

Client's Satisfaction Regarding Family Planning in Some of Primary Health Care Centers in Erbil City

Kareem F. Aziz

Department of Nursing, College of Nursing, Hawler Medical University Erbil,
Kurdistan Region, Iraq

Abstract—Today mothers or the clients who attending to hospitals or primary health care (PHC) centers prefer high-quality care services. The objectives of the study are to identify the client's satisfaction with family planning. This was a descriptive, cross-sectional design. The study conducted in the main PHC Centers in Erbil from September 2015 to September 2016. The data collection was collected by the interview technique with clients and women depending on the questionnaire. The study revealed three levels of client's satisfaction (good 23%, fair 44%, and 33% bad), there was no significant association between most of the variables and their satisfaction except their level of education and age; so there was highly significant association between age, education level, and their satisfaction. The study revealed that there were three levels of satisfaction about family planning, and there was no significant association between most of the variables and client's satisfaction.

Keywords—Family planning, Satisfaction, Client, Primary health care centers.

I. INTRODUCTION

Today mothers prefer high-quality care services in primary health care (PHC) centers (William et al., 2000). Clients may satisfy with good health services in PHC centers if they do properly (Blans et al., 2002). High satisfaction creates an emotional bond with the hospital in the mind of the patients, mothers, or clients (World Health Organization, 2006). Studies of contraceptive discontinuation have indicated that the desire to become not pregnant and the principal reason for discontinuing is dissatisfaction with the quality of services of family planning (Zwi et al., 2001). Both the public and private sectors supply many methods of family planning in developing countries, so all sectors try to do the best services in family planning to satisfy mothers or clients (Mills et al., 2002). Studies revealed that most clients cannot pay sufficient money for private services for family planning (Lin et al., 2008). Poor health care services and lack of staffs in primary health care services may affect women to be pregnant (WHO, 2001). While good health care and sufficient professional staff and new medical technology increase the desire of women to be pregnant (Hanson et al., 2004). Economic status in every government has an effect on quality and standards of care for families and communities as general (Agha and Do, 2009). Private facilities and non-governmental or governmental services may face many challenges in the quality of health care in family planning or other health services, due to social

culture, religions, mission, and vision of society regarding family planning and other social and community factors (National Bureau of Statistics, 2005). Studies revealed that evidence-based practice is beneficial to decrease differences between private and public health care centers (Central Bureau of Statistics, 2003). Client's or mother's satisfaction regarding family planning linked to height quality services from public and private sectors (Ghana Statistical Services, 2004). Three countries Kenya, Tanzania, and Ghana were chosen for a range of family planning process for two sectors public and private, so studies indicated that women who received contraceptive range from 12.7% to 7.7% in Tanzania, in Kenya about 24.2%, and in Ghana about 53.7% (National Bureau of Statistics et al., 2006). The prevalence of family planning among women aged 49 nearly about 20.9%. Family planning and prevalence percentage are 20.9% of women aged 49 in these countries (Discrete Data in Principal, Component Analysis, 2004). The client's satisfaction at each type of family planning in public and private care services depending on the quality and other standard measures of health system services in each of African country especially family planning providers in PHC centers. The outcome of some studies indicated that good items, good drugs and professional staff may affect to change the attitudes of women to be pregnant and decrease complication (Discrete data of principle, 2004).

Cihan University-Erbil Journal of Humanities and Social Sciences

Volume IV No. 1(2020); 4 pages

DOI: 10.24086/cuejhss.vol4n1y2020.pp46-49

Received 06 January 2020; Accepted 03 February 2020; Regular research paper: Published 28 February 2020

*Corresponding author's e-mail: kareem.azeez@hmu.edu.krd

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A. Objectives

The objectives of the study were as follows:

1. To identify client's satisfaction regarding family planning done for them in PHC Centers in Erbil City
2. To identify an association between variables and overall knowledge and practices of clients regarding family planning.

II. METHODOLOGY

- Design of the study: This was a descriptive and cross-sectional study design
- Sample study: A non-probability convenient purposive sampling was used for selecting sample size that included (100) women who attended to PHC Centers in Erbil City depending on online calculating for sample size, so the value of parameters was 95% for confidence level and 5% for margin error while the total population was 140 individuals
- Setting of the study included the main PHC Centers in Erbil according to the geographical area as (west, east, north, and south of Erbil in Kurdistan Region/Iraq)
- Time of the study: The study began in September 1, 2015–September 1, 2016
- Tools of the study/the questionnaire was used for data collection, including three parts (part one sociodemographic characteristics for sample study, part two included questions related to client's satisfaction regarding practices about family planning methods, and part three questions related to their satisfaction regarding knowledge of family planning methods, so depending on scoring system and liker scale for data collection as 1 for Yes and 2 for No
- Validity of the questioner: The questionnaire was viewed to a panel of experts in the nursing field and statistical field
- Ethical consideration: Permission was taken from the general directorate of health for conducting the study, and approval was taken from the scientific committee in the College of Nursing/Hawler Medical University
- Data analysis: SPSS program version 23 was used for data analysis
- Data collection/data were collected by cooperation with female nurses who are working in the family planning departments in the centers by interview technique with each woman
- Inclusion criteria included all women who have the desire to participate in the study
- Exclusion criteria included women who dislike participating in the study
- Limitation of the study/there was some limitation so most of the women have no time to participate in the study
- Importance of the study/the study was important because it focused to an important issue in the community to increase the education level (knowledge and practices) and women's satisfaction regarding family planning to avoid any complication or misuse of items of family planning.

III. RESULT

Table I shown that majority of sample study were between 20 and 29 of age, most of them from urban (72%), most of them were married (88%), and regarding educational level majority of them were illiterate (39%) while most of them have low profession work (51%).

Table II shown overall client's or mother's satisfaction regarding family planning practice done for them in PHC centers in Erbil, so there were three levels of satisfaction regarding family planning services done for them as followings (good 23%, fair 44%, and bad 33%).

Table III shown overall client's satisfaction regarding family planning knowledge given for them in PHC centers in Erbil, so there were three levels of satisfaction regarding family planning services given for them as follows (good 25%, fair 20%, and bad 55%).

Table IV shown the association between variables and overall client's satisfaction about family planning practice, so there was no significant association between most of the variables and overall satisfaction, while there was a significant association between age, educational level, and their variables; $P = 0.003\%$ and 0.020% .

TABLE I
SOCIODEMOGRAPHIC CHARACTERISTICS OF SAMPLE STUDY

Variables	Frequency	Percentage
Age		
20–29	41	41
30–39	38	38
40–49	20	20
50 and over	1	1
Total	100	100
Address		
Urban	72	72
Rural	22	22
Suburban	6	6
Total	100	100
Marital status		
Married	88	88
Separated	3	3
Widow	7	7
Divorcee	2	2
Total	100	100
Educational level		
Illiterate	39	39
Primary	14	14
Secondary	25	25
Institute	11	11
College	10	10
Others	1	1
Total	100	100
Mother occupation		
High profession	7	7
Low profession	51	51
Unskilled work	42	42
Total	100	100
Father occupation		
High profession	5	5
Low profession	48	48
Unskilled work	47	47
Total	100	100

Table V shown the association between variables and overall client's satisfaction about family planning knowledge given for them in the health centers, so there was no significant association between most of the variables and overall satisfaction regarding family planning knowledge except educational level that shows highly significant association with variables.

IV. DISCUSSION AND FINDING

The findings of the study revealed that there were three levels of satisfaction among clients regarding family planning services included practices and knowledge given to them during visiting PHC centers in Erbil City, so most of them have fair satisfaction regarding family planning practice while some of them have good satisfaction with family planning practice, other findings indicated that there were three levels of satisfaction about family planning knowledge given to them in the health centers as followings (good 25%, fair 20%, and bad 55%), so majority of them

TABLE II

OVERALL CLIENT'S SATISFACTION REGARDING FAMILY PLANNING PRACTICE

Levels of practice satisfaction	Frequency	Percentage
Good	23	23
Fair	44	44
Bad	33	33
Total	100	100

TABLE III

OVERALL CLIENT'S SATISFACTION REGARDING FAMILY PLANNING KNOWLEDGE

Levels of knowledge satisfaction	Frequency	Percentage
Good	25	25
Fair	20	20
Bad	55	55
Total	100	100

TABLE IV

ASSOCIATION BETWEEN VARIABLES AND OVERALL PRACTICE OF CLIENT'S SATISFACTION

Variables	Value	df	P-value
Age	14.982	8	0.020
Address	2.897	4	0.575
Marital status	11.543	6	0.073
Level of education	26.539	10	0.003
Mother's occupation	4.156	4	0.380
Father's occupation	3.742	4	0.442

TABLE V

ASSOCIATION BETWEEN VARIABLES AND OVERALL KNOWLEDGE OF CLIENT'S SATISFACTION ABOUT FAMILY PLANNING

Variables	Value	df	P-value
Age	9.004	8	0.173
Address	8.931	4	0.063
Marital status	5.638	6	0.465
Level of education	12.150	10	0.005
Mother's occupation	7.477	4	0.113
Father's occupation	8.498	4	0.075

have not good satisfaction with family planning knowledge done for them, these findings of the study were agreed with study done by Hutchinson et al., 2011. In Tanzania, the level of satisfaction about family planning depending on the training of staff in the health centers, decrease the gap between client's knowledge and family planning and increase the professional staff for educating women about family planning (knowledge and practices). Findings of the study indicated that there was significant association between level of education and mothers knowledge and practices regarding family planning, this findings were accepted with the study done by Williams et al., 2000. This findings were agree with the study done by Vijaykumar and Rashmi, 2010 who said that client's satisfaction depending on quality of services in PHC Services by doctors and staff and their capacity of understanding knowledge or practices given to them by nurses or other staff in PHC Centers not depending on time and old age of women because family planning items, practice, and knowledge needs to update new information and understanding by clients.

V. CONCLUSION

The study revealed that there were three levels of satisfaction about family planning as good 23%, fair 44%, and 33% bad and there was no significant association between most of variables and clients satisfaction regarding family planning, while there was a highly significant association between age and level of education and client's satisfaction regarding practices of family planning and there was significant association between their knowledge and level of education.

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