care offered at these facilities often take precedence over concerns about distance^{14, 15} or cost^{16, 17}. This was reflected in the significant proportion of clients who used our family planning services despite having other family planning service providers who were nearer to them.

The client waiting time can be a drawback to the quality of service delivery^{12, 18}. Long waiting time is a principal factor leading to high rate of discontinuation of service utilisation^{12, 19}. In view of the negative impact of long waiting time on the utilisation and quality of services, Dwyer has advocated the use of Client-Flow Analysis (CFA)

methodology to identify bottle neck areas and seek solutions to them¹⁸.

A client's ability to make an informed choice is influenced by the number of methods discussed with her. Though eight methods were discussed with them, the clients reported that the most frequently emphasized and used method was the intrauterine contraceptive device (IUCD). The greater emphasis on IUCD in this study may be a reflection of the age and parity of the clients seen in our clinics or a bias on the part of the providers^{20, 21}.

Although there was high level of client satisfaction with quality of service some obvious deficiencies observed need to be addressed. There is need for improvement in counselling the clients prior to examinations/procedures and after carrying out such procedures. Even where clients may be lacking in the ability to fully evaluate clinical competence, they can, and do, judge the technical competence of

the service they receive for instance based on the cleanliness of the clinic, how they were examined and ultimately whether their needs were met or problems solved²².

The cost of obtaining family planning services was acceptable to majority of clients, though 5.1% found it a little expensive. There was no association between clients' level of income and perception of cost. To the properly motivated and informed client therefore, the cost may not be a major militating factor to the use of family planning services in our environment²³.

In conclusion, this study has attempted to assess the client's perspective of the quality of care offered at the family planning clinics of our teaching hospital. Despite the high level of client's satisfaction, there were obvious deficiencies that need urgent attention if women must be encouraged to use the family planning services of this institution.

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