American Journal of Nursing and Health Sciences
2022; 3(2): 21-28
http://www.sciencepublishinggroup.com/j/ajnhs
doi: 10.11648/j.ajnhs.20220302.11

Client Satisfaction and Associated Factors Among Family Planning Service Users In Public Health Facilities of Adama Town, Oromia Region, Ethiopia

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To cite this article:

Tsegaye Beyene, Usmael Mohammed, Tilaye Workineh, Ibrahim Mohammed. Client Satisfaction and Associated Factors Among Family Planning Service Users In Public Health Facilities of Adama Town, Oromia Region, Ethiopia. *American Journal of Nursing and Health Sciences*. Vol. 3, No. 2, 2022, pp. 21-28. doi: 10.11648/j.ajnhs.20220302.11

Received: April 16, 2022; **Accepted**: May 23, 2022; **Published**: June 9, 2022

Abstract: Client satisfaction is perception toward the service provider's performance that meets or exceeds his or her expectation. In Africa 40% of maternal deaths could have been averted through use of family planning services. Client satisfaction has been found as a key determinant of uptake and continued use of family planning services. Information gap about level of client satisfaction towards family and contributing factors were assessed in this study. Therefore this study assessed Client satisfaction and associated factors among family planning service users in public health facilities of Adama town from, October 1 to December 30, Ethiopia, 2018. *Methods:* Facility based cross-sectional study design was employed among 417 women who come for Family planning service in public health facilities of Adama town was included consecutively. Data was collected by trained data collectors using semi structured and pretested questionnaires. The collected data were coded and entered in to Epi info version 7 and exported to SPSS version 20 for cleaning and analysis. Descriptive statistics was used to summarize socio demographic characteristics, reproductive health related data and to describe magnitude of service satisfaction. Bivariate and multivariate logistic regression models were used to determine the associated factors. *Result:* A total of 417 study subjects were included in this study with 100% response rate. The mean age was (26.04±4.45SD). About 52.0%; 95% CI (47.5; 56.4) of clients were satisfied with family planning service. No education level (AOR: 3.55; 95% CI: 1.11, 11.35), gravidity <2 (AOR: 3.5; 95% CI: 1.11, 11.35), waiting time within 30 minutes (AOR: 3.55; 95% CI: 1.11-11.35), experience on side effect of methods (AOR: 2.22; 95% CI: 1.04-4.76), written information (AOR: 2.2; 95% CI: 1.04, 4.76) and advised on the side effect methods (AOR: 3.1; 95% CI: 1.38, 7.09) were factors associated with client satisfaction. *Conclusion:* The level of satisfaction towards family planning service was considerably low compared to study done in similar setting that reported up to 76.4%. Health service provider and health facility management should act on activities that increase client satisfaction. Educational status, gravidity, waiting time, information on side effect of Family planning method, having history of side effect and given written information on side effect were factors associated with level of satisfaction.

Keywords: Client Satisfaction, Family Planning, Adama Town, Ethiopia

1. Introduction

The World Health Organization defines family planning as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility" [1].

Increasing access to family planning services has become a globally recognized public health priority. The Millennium Development Goal summit in 2000 and the London Summit on Family Planning in 2012 endorsed a global partnership known as Family Planning 2020. This partnership aims to enable 120

million more women and girls to use contraceptives by 2020 in 69 of the world's poorest countries [2, 3].

About 200 million women in developing countries have an unmet need for effective and available family planning services. Meeting this need would prevent 23 million unplanned and unwanted pregnancies per year [4].

The quality of care can be measured from the perspectives of clients or providers or facility. Client satisfaction with services is a subjective way of measuring the quality of services; satisfied clients are more likely to re-visit the services, pass on positive messages to others, and continue the use of a particular FP method. On the other hand, dissatisfied clients are more likely to share their negative experiences with others and less likely to return or continue the use of FP services [5].

According to Donabedian client satisfaction is a fundamentally important measure of the quality of care because it offers information on the provider's success at meeting those expectations of most relevance to the client [6].

The Donabedian and Bruce Frameworks are the two conceptual frame works that have been used most frequently since the early 1990s to inform empirical work assessing the quality of family planning services and factors that determine quality of care in family planning services [7-9].

Frame work of Donabedian, Bruce and Jain identified six elements of quality of care in family planning program that"reflect the six aspects of services that clients experience as critical". These six elements were: choice of methods; information given to clients; technical competency of providers; interpersonal relations; follow-up mechanisms; and appropriate constellation of services [10].

Improvements in the quality of family planning (FP) services have been found to increase in contraceptive acceptance and behavior of users, and ensured continuity of use of the methods. [8, 11] since 1990 clients' satisfaction is considered as a main concern in international FP community and in 1994, International Conference on Population and Development in Cairo called for more attention to the quality of FP care and encouraged a client-centered approach to the delivery of FP services in order to increase client's satisfaction and client's use of services [12].

Client's satisfaction refers to patients' value judgments and subsequent reactions to what they perceive in the health environment just before, during, and after the course of their inpatient stay or clinical visit. It is patients' appraisal of their desires and expectation of healthcare. Hospitals and other healthcare centers are increasingly using this information while making important decisions regarding operational and treatment plans [13].

Client satisfaction has been found as a key determinant of uptake and continued use of family planning services [14, 15].

Africans investigators found that FP client satisfaction was considerably higher in the private facilities. These differences were influenced by factors like shorter waiting times, methods and supplies [16].

Measuring client satisfaction not only evaluate ascertain aspects of quality of care but also indicates better prospects for sustainability in terms of recruiting new users and maintaining those clients who are already in the service [18, 19].

Evidence has also showed that good quality of health care positively correlates with patient satisfaction [20].

Client satisfaction is widely used for measuring quality of care in family planning and other health services and has been used in a number of previous studies in low and middle income country setting aimed at determining the factors associated with quality of care in family planning services [23].

Therefore assessment of FP client satisfaction on quality of family planning services is very important, in increasing quality of family planning services which could help to sustain contraceptive usage.'

The United Nations estimates that approximately 303 000 maternal deaths occurred globally in 2015, corresponding to a maternal mortality ratio (MMR) of 216100 000 live births. Although this ratio represents a 43% decrease in MMR since 1990, the number of deaths is still quite high [24].

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. Other authors have estimated a 29% reduction in maternal deaths per year if the unmet need for FP is satisfied [25].

Sub-Saharan Africa has yet to complete its demographic transition by shifting to low birth and death rates. A big factor underlying high birth rates is the low use of modern contraception; only 17% of married women in sub Saharan Africa use modern methods of family planning compared with 60% Asia and 69% in Western Europe [26].

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 [20].

Developing countries contraceptive prevalence rate remains low, with a growth of 1% per year, over the last 30 years. This is indicative of discontinuation in method use due to low client satisfaction [27].

In Kenya, as a result of high level of client satisfaction, the private medical sector is the predominant family planning provider, constituting 80% of all private provision of family planning with comparing to public health facilities [28].

Certainly the evidence exists to show that higher levels of client satisfaction with process measures of quality increases the likelihood of contraceptive use and continuation [29].

Studies indicated that where ever fertility rate is high, maternal, and infant and child mortality rates are too high. In parts of sub-Saharan Africa, there were more than 1,500 maternal deaths for every 100,000 live births [29].

This study is going to fill information gap about level of satisfaction among family planning users and factors affecting client satisfaction that may help to improve quality of service.

This study will have significance for clients can be benefited by express concerns about the services received, for providers as input to guide modifications, to improvement service delivery, and to assess their effectiveness in terms of

their clients' satisfaction. It enables them to understand the needs of their family planning users and accommodate their services accordingly. It helps the health facility managers to give concern towards improving Family planning services and depict the area of improvement for NGO's and concerned body working on Family planning service to increase client satisfaction.

Therefore, findings of this undertaking are expected to facilitate access Family planning service and increase the client satisfaction on Family planning service.

2. Objectives

2.1. General

The aim of this study is to assess level of client satisfaction and associated factors among family planning service user public health facility of Adama Town from October 1 to December, Adama, Ethiopia.

2.2. Specific

To assess level client satisfaction among family planning service user in public health facility of Adama Town, from October 1 to December 2018, Adama, Ethiopia.

To identify factors associated with client satisfaction among family planning service user public health facilities of Adama Town, from October 1 to December 2018, Adama, Ethiopia.

3. Methods

3.1. Study Period and Setting

This study was conducted in Adama town, from January to – December 30, 2018. Adama is located about 99kms east of Addis Ababa, (The capital city of Ethiopia). Adama town health institution serve large size of population from East and South Oromia, Afar, Somalia, South Nation Nationalities and people and even from some part of Amhara region. In the town there are seven governmental health centers and five hospitals (One public and four private). Average number of client flow per day is 19 in hospital and 15 for Health center. About 17,813 family planning user reported for the last 6 six months.

3.1.1. Sampling Procedures

There are a total of eight governmental health institutions, one governmental hospital and seven health centers. These all health institutions that provide family planning service were considered for the study. One hospital and health centers was selected randomly. Then, proportional allocation to population size was considered to determine number of participant from each health facility. The proportion was sampled from each health facilities were estimated from average of past two quarter (six month) performance report. Finally, all clients who were visit selected health facility for family planning services were included consecutively up to the desired proportional sample size achieved.

3.1.2. Study Design

The institution based cross sectional study was conducted.

3.2. Populations

3.2.1. Source Population

All women who attended public health facilities in Adama town for family planning service will be source population.

3.2.2. Study Populations

All women who attend for family planning service in selected public health facilities during the study period.

3.3. Eligibility Criteria

3.3.1. Inclusion

All women who were come and get family planning service during the study period.

3.3.2. Exclusion

Those women who had ill and unable to respond were excluded from the study.

3.4. Sample Size Determination

The sample size was determined by single population proportion formula using the following assumptions: the proportion of women satisfied with FP service of 56% (P = 0.56), the level of confidence to be 95% (Z α/2 = 1.96), margin of error between sample size and population parameter of 5% (d=0.05). And with addition of possible 10% non-response, the minimum sample size (n) was calculated with the following formula;

$$n=\frac{(z^{\alpha}/_{2})^2}{d^2}P(1-P),\ n=\frac{(1.96)^2\times 0.56(1-0.56)}{(0.05)^2}=378.6\sim 379$$

Adding 10% of non-response rate the final sample size is 417.

The sample size for second objective is determined by using Epi-info soft ware with the following assumption, 95% confidence level (CI), 80%power, Odd Ratio and Relative Risk.

Table 1. *Sample size calculation for second objective to determine sample size.*

Variable	CI	Power	Ratio Unexposed: Exposed	% Of Out Come	RR	OR	Sample Size
Opening Hour	95	80	20.6	33.3	2.1	4.7	352
Privacy	95	80	5.35	39.2	5.1	5.1	117
Waiting Time	95	80	2.86	60	1.49	5.5	110

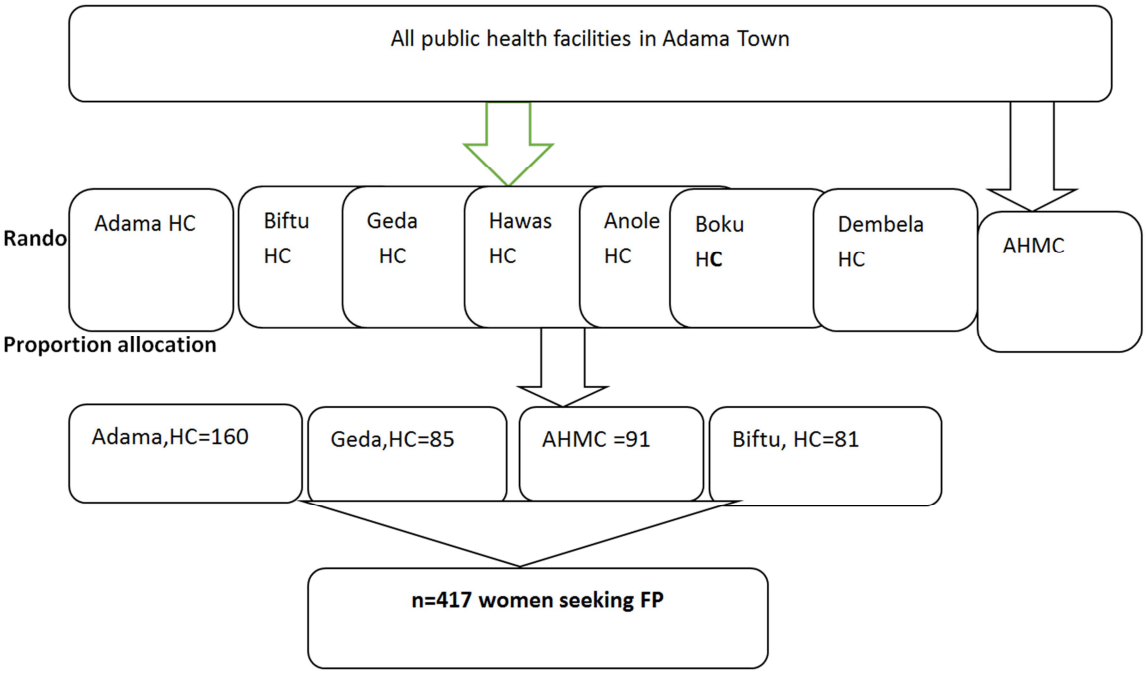

Figure 1. *Schematic presentation of sampling procedure of the study on client satisfaction and associated factor among family planning user in selected public health facilities in Adama town, Ethiopia.*

3.5. Data Collection Tools & Procedure

Semi structured questionnaire was adopted from literatures of similar studies. The questioner measures of socio-demographic characteristics and satisfaction levels with different components of family planning services which included availability of supply, information provision by health worker, waiting time for service and courtesy and respect. The data was collected by nurses who work in facility and there was one supervisor. First they were take training about how they administer and collect the questionnaires and critical ethical issues of the research for one day. First the data collectors place the client to privacy room consecutively. They were introducing themselves and explain the purpose of the study using specific statements in a standard procedure. If the client refuses to give information, they were jump to the next. Consent to participate will be obtained from each respondents and the privacy will be maintained.

3.6. Data Quality Control

The questionnaires were prepared in English and it was translated to Afan Oromo and Amharic language and again back to English to confirm the consistency of the translation by language experts.

The pretest study was conducted prior to the data collection. The quality of data was assured by using validated questionnaires, training of data collectors and supervisors and pre-testing of all the data collection tools on 5% of the study subjects on Hawas and Dembela Health Center. The collected data was reviewed and checked for completeness by the supervisor in daily basis; the incomplete data was corrected. Data entry format template was produced and programmed.

3.7. Study Variables

3.7.1. Dependent Variable

Level of clients' satisfaction on family planning service.

3.7.2. Independent Variables

Social-demographic: age, sex, religion, marital status, level of education, residence.

Family planning service characteristics: Waiting time, waiting areas, working hours, available methods, privacy, communication, informed consent, Consultation, information on side effect.

Reproductive history: Parity, Gravid, Abortion. Number of family size.

Provider interaction: staff competency, respect, provider attitude.

3.8. Data Processing and Analysis

Data was checked, coded and entered to Epi-info version 7 and was exported to SPSS version 21 for analysis. Descriptive statistics such as frequencies and percentage was computed to describe the study population in relation to relevant variables. Multiple logistic regression analysis was done using binary logistic regression model to estimate the OR at 95% CI. P-value <0.25 was used as cut-off points to declare significance at $p<0.05$ in the final model. The assumptions for normality of continuous variables and multi-collinearity of categorical independent variables were checked to be satisfied using appropriate methods. The normality was checked using graphic (Histogram with normal curve) presentation and multi-collinearity was assessed using correlation coefficient and variance inflation factor. Finally, either of the variables was used as predictor based on strength of association.

3.9. Operational Definitions

Clients' satisfaction will be assessed using a Likert scale to identify the level of satisfaction respondents' claim. The options will be: 5 =very satisfied, 4= satisfied, 3 =neutral, 2= dissatisfied and 1= very dissatisfied.

1) Satisfied: All the response will be added to compute the score. Those respondents who scored mean and above will be categorized under "satisfied"
2) Unsatisfied: Those respondents who scored under the mean.
3) Respect: Those respondent who answers 3 and above the action meaning of respect.
4) Disrespect: Those respondents who answer below 3 the action meaning of respect. The action meanings of the word respect are: pay attention, honoring, avoid damage, not interfering with or interrupting, treating with consideration and not offending [30].

3.10. Ethical Clearance

Ethical clearance and permission was obtained from Adama Hospital Medical College Ethical Review Committee and Permission was secured from Adama town health bureau and the health centers under its jurisdiction through a letter written by Adama Hospital Medical College. Informed oral consent was obtained from each respondent before interview. Confidentiality of individual client information was assured by using unique identifiers for study participants and limiting access to the principal investigator and research assistants of study information.

4. Result

4.1. Socio-demographic Characteristics of Participants

Four hundred seventeen women were included in this study making response rate of 100%. From total of the respondents 153 (36.7%) were in age group of 20-24 years with mean of (26.04±4.45) yrs. In case of marital status 402 (96.4%) were married. Regarding religion 211 (50.3%) was Orthodox. Out of 417 participants 168 (40.3%) were at primary level of education while 410 (98.3%) were urban by resident and 257 (61.1%) were house wife by occupation (table 2).

Table 2. *Frequency distribution of socio demographic characteristics of participant's in governmental health institution of Adama town 2018 (N=417).*

Variable		Number	Percent
Age			
	15-19yrs	16	3.8
	20-24yrs	153	36.7
	25-29yrs	151	36.2
	30-34yrs	82	19.7
	35+	15	3.6
Marital status			
	single	15	3.6
	married	402	96.4
Religion			
	Muslim	137	32.9
	Orthodox	211	50.6
	Protestant	69	16.5
Education level			
	Illiterate	60	14.4
	Primary	168	40.3
	Secondary	115	27.6
	Diploma	58	13.9
	Degree	16	3.8
Residence			
	rural	7	1.7
	urban	410	98.3
Occupation			
	Student	58	13.9
	Employers	39	9.4
	Farming	8	1.9
	Merchant	55	13.2
	Housewife	257	61.6

4.2. Reproductive and Contraceptive History of Participants

The study revealed that 278 (66.7%) of study participants were less than 2 pregnancy, the majority 311 (74.6%) of study participants had family size of 2-3, Almost all 404 (96.4%) of them were heard about Family planning previously. Less than half and almost half of the study participants.

Table 3. *Reproductive and contraceptive characteristics of participants who received abortion service at AHMC during january-1 to february-30, 2021.*

Variable	Number	Percent
Gravid		
< 2	278	66.7
2-3	120	28.8
>4	19	4.6
Parity		
< 2	278	66.7
2-3	120	28.8
>4	19	4.6
Number of family size		
< 2	31	7.4
2-3	311	74.6
>4	75	18.0
Heard about family planning		
No	13	3.1
Yes	404	96.9
Source of information family planning		
Heath profession	157	37.6
Community health worker	112	26.9
Mass media	27	6.5
Peer group	52	12.5
Neighbors	69	16.5
Type of family planning method used		
Inject able	227	54.4
IUCD	16	3.8
Pills	19	4.6
Condom	1	.2
Norplant	148	35.5

4.3. Family Planning Service Related

Concerning Family planning service given, 412 (98.8%)

were respondents treated with respect by care giver. Majority of respondent 392 (94%) were get service within 30 minutes and 313 (75%) service given by clinical nurse. About participants 397 (95.2%) were whose privacy had respected when they asked to share their sensitive issue 345 (82.2%) respondents were complain on working hours of the clinic delay to get service. However, 228 (54.7%) were respondents had no gotten written information on side effect of method (Table 4).

Table 4. *Family planning related characteristics of participant's in governmental health institution of Adama town 2018.*

Variable	number	percentage	number	percentage
	Yes	%	No	%
Received the method you want	407	97.6	10	2.4
History of face side effect on method	261	62.6	156	37.4
History of shifting methods	200	48	217	52
History of unintended pregnancy	69	16.5	348	83.5
Number of untended pregnancy				
One	61	88.41		
Greater than one	8	11.6		
Information how to you used the method	393	94.2	24	5.8
Information on side effect of the method	353	84.7	64	15.3
Written information on side effect	228	54.7	189	45.3
Service Provider tell you to return if you have problem	345	82.7	72	17.3
Treat with respect	412	98.8	5	1.2
Having privacy respected when asked to share sensitive issue	397	95.2	20	4.4
Having Privacy during exam and procedure	372	89.2	45	10.8
Opening hours of the clinic convenient	372	89.2	45	10.8
Working hours of the clinic	345	82.7	72	17.3
The health facility clean	376	90.2	41	9.8

4.4. Level of Satisfaction Towards Family Planning Care

Participants who were satisfied for 15 criteria (average calculated from 26 criteria) were considered satisfied. Accordingly, the overall satisfaction level of participants that was measured by 26 questions found to be 59%, 95% CI (57.2-62.08).

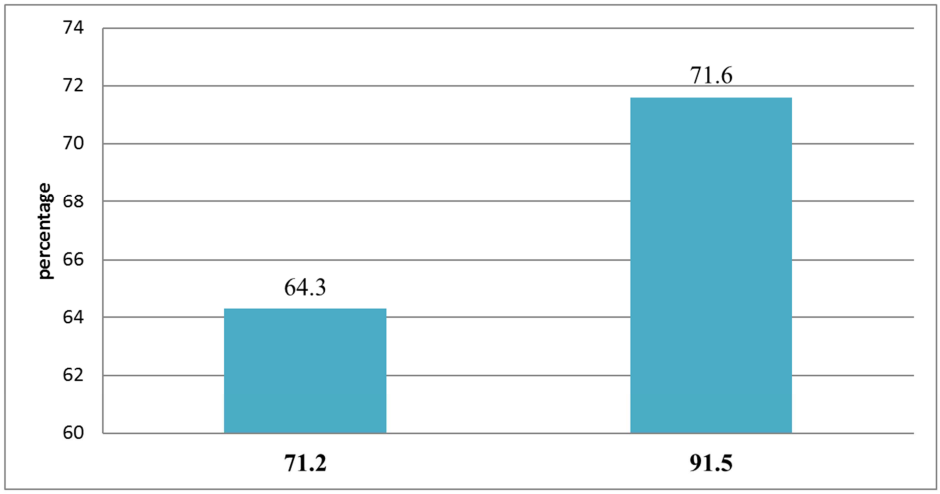

Figure 2. *Distribution of level of satisfaction on family planning in public facility in Adam town, 2019 (n=417).*

4.5. Factors Associated with Post Abortion Contraceptive Utilization

Association between dependent and independent variable were computed using binary logistic regression and those variables with p-value <0.25 were entered into multiple logistic regression analysis by using backward logistic regression. In multiple logistic regressions analysis significant association of independent variables with the overall satisfaction of Family planning services was determined at p value < 0.05.

The predictors of satisfaction with Family planning were educational level, gravidity, waiting time, having history of side effect on method, getting advice on side effect and written information on side effect.

The result of this study showed that those respondent who had no education were three times (AOR: 3.55; 95% CI: 1.11, 11.35) more likely to be satisfied than those had educational level of primary and above by making other variables constant.

Also respondents whose gravidity less than 2 were 3 times (AOR: 3.55; 95% CI: 1.11, 11.35) more likely to be satisfied than gravidity greater than 2, those respondents who had experience on side effect of family planning methods were 2

times (AOR: 2.22; 95% CI: 1.04-4.76) more likely to be satisfied than those respondents who had no experience on side effect, and respondents who were advised on the side effect of family planning methods were 3 times (AOR: 3.12; 95% CI: 1.38, 7.09) more satisfied than those participants who had no advice. Those participants having written information on side effect were two times (AOR: 2.2; 95% CI: 1.04, 4.76) more satisfied compared to those respondents who were not having information on side effect of method. Clients who get service within 30 minutes were three times (AOR: 3.55; 95% CI: 1.11-11.35) more likely to be satisfied as compared to those who got more than 30 minute (Table 5).

Table 5. *The result of Bivariate & Multivariate analysis on the association between the study variables among respondents in Adama governmental health facilities, 2019.*

Variable		Overall satisfaction category		COR (95% CI)	AOR (95% CI)
		Satisfied	Not satisfied		
Educational status	Illiterate	48 (12.6%)	12 (33.3%)	3.95 (1.61-9.71)	3.27 (1.22-8.70)**
	Primary	158 (41.5%)	10 (27.8%)	2.94 (1.16-7.46)	2.12 (0.762-5.914)
	Secondary	106 (27%)	9 (25%)	7.00 (1.49-32.84)	2.88 (0.564-14.676)
	College	56 (14.7%)	2 (5.6%)	1.08 (0.27-4.42)	0.44 (0.096-2.029)
	University	13 (3.4%)	3 (8.3%)	1:00	1:00
Gravid	<2	225 (66.9%)	22 (63.9%)	4.48 (1.49-13.39)	3.55 (1.11-11.1)**
	2-3	112 (29.4)	8 (22.2%)	0.53 (0.25-34)	0.28 (0.08-0.972)
	>4	14 (1.3%)	5 (13.9%)	1.00	1:00
Waiting time	<30 minutes	361 (94.8)	31 (86.1%)	4.48 (1.49-13.38)	3.55 (1.11-11.35)**
	31-45 minutes	7 (1.8%)	1 (2.78%)	0.34 (0.13-0.74)	0.28 (0.08-0.97)
	46-60 minutes	13 (3.4%)	4 (11.12%)	1:00	1:00
History of faced side effect on method	Yes	244 (64%)	17 (42.2%)	0.50 (0.25-0.99)	2.22 (1.04-4.76)**
	No	137 (36%)	19 (52.8%)	1:00	1:00
Getting information on side effect on method	Yes	330 (86.6)	23 (63.9%)	0.27 (0.13-0.58)	3.12 (1.38-7.09)
	No	51 (13.4%)	13 (36.1%)	1:00	1:00
Written information on side effect	Yes	213 (51.9)	15 (41.7%)	0.56 (0.25-0.99)	2.22 (1.04-4.76)***
	No	168 (44.1)	21 (58.3%)	1:00	1:00

N.B.*p-value <0.05, **p-value <0.01, ***p-value<0.001.

5. Discussion

Client satisfaction is the key indication that can reflect the health quality at any level of health facilities. Therefore assessing client satisfaction helps to evaluate quality of services. This study has revealed that the overall satisfaction level with Family planning service in Adama town governmental health institution was 52%. This satisfaction finding was lower when compared with study conducted in the Jimma zone which shows 76.4% [29] and study conducted in Gurage zone which shows 83.5% [30]. This difference may be due to difference in sample size, socio demographic status, health care facility type, awareness of health and difference in judging satisfaction.

This study showed that educational level has association with level of satisfaction which is similar with study done in Nigeria [30] but age have no association in this study like the Study conducted in Jimma University Specialized hospital, Addis Ababa and Bangladesh indicate that age was not significant [29].

The respondents were more satisfied with waiting time less than 30 minute 94, 3% compared to study done in Gurage Zone, Wonji hospital and Hosanna town were 83.5%, 50% and 85.2% respectively [18]. This difference may be due to difference in facility level, study area, population awareness and sample size.

This study showed that strong association in clients who had advice on the side effects of the contraceptive methods, who had experience on methods side effect and had given written information on the side effect with level of satisfaction which was similar with the study conducted in Hosanna hospital [18]. This may be due to the increase of respondent interest to ward health education. However, study finding in Nigeria was different due to those respondents level of awareness is low on side affect of methods they receive.

The findings of the study revealed predictors of client satisfaction with Family planning service and factors that have been associated were: educational status, gravidity, waiting time, information on side effect of Family planning service, which had experienced methods side effect and given written information.

6. Conclusion

In this study level of client satisfaction on Family planning service is 52%, which is low compared to other studies conducted in similar setting. Factor like educational status, gravidity, waiting time, information on side effect of Family planning method, having history of side effect and given written information on side effect were factors associated with level of satisfaction.

7. Recommendation

Based on the findings of the current study the following recommendations were made.

FMOH, ORH, woreda and other stakeholder should work with health extension worker by disseminating leaf let, posture and other materials about the importance and side effect of family planning for communities.

Health facilities should post list of services given in that clinic for client's visible place.

Health managers should increase the number of health provider to minimized waiting time for service given.

Health provider should have to give advice and written information during antenatal, prenatal and post natal follow up on Family planning.

8. Limitation

This study has been included five health facilities out of the eight governmental health facilities and did not included private health facilities in Adama town so the result generalization was limited to the study area.

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