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Level of Client Satisfaction with Contraceptive Counseling and Associated Factors Among Women Attending Family Planning Services in Public Hospitals of Addis Ababa 2022

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Abstract

Background: Contraceptive counselling is a type of client-provider interaction that involves two-way communication between a health care staff member and a client for the purpose of confirming or facilitating informed decision by the client, or helping the client address problems or concerns. Effective contraceptive counselling is one of the cornerstones for increasing family planning acceptance. The best decisions about family planning are those that people make for themselves based on accurate information and a range of contraceptive options. Otherwise, they can either deny the service or discontinue the method if they are not properly counselled on minor side effects and myths related to the method. It empowers people to exercise their right to good quality family planning care.

Objectives: To assess the level of client's satisfaction with contraceptive counselling and associated factors among reproductive age women in Addis Ababa Ethiopia 2022.

Methods: Institutional based cross-sectional study was used and multi-stage sampling technique was employed to recruit 592 participants. Structured and pretested questionnaire was used to collect data. Data was analysed using SPSS version 26. Descriptive statistic was used to summarize Socio-demographic and health related factors. Odds ratio was used to identify factor associated with the outcome variable and statically significant was declared at p-value 0.05.

Result: The study includes 579 participants making the response rate 97.8%. most (57.2%) of the participants were between the age group 25-34 years. Most (90.7%) of the respondents were married More than half of the study participants are housewives. This study showed nearly three fourth (71.1%) of the respondents were satisfied with counselling given. Clients who were being acknowledged and responded to their concern, being showed how to use and having income greater than or equal to 5000 positively associated with satisfaction with contraceptive counseling.

Conclusion and recommendation: Present study showed that 71% of clients who came for f/p services were satisfied with contraceptive counselling. Acknowledge and respond to client's concern, demonstrate how to use and income were significantly associated with client satisfaction with contraceptive counseling. Strengthening and maintaining regular supervision on how clients are counselled is recommended.

Keywords: counselling; satisfaction; contraceptive

Introduction

Background

World Health Organization (WHO) defines family planning as "the ability of individuals or couples to determine the number of children and realize their predetermined number of children and spacing of their children and timing of their births. This could be accomplished through the use of effective contraceptive methods and the management of involuntary infertility [1]. Family planning (FP) 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 ensure the health and well-being of women, children, and communities [2] by decreasing maternal mortality and improves women's health through preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. Some contraceptives also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems [3]. One principal determinant of uptake and continued utilization of family planning services is overall client satisfaction with those services [4]. It is one of the factors that influences the use of FP and other reproductive health services [5]. Women who reported having received contraceptive counselling were more satisfied

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with their method [6]. World Health Organization (WHO) recommend to offer evidence-based, comprehensive contraceptive information, education and counselling to ensure informed choice for all women who need the services [7]. According to Turkish Demographic health survey (DHS) 2013, 33% of all women use a modern contraceptive method [8]. United nation population fund agency (UNFPA) DHS analysis from 24 countries in 2016, showed contraceptive prevalence was 64% in Honduras, 22% Senegal, 53% in Kenya and 27% in Ethiopia [9].

Contraceptive counseling is a type of client-provider interaction that involves two-way communication between a health care staff member and a client for the purpose of confirming or facilitating informed decision by the client, or helping the client address problems or concerns [10]. It also helps clients to obtain the information they need to use contraceptive methods correctly [11] and thereby decreases the likelihood that they will discontinue use of the method [12] and decrease unmet need of family planning. Effective contraceptive counseling is one of the cornerstones for increasing family planning acceptance. The best decisions about family planning are those that people make for themselves based on accurate information and a range of contraceptive options. Otherwise, they can either deny the service or discontinue the method if they are not properly counseled on minor side effects and myths related to the method. It empowers people to exercise their right to good quality family planning care [12].

Providing quality education, counseling and medical services related to family planning can lead to improved reproductive health outcomes [2]. Counseling clients properly during family planning services was found to improve both long term outcomes, such as increased birth spacing and continued use of modern contraception methods, as well as short term outcomes such as increased knowledge and satisfaction with family planning services [7]. These all facts suggest the need to reorient and refocus the contraceptive counseling to offer a tailored approach to meet individual needs of clients. Therefore, the study intended to examine client satisfaction with contraceptive counseling and client provider -interactions as related to family planning services and bring into focus the relevance of counseling and effective human relations to family planning in public health facilities in Addis Ababa city. Clients' satisfaction has long been acknowledged as the primary determinant of uptake and continuation of contraceptive methods, and other reproductive health services [13].

Methods

Study area and period

This study was carried out in Addis Ababa the capital city of Ethiopia. The city has a subtropical highland climate. According to 2017 estimation, Addis Ababa has a population of 6.6 million people [44]. There are 13 governmental hospitals with full ANC clinic of these hospitals three hospital namely Ras Desta Damtew, Zewditu Memorial and St. Peter Specialized hospitals were selected by lottery method as study areas. The study was conducted from June to August 2022.

Study Design

Hospital based cross sectional quantitative study design was used.

Source Population

All reproductive age group women attending family planning clinics in government hospitals in Addis Ababa

Study population

All reproductive age group women attending family planning clinics in the selected government hospitals in Addis Ababa

Inclusion criteria

All women who came for family planning service during data collection period (volunteer to participate in the study)

Exclusion criterion

Those who were not volunteer to be interviewed

Sample size and sampling technique

Multistage sampling technique was used to select the study participants

The sample size was calculated by using single population proportion formula based on the following assumptions: Proportion of client satisfaction with contraceptive counseling was taken to be 62.8% (a study done in Asela town (46) at significant level α= 0.05, 95% confidence interval, Margin of error 5% and 10% non-response rate, the sample size was calculated by the following formula

$$n = \frac{(Z\ \alpha/2)2\ P\ (1-P)}{d2}$$

$$= \frac{(1.96)^2\ 0.628(1-0.628)}{(0.05)2} = 359$$

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Where:
N = the required Sample size
P = Proportion of client satisfaction with contraceptive counselling 62.8% (30)
Z = the value of the standard normal curve score corresponding to the given confidence interval (1.96)
d = the permissible Margin of error (the required precision) = 5%
Since the sampling technique was multistage sampling, and considering design effect of 1.5 the sample size was539 and with 10% none response rate the final sample size was 592.

Sampling procedure

The total sample size wase proportionally allocated based on the number of patients attending contraceptive counseling in each hospital as follows
A total of 20000 women attended the hospitals so
Sample size for SPH= number of women attending contraceptive counseling in SPH * total sample size
Total number of women attending contraceptive counseling in at the selected hospitals

$$= \frac{9000*592}{20000} = 266$$

Sample size for RDDH 1= number of women attending contraceptive counseling in RDDH* total sample size
Total number of women attending contraceptive counseling in at the selected hospitals

$$= \frac{6000*592}{20000} = 178$$

Sample size for ZMH= number of women attending contraceptive counseling in RDDH* total sample size
Total number of women attending contraceptive counseling in at the selected hospitals

$$= \frac{5000*592}{20000} = 148$$

Three government hospitals were selected using multistage sampling technique as follows

Operational Definition

Contraceptive counseling: is a type of client-provider interaction that involves two-way communication between a health care staff member and a client for the purpose of confirming or facilitating informed decision by the client, or helping the client address problems or concerns [9].

Data collection procedure

Interview technique was used to collect data with pretested questionnaire. Three-degree midwives were recruited from other health facility based on their experience of data collection and communication skills with clients for data collection. One day training was given for data collectors concerning the research objective, data collection tools and procedures, and interview methods that are supposed to be applied during data collection based on prepared training manual. In order to measure satisfaction with contraceptive counseling, the five Likert scale questions were categorized in to two. Nine items were computed and the mean was used in order to classify into two. Accordingly: Those who score mean and above were categorized as satisfied with contraceptive counseling Those who scored below mean were dissatisfied with contraceptive counseling. Principal investigator carried out regular supervision, spot-checking and reviewing the completed questionnaire daily to maintain data quality. Pre-test was done on about 5% of the sample at Menillik II hospital to check validity and reliability of questionnaire. After the questionnaire was pretested, it was revised and amended.

Data entry and Analysis procedure

The collected data was checked for completeness and was entered and analysis will be made with Statistical Package for Social Science (SPSS) versions 20. Descriptive summaries were used to describe the study variables. Significant variables (P <0.2) detected at bivariate level and those deemed to be important by the researcher were subsequently entered into Multivariate logistic regression model were used to control for possible confounding variables, to examine association and to produce crude and adjusted odds ratio along with their corresponding confidence limits (95% CI). A P-value less than 0.05 was considered to be statistically significant.

Result

Socio demographic characteristics

The study includes 579 participants making the response rate 97.8%. most (57.2%) of the participants were between the age group 25-34 years and slightly more than half of the participants (51.1%) were from rural area. Most (90.7%) of the respondents were married and had 90.7% had 1-3 children. More than half of the study participants are housewives and 58.5% of the respondents said it took them 30 minute to reach health facility (Table 1).

Table 1: sociodemographic characteristics of the study participants (n=579).

Variables	Category	Frequency	Percentage
What is your age in years?	18-24	210	36.2
	25-34	331	57.2
	35-44	38	6.6
What is your residence?	Rural	296	51.1
	Urban	283	48.9
What is your marital status?	Single	37	6.4
	Married	525	90.7
	Divorced/ separated	17	2.9
	Widowed		
How many children do you have?	1-3 childern	530	91.5
	>=4 childern	49	8.5
Your monthly income in birr?	<5000 birr	219	37.8
	>=5000 birr	360	62.2
Your occupational status	Gov't employed	40	6.9
	Private employed	60	10.4
	Student	24	4.1
	Merchant	30	5.2
	House wife	330	57.0
	Other	95	16.4
How many minutes it takes to reach health facility?	30 min	339	58.5
	30-60 min	147	25.4
	>60 min	93	16.1

Response of clients on rapport building of health care provider

Slightly more than half of the study participants (55.5%) reported that the provider didn't greet her with but introduce self for her. Majority of the respondents reported that the provider did not Offer her a seat and ensures your comfort (61.7%), Address you respectfully (63.3%) and arrange for privacy and confidentiality (62.9%) but nearly all 97.2% reported the provider makes welcoming gesture (Table 2).

Table 2: Response of family planning clients on rapport building of health care provider, Addis Ababa 2022 (n=579).

Questions	Response	Frequency	Percentage
Greet you greet you with respect and kindness?	No	320	55.3
	Yes	259	44.7
Introduce self to you?	No	258	44.6
	Yes	321	55.4
Offer you a seat and ensures your comfort?	No	357	61.7
	Yes	222	38.3
Make any welcoming gestures?	No	16	2.8
	Yes	563	97.2
Address you respectfully?	No	401	69.3
	Yes	178	30.7
Arrange for privacy and confidentiality?	No	364	62.9
	Yes	215	37.1

Response of clients on what they were asked by health care provider

Among 579 respondents, 563(97.2%) said they were asked about their medical history while only431 (74.4%) reported they were asked whether they plan to have more children by health care provider. Provider asked if clients were concerned about using a modern family planning method in only 124(21.2%) of cases Table 3.

Table 3: Response of clients on what they were asked by health care provider, Addis Ababa 2022.

Questions	Response	Frequency	Percentage n
About your medical history?	No	16	2.8
	Yes	563	97.2
Whether you were breastfeeding?	No	399	68.9
	Yes	180	31.1
Whether you plan to have more children?	No	148	25.6
	Yes	431	74.4
If you had used family planning before?	No	371	64.1
	Yes	208	35.9
What you already knew about modern family planning methods?	No	467	80.7
	Yes	112	19.3
If you were interested in using any particular family planning method?	No	365	63
	Yes	214	37
If you were concerned about using a modern method?	No	455	78.6
	Yes	124	21.2
Which methods did you express interest in?	No	149	25.7
	Yes	430	74.3

Regarding the use of any visual materials only 149(25.7%) of the respondents said the service provider didn't use any visual materials while describing the methods whereas 369(63.7%) of the respondents said the provider didn't present some methods more favorably than others (Table 4).

Table 4: Response of clients on usage of visual material and presenting more favorable methods Addis Ababa 2022.

Questions	Response	Frequency	Percentage
Did the service provider use any visual materials while describing the methods?	No	149	25.7
	Yes	430	74.3
present some methods more favourably than others?	No	369	63.7
	Yes	210	36.3

Response of family planning clients regarding help health care provider

Out of 576 family planning clients, 339(58.5%) of them were not asked what worried them about using a modern family planning method. About two third (61.7%) of respondents reported health care provider explained their results of physical examination and 445(76.9%) of respondents said health care provider encourage them to participate in choosing a method (Table 5).

Table 5: Response of family planning clients on what they were helped by health care provider Addis Ababa 2022.

Questions	Response	Frequency	Percentage
Ask what worried you about using a modern family planning method?	No	339	58.5
	Yes	240	41.5
Acknowledge and respond to your concerns, if any?	No	108	18.7
	Yes	471	81.3
Discuss the reasons that some methods might not be appropriate for you	No	106	18.3
	Yes	473	81.7
Explain the results of your physical examination?	No	222	38.3
	Yes	357	61.7
Encourage you to participate in choosing a method?	No	134	23.1
	Yes	445	76.9
Were you recommended any of the methods?	No	177	30.6
	Yes	402	69.4
Which method(s) were recommended? mention (Multiple responses possible)	No		
	Yes	579	100
Did you choose a method today? If no, skip to question 511	No		
	Yes		

Were you given your chosen method today? If yes, skip to question. 601	No	106	18.3
	Yes	473	81.7
If not, what was the main reason?	Health reasons	165	28.5
	Method not available at this facility today	310	65.2

Response of family planning clients on what they were explained by health care provider

Out of total respondents, 453(78.2%) reported health care provider explained how to use or obtain the method to them during consultation. Client reported that health care provider explained how the method works in only 106(18.3%) cases. Only 29.7% of respondents said that health care provider explained possible side effects of the method (Table 6).

Table 6: Response of family planning clients on what they were explained by health care provider Addis Ababa 2022

Questions	Response	Frequency	Percentage
Explain how to use or obtain the method?	No	126	21.8
	Yes	453	78.2
Demonstrate how to use the method?	No	176	30.4
	Yes	403	69.6
Explain how the method works?	No	473	81.7
	Yes	106	18.3
Use any visual aids to help explain the method?	No	61	10.5
	Yes	518	89.5
Ask you to repeat important instructions?	No	407	70.3
	Yes	172	29.7
Explain possible side effects of the method?	No	405	70.3
	Yes	172	29.7
Give you a "back-up" family planning method, if needed?	No	344	59.4
	Yes	59.4	40.6

Response of family planning clients on what they were recommended by health care provider

Out of total respondents, 579(100%) of them reported they were Scheduled for a follow-up appointment while 100% of them were told to come back if there is any problem even before the appointment. One hundred fifty-six (26.9%) of them said they were referred for further family planning services Table 7.

Table 7: Response of family planning clients on what they were recommended by health care provider Addis Ababa 2022

Questions	Response	Frequency	Percentage
Schedule a follow-up appointment?	No		
	Yes	579	100
Tell you to come back if you have any problems, even before the follow-up appointment?	No		
	Yes	579	100
Refer you for further family planning services, if needed? (for example, for vasectomy or tubal ligation)	No	156	26.9
	Yes	423	73.1
Refer you for other health services, if needed?	No	579	100
	Yes		

Response of family planning clients on interpersonal communication skills of health care provider and use of materials during consultation

Of 579 respondents, 70.6% of them reported that they were treated politely by health care provider while 191(33.0%) of them reported that they were consulted by words they can speak and understand. Service provider use flip chart, poster and contraceptive samples in 49.1%, 36.4% and 64.6% respectively Table 8.

Table 8: Response of family planning clients on interpersonal communication skills of health care provider and use of materials during consultation Addis Ababa 2022

SN	Questions	Response	Frequency	Percentage
	Treat you politely?	No	170	29.4
		Yes	409	70.6
	Speak clearly?	No	124	21.4
		Yes	455	78.6
	Use words you could speak and understand?	No	388	67.0
		Yes	191	33.0
	Use a kind and warm tone of voice?	No	41	7.1
		Yes	538	92.4
	Listen attentively?	No	184	31.8
		Yes	395	68.2
Did the service provider use any of the following materials?				
	Flip charts	No	295	50.9
		Yes	284	49.1
	Leaflets	No	307	53.0
		Yes	272	47.0
	Posters	No	368	63.6
		Yes	211	36.4
	Contraceptive samples	No	205	35.4
		Yes	374	64.6
	Anatomical models	No	224	38.7
		Yes	355	61.3

Satisfaction with contraceptive counseling

This study showed nearly three fourth (71.1%) of the respondents were satisfied with counselling given (figure 2a).

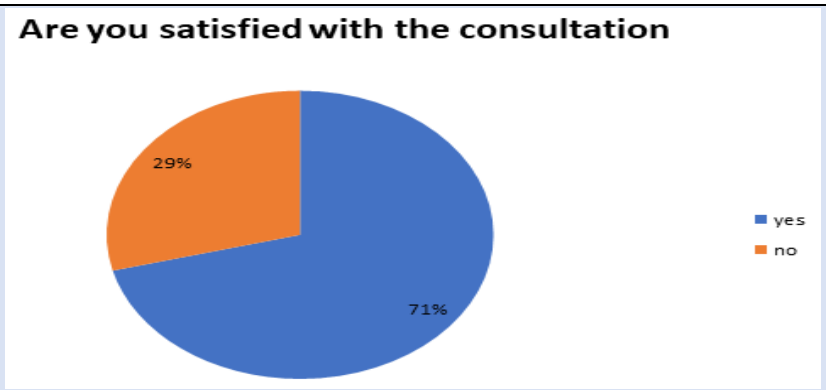


Figure 2a: satisfaction level of the study participants.

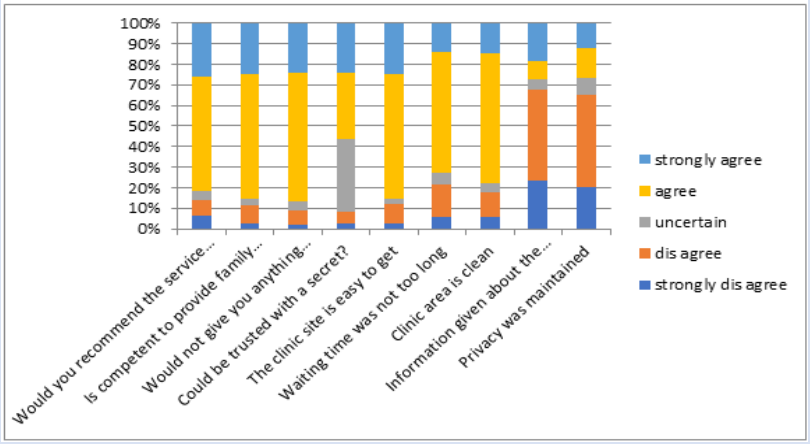


Figure2b: satisfaction level of the study participants.

Association of selected factors with client satisfaction of contraceptive counseling

A multivariate analysis was done to identify independent predictors of client satisfaction with contraceptive counseling. Independent variables which had a P value of less than 0.25 in bivariate analysis were entered to multivariate analysis to get adjusted odd ratio. Binary Logistic regression was performed to assess the association of each independent variable with satisfaction with contraceptive counseling. The factors that showed a p-value of less than 0.25 and deemed important were added to the multivariable regression model. The result revealed that on the bivariate analysis: residence, income, demonstrate how to use, acknowledge and respond to client's concern, explain the result of physical examination, encourage to choose contraceptive method and use visual material were significantly associated with satisfaction with contraceptive counseling. After controlling the confounding factors, the multivariate revealed that acknowledge and respond to client's concern, demonstrate how to use and income were significantly associated with client satisfaction with contraceptive counseling. Clients who were acknowledged and responded to their concern were 1.6 times more likely (AOR=1.602, 95%CI=1.020,2.518) satisfied with contraceptive counseling compared with their counterparts. Clients who were showed how to use were 1.6 times more likely (AOR=1.580, 95%CI=1.066,2.341) satisfied with contraceptive counseling compared with their counterparts. Clients who had income greater than or equal to 5000 birrs were 1.8 times more likely (AOR=1.789, 95%CI=1.232,2.600) satisfied with contraceptive counseling compared with their counterparts (Tabl 9).

Table 9: Association of selected variables with client satisfaction with contraceptive counseling in bivariate and multivariate analysis in Addis Ababa government health institution, 2022 (n-579)

Variables	Category	COR (95%CI)	AOR (95%CI)	p- value
Residence	Rural	1	1	
	Urban	0.693(0.483-0.994)	0.724(0.500-1.050)	0.071
Income	<5000 birr	1	1	
	>=5000 birr	1.779(1.235-2.563)	1.789(1.232-2.600)	0.002**
Demonstrate how to use	No	1	1	
	Yes	1.524(1.042-2.230)	1.580(1.066-2.341)	0.020**
Acknowledge and respond to concern	No	1	1	
	Yes	1.576(1.015-2.448)	1.602(1.020-2.518)	0.038**
Explain the result of physical examination	No	1	1	
	Yes	1.448(1.005-2.086)	1.256(0.832-1.895)	0.291
Encourage to choose contraceptive method	No	1	1	
	Yes	1.579(1.049-2.378)	1.337(0.838-2.134)	0.140
Use visual material	No	1	1	
	Yes	1.576(1.060-2.343)	1.459(0.966-2.203)	0.787

** significant at p-value less than 0.05

Discussion

Facility based cross sectional study was conducted to assess client satisfaction with contraceptive counselling and associated factors. The findings of this study revealed that 71% of women attending family planning clinics in Addis Ababa governmental health institutions were satisfied with contraceptive counseling. This result is low compared to other reports of 88% in the United States [15], 83% in Jordan [46], 85% in Egypt [47]., and 97% in Indonesia [48],91% in Tanzania [37] and 95.7%in Addis Ababa, [31] and higher than country wide Ethiopia (58.5%) [43], in Assela where satisfaction rate was 62.8% [30], in Bahirdar (66.1%),[41] and Hossana (75.3%),[42] The difference might be due to difference in study setting. The study also showed only 29.7% of respondents said that health care provider explained possible side effects of the method. This finding is similar with a study in Assela town Ethiopia where only 23,2% of clients reported side effects were explained by health care provider [43]. In this study only 37.1% of the clients reported their privacy `was maintained which is much lower as compared to a study in Rwanda and Assela where 93.8% clients reported their privacy `was maintained [29,30]. In this study family planning poster (wall chart) was noticed only by 36.4%. this finding is higher as comared to a study in Ibrid Jordan [49] and

Assela where only 12.3% of the clients noticed Family Planning poster (wall chart) [30] in This inconsistency may be due to difference in socio demographic characteristics of the health care provider, shortage of counseling aid and poor counseling technique in this study. This study also showed only 55.4% of client report that health care provider introducing themselves to them. This finding lower than a study done in Egypt where 100% of client report that health care provider introducing themselves to them [26]. All of the participants were told when to return to the facility for method resupply. This finding is in-line with a study in Kenya where 94.3% of the respondents had been told when to return to the facility for method resupply which is in line with study conducted in Kenya [50].

Clients who were acknowledged and responded to their concern were positively associated (AOR=1.602, 95%CI=1.020,2.518) satisfaction with contraceptive counseling compared with their counterparts. This finding is supported by a study in Jimma Ethiopia where Clients who were acknowledged and responded to their concern were 2.2 times more likely to be satisfies with contraceptive counseling (AOR=2.239, 95%CI=1 (1.348,3.720)) [51] and in Addis Ababa [31]. The study showed no association between clients who were asked reproductive history by health care provider and satisfaction with contraceptive counseling. This finding is in contrast with a study conducted in Kenya [51] where there was an association between clients who were asked reproductive history by health care provider and satisfaction with contraceptive counseling [52]. Similarly this study showed no association between Clients whose privacy was not maintained during examination and procedure and satisfaction with contraceptive counseling and time taken to reach nearby health facility satisfaction with contraceptive counseling which is in contrast with studies done in Hossana where an association was preset between those who reported their privacy was maintained and satisfaction with contraceptive counseling [53]., Gondar where clients who took shorter to reach a facility had a higher odds of satisfaction [54] This study also showed no association between residence and satisfaction with contraceptive counseling. This finding was supported by a study in Benishangul Gumuz [55].

Strength of the study

Nearly 100% response rate was obtained.

Study can be considered as base for further similar and large-scale studies.

Add significant contribution to Addis Ababa public health institutions.

Questionnaire was validated and pretested.

Limitation of the study

Since data on dependent and independent variables was collected at the same point in time, no causal interpretation can be made of the relationships between variables. Women who attend family planning clinic at private health facilities were not included in the study. The study may have social desirability factors. Lack of adequate literatures on the same or related topic especially in Ethiopia. Client satisfaction may be over-reported because women might have considered that their service would be compromised on next visit if they expressed negative feelings about the counseling service (i.e., courtesy bias).

Conclusion

- Based on the findings of this study, the following conclusions were made:
- Present study showed that 71% of clients who came for f/p services were satisfied with contraceptive counseling
- Acknowledge and respond to client's concern, demonstrate how to use and income were significantly associated with client satisfaction with contraceptive counseling.

Recommendation

- As per the findings of this study, the following recommendation were made:
- Addis Ababa health office
- Should strengthen and maintain regular supervision on how clients are counseled
- Facilitate separate room for family planning clinic so that client's privacy and confidentiality will be maintained
- Health care providers
- Counsel clients according to national guideline so that clients can be satisfied
- Counsel the clients on all contraceptive methods by telling possible side effects
- Researcher
- Should do further studies both with qualitative and quantitative researches to improve satisfaction with contraceptive counseling
- Community based cross sectional should be done

Declarations

Ethical approval and consent to participate; the ethical clearance was obtained from Institutional Review Board of KEA-MED University college and official letters was submitted to each respective health facility. After explaining the objectives of the study, informed written consent was obtained from all mothers, and anonymity and confidentiality of the data were kept. Respondents have the right not to participate or withdraw from the study at any stage, and all study methods were performed in accordance with the Declaration of Helsinki.

Consent for publication

Not applicable.

Availability of data and materials

The data used to support the findings of this study are available from the corresponding author upon request

Competing interests

The authors declare that they have no conflicts of interest

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Not applicable.

Author contributions

C.G: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Visualization, Writing – original draft

H.Z: Conceptualization, Formal analysis, Methodology, Resources, Software, Visualization, Writing and original draft

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