

Assessment of Client Satisfaction on Family Planning Services Utilization in Wonji Hospital, Ethiopia, 2016

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Abstract

Background: Patients have the right to expect quality of care. Providing quality of care in family planning services is an important task for care providers so as to increase services utilization and coverage. Research of Hospital based patient satisfaction on family planning service utilization is rare in some regions of Ethiopia. Both availability and quality of family planning services are believed to have contributed to increase contraceptive use and declining fertility rates in developing countries.

Objective: The objective of this study is to assess the client satisfaction on family Planning services utilization provided in wonji hospital, Oromia state, Ethiopia, 2016.

Methodology: A cross-sectional study design will be used during the study period from September 1-October 30, 2016. All women of reproductive age group (15-49) who visit wonji hospital family planning unit with all service providers. During the study period were source populations. All family planning users and service providers who were available during the study period were taken as sample. The sampling technique employed is systematic sampling method. Data were collected by face to face interview and observation during the procedure done by using English version semi-structured questionnaire. The quality of data collection process will be monitored by giving clear instructions to the data collectors. The results of the study are summarized using tables and graphs.

Result: A total of hundred female contraceptive users and five service providers included in this study. Thirty eight percent are illiterate, 83% were married, 49% are 21-30 years old and 66% are residence in town. The dominant numbers of the clients know family planning method. Injection 59 (59%) and oral contraceptive pills 22 (22%) are the most frequently used.

About 45 (45%) of the client was got both information and service together. Among interviewed client 56 (56%) % of the clients have >30 min waiting time to get the service. Most of the client 59 (59%) didn't get information on long term family planning. Almost 56 (55%) of client were not satisfied for family planning service given. For clients' satisfaction waiting time, insufficient information with the service and not informing on long term family planning, marital status and education were found important factors.

Conclusion: Client satisfaction on utilization of family planning service is low in Wonji hospital. Clients are informed well on short term contraceptives method than on long term. Method choices are generally limited to hormonal methods, injectable and oral contraceptive pill being dominant methods. Waiting time, insufficient information with the service and not informing on long term family planning, marital status and education are important factors affecting client satisfaction on family planning utilization. The health professionals have to improve client satisfaction on utilization of family planning services.

Keywords: Family planning; Client satisfaction; Quality of service; Wonji Hospital; Ethiopia

Abbreviations: MCH-Maternal Child Health; FP-Family planning; FGAE-Family Guidance Association of Ethiopia; CI-Confidence level; CD-Compact Desk; IUD-Intrauterine device; LMP- Last Menstrual period.

Introduction

Assessment of the Family planning (FP) client satisfaction for service delivery in health facilities is receiving growing recognition as a strategy for monitoring and evaluation of primary health care program

in developing countries. Good quality of family planning service helps individuals and couples meet their reproductive health needs safely and effectively. Thus it can help for increasing family planning users and could be control morbidity, mortality rate and unplanned population growth [1].

Ethiopia is one of Sub-Saharan countries with Alarming population growth rate of 2.6% a year and total fertility rate of approximated to 5 children per women [2]. (Population growth rate 2.6% a year means every year population grow by 2.6% of total population) and (Total fertility rate of a population is the average number of children that would be born to a woman over her lifetime; if She were to experience the exact current age-specific fertility rates (ASFRs) through her

lifetime, and She were to survive from birth through the end of her reproductive life).

Family planning service is unique in providing the means for couples to space or limit their births as well as to stabilize world's population [3]. Evidence shows that client satisfaction varies by region, health facility and service delivery point within a facility. Private hospital patients were more satisfied than those at the public hospitals [4]. Satisfaction in public healthcare facilities was found to be associated with reasons for visiting and waiting time, while in private facilities, satisfaction was associated with consultation duration and visit type. In order to quantify differences in family planning (FP) service quality at public and private providers; in Tanzania, Ghana and Kenya, the 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 [5].

Family planning services are unique in providing the means for couples to space or limit their birth control as well as to stabilize world population [6].

They also have a role of reducing material mortality ratio. Higher rates of infant and child morbidity, mortality, promoting individual and family health well-being. However family planning varies according to religion or cultural values, myths, knowledge, promotion and effectiveness of the method, metrical status, sex, age policies, social and economic factor as well as attitudes of clients and providers [7].

Some 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.

Worldwide, an estimated 62% of women of reproductive age who are married or in union are contraception users. This is representing more than 720 million women. Whereas 75% in North Europe, 73% in North America, and 69% in South America were using modern contraceptive. Only 23% women in Africa use modern contraceptive. And this lower use co-exists with high unmet need and much higher maternal mortality rates. In more than 40 less developing and least developed countries, over 20% of married women of reproductive age have an unmet need for contraceptive [8].

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 [9].

Women need access to high quality reproductive health services, including family planning in order to better plan the number and health timing and spacing of their children. Almost all countries in the world offer family planning clients range of contraceptive methods [10].

The Ethiopia population policy, which was adopted in 1993, has the objectives of reducing the total fertility rate reducing morbidity and Mortality, as well as raising the contraceptive prevalence rate to a national average of 44% by the year of 2015 [11]. Central Statistical authority (Ethiopia) proposed in 2011 for increasing contraceptive prevalence rate to a national average of 66% by the year of 2015 [2]. But this objectives is still not achieved. Contraceptive prevalence rate in Ethiopia is 28% [3].

The population of less developed regions Africa, Asia and Latin America is growing four times faster than developed regions. By the year 2025, World population may reach a hopping of 8.5 billion [12].

Studies indicated that where ever fertility rate is high, maternal, 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 [13]. Unsafe abortion is the cause for one in every four maternal death and in some countries as high as 50% [14,15]. In Ethiopia, maternal mortality rates estimates the range between 500-1400 per 100,000 live births. In Ethiopia one out of seven mothers dies due to pregnancy and pregnancy related causes, with more than 50% resulting from unsafe abortion, thus making Ethiopian women at reproductive health risk [16,17].

The need for family planning services in Ethiopia is evidenced by its population growth, morbidity and mortality statistics, due to rapid population growth. Systematic provision of family planning had begun in 1966, when the FGAE (family Guidance Association of Ethiopia) was established as nongovernmental non profitable organization by small group of concerned individuals [18,19].

Despite the presence of family planning services, contraceptive utilization rate is low in Ethiopia. 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.

degree of satisfaction of clients are important component of quality and hence are expected improve through better compliance with the service and at the same time satisfied client will generate demand in the community and assist in the recruitment of new clients who can use the services. Besides the socio-cultural factors such as lack of education, traditional beliefs, long distance to travel, quality service of family planning client satisfaction is also equally important for increasing coverage of service and program sustainability and documented in a number of studies elsewhere, and hence need to be investigate.

There for this study will try to assess status of FP client satisfaction on quality of FP service provided at wonji hospital.

The main Objective is to measure the client satisfaction on family Planning services utilization provided in wonji hospital, wonji Town, Oromia region, Ethiopia, 2016. The Specific Objectives are to determine magnitude of client satisfaction on utilization of FP services and to assess factors affecting client satisfaction with FP services utilization. If Magnitude of client satisfaction on utilization of FP services is identified and low, it helps identifying Reason for client unsatisfaction on utilization of FP services. All in all Findings are very helpful for reduction of maternal mortality and population growth.

Materials and Methods

The cross-sectional hospital-based study design was conducted from selected family planning clients from September 1-October 30, 2016 in Wonji hospital. Wonji Town is found 115 km East of Addis Ababa, the capital city of Ethiopia. Total population in wonji town is about 100,000, from this male are 51,000 and female are 49,000.

Source population all female reproductive age group (15-49) in the catchment area and FP providers of Wonji Hospital during the study period.

Study population all female FP users age group (18-49) and service providers who will be available during data collection period in Wonji Hospital.

Sample size determination

The sampling technique was calculated based on the proportion of family planning clients' satisfied with service given which is 75.3% (3) with 95% confidence level (CI) and precision of 5%. The sample size was taken. n =the required sample size, Z^2 =the standardized normal distribution value at 95% CI=1.96; p =proportion of population with the same characteristic or proportion of women age 15-49 among FP clients satisfied 75.3% (3); p =0.753, d =margin of error, taken as=0.05

$$n = \frac{Z^2 p (1 - p)}{d^2} = 285.8$$

Adding 10% of non-response rate the final sample size was 314.

Sampling Technique

Then systematic sampling method is used during data collection. The total sample size was divided by the size of all FP users which are on registration book of Wonji Hospital. Then all FP users' were registered in each kebeles with their village they are living. Since the sample size is 314, so that it is necessary to collect data of 314 women aged b/n 18 to 49 years from Maternal and Child Health (MCH) class in Wonji Hospital. Then we distributed these total sample size by number women using FP in Wonji Hospital proportionally. The number of women using FP in Wonji Hospital registration book were 200 only which is less than sample size. Since there is sampling frame, list of FP users in Hospital. Dividing total sample size by Number of FP users give as 1.57 which is approximately 2. So every 2 interval of FP users come for service; interview was done for one client only.

From this we took only 100 Sample size. Because it is too difficult to get 314 clients on exit interview with this short duration of study period, second FP users come for service is less than sample size determined.

Study instrument used

During study period Questionnaires, computer, Compact Desk (C.D.) for storing paragraphs, Camera, pencil, and eraser were used additionally. All of Data collectors were above grade 10 in educational status. Training was given for 3 days before data collection. When the interviewer collected data they were asked the respondents in local language which is Amharic.

A structured and unstructured questionnaire for exit interview is used. Structured check lists for direct Observation of client provider interaction adapted from different literatures was used during data collection. During study period Questionnaires, computer, CD for storing paragraphs, Tape recorder, Camera, pencil and eraser were used additionally. All of Data collectors were above grade 10 in educational status. Training was given for 3 days before data collection. When the interviewer collected data they were asked the respondents in local language which is Amharic.

The collected data were first checked by the principal investigator for its completeness. To explain the study population relation to study variables, frequency tables, graphs, internal comparison and summary statistics were used. Chi-Square test was used to determine the level of

significance and association between dependent and independent variables.

Result

Socio-demographic characteristics

A total of hundred clients who visited wonji Hospital family planning services delivery point were interviewed. All of them were voluntary for participation during data collection. Table 1 shows the socio-demographic characteristics of participants.

Sixty six (66%) of the interviewed clients are resides in urban, the rests are from rural area. most of participants 49 (49%) were between 21-30 years old.

About 83 (83%) are married and 2(2%) are not married, the rest were widowed and divorced. Seventy eight (78%) had children during data collection.

From clients 38 (38%) were illiterates, 25 (25%) are grade 1-8, 20 (20%) are high school completed and 17 (17%) were college/university graduate. Concerning Ethnic group 50 (50%) were south nation nationality, 25 (25%) were Oromo and 10 (10%) Amhara. The rest were Gurage, Tigre and others. Regarding to Religious Fourty of them 40 (40%) were protestant, 35 (35%) were orthodox, 15 (15%) were Muslim and 10 (10%) were catholic. Regarding occupation 65 (65%) were government employee, 25

(25%) were house wife, followed by 10 (10%) merchant.

Socio-demographic	Characteristics	Number	Percentage
Age in years	15-20	29	29
	21-30	49	49
	31-40	16	16
	41-49	6	6
	Total	100	100
Religion	Orthodox	35	35
	Muslim	15	15
	Protestant	40	40
	Others	0	0
	Total	100	100
Ethnicity	Oromo	25	25
	Amhara	10	10
	Tigre	6	6
	Guragae	9	9
	South nations	50	50
	Total	100	100
Educational status	Grade 1-8	25	25
	Grade 9-12	20	20
	College/ University	17	17

	Illiterate	38	38
	Total	100	100
Marital Status	Single	2	2
	Married	83	83
	Divorced	8	8
	Widowed	7	7
	Total	100	100
Residence	Urban	66	66
	Rural	44	44
	Total	100	100
Occupation	House Wife	25	25
	Merchant	10	10
	Government employee	65	65
	Private employee	0	0
	Farmers	0	0
	Other	0	0
	Total	100	100
Have children	Yes	80	80
	No	20	20
	Total	100	100

Table 1: Socio demographic characteristics of respondents in Wonji hospital, East shoa, Ethiopia September-October, 2016 GC.

Knowledge of the respondent on family planning method

As shown in the Table 2, below nearly all 95 (95%) of clients know family planning method. Most of them 50 (50%) heard from health extension workers and 40% from health professionals. When we see response of clients on contraceptive; from clients interviewed 75 (75%) of them knows injectable, 68 (68%) of them knows about condom, 61 (61%) of them knows pills, 31 (31%) knows Norplant and the rests 27 (27%) of them knows loop/IUD.

Regarding the practice of family planning methods used by the client's 59 (59%) were using injectable contraceptives, 22 (22%) were using oral contraceptive pills followed by 13 (13%) were using IUD and the remaining 3 (3%) were using condoms and Norplant.

Response of clients' satisfaction in wonji hospital

When we see response of clients on opening time of family planning service unit; 78 (78%) were said it is convenient, 16 (16%) were said it is not convenient and 6 (6%) of clients were not answered. Most of them 59 (59%) didn't get provision of information on long term FP while 41 (41%) got enough information. Half of the client's 50 (50%) express their feeling of waiting time as half hour, 32 (32%) as half hour to one hour, 50 (50%) of them said waiting time is to greater than one hour and the rest 6 (6%) of them said no waiting time at all. (45%) of

the client got the service with information while 55 (55%) of them didn't get any information. 45 (45%) were satisfied for both information and service they got, while 55 (55%) were not satisfied for both information and services given.

Knowledge questions of FP Methods	Number	Percent
Knowledge of FP Method		
Yes	95	95
No	5	5
Source of information		
Health professional	40	40
Community health workers	50	50
Neighbours	4	4
Husband	2	2
Peer Group	4	4
Other	-	-
Type of FP client know		
Inject able	75	75
Loop/IUCD	27	27
Pills	61	61
Condoms	68	68
Norplant	31	31
Others	-	-
FP Method used by client		
Injectable	59	59
Loop/IUCD	13	13
Pills	22	22
Condoms	3	3
Norplant	3	3
Other	-	-

Table 2: Response of clients on knowledge contraceptive Method in Wonji hospital, East shoa, Ethiopia, September-October, 2016.

Regarding discussion made on the benefits and risk of using family planning method 32 (32%) of them were discussed but 68 (68%) of them were not discussed. On the other hand 91 (91%) of them were discussed on possibility of FP method switching and 9 (9%) were not discussed. About 23 (23%) of the clients explained the time given to communicate with the service provider was short, 74 (74%) were said it was sufficient while 3 (3%) were said it was too long. Ninety Two (92%) of the clients responded the communication of the service providers was easily understandable, 8 (8%) said difficult to understand. About 84% of the clients responded about the adequacy of supplies was sufficient but 14% of them said not adequate. About 95%

of the clients said FP services providers are competent to their level (Table 3).

Clint Response	Number	Percent
Opening hour of FP service unit is convenient?		
Yes	78	78
No	16	16
No answer	6	6
Providing information on long term FP methods		
Yes	41	41
No	59	59
Feeling of Client about waiting time		
No wait	12	12
Half hour	32	32
Half hour to one hour	50	50
One hour	6	6
Do you satisfied for both service and information		
Yes	45	45
No	55	55
Got the service with information		
Yes	45	45
No	55	55
Do you discussed on the benefits/ risk of using FP Method?		
Yes	32	32
No	68	68
Discussion on possibility of FP method. Switching		
Yes	91	91
No	9	9
Time to communicate with service provider		
Very short	23	23
Sufficient	74	74
Long	3	3
Understanding service provider		
Easy to understand	92	92
vary difficult to understand	8	8
Adequacy/availability of supplies		
Not adequate	14	14
Sufficient	84	84

More than enough	2	2
About providers level of competency		
Not competent	0	0
Not bad	5	5
Competent	95	95

Table 3: Response of clients 'satisfaction in Wonji hospital, wonji Town, East shoa, Oromia, September-October, 2016

Client / provider interaction during observation at service delivery point

The assessment of indicators for quality of FP care on provider knowledge and skill were observed for all clients. As shown in Table 4, 95 (95%) of the clients were discussed on injectable, 69 (69%) of them were discussed on oral contraceptive pills, 82 (82%) of them were discussed on Norplant and 85 (85%) were discussed on condoms. Additionally most of them 82% were discussed on Norplant, 80% discussed on Intrauterine device (IUD) and the rest 3% on other methods. Other common procedures observed for clients were; asking contraceptive method history 95 (95%), asking Last Menstrual period (LMP) 77 (77%) and taking blood pressure 81 (81%).

Variables	Yes	%	No	%
Discussion of method				
Pills	69	69	31	31
Condoms	85	85	15	15
IUD	80	80	20	20
Injectable	95	95	5	5
Norplant	82	82	18	18
Natural method	18	18	82	82
Other	3	3	97	97
P/E and the information given				
Contraceptive method history	95	95	5	5
LMP asked time	77	77	33	33
Unusual V x discharge bleeding asked	85	85	15	15
Pelvic pain	59	59	41	41
Blood pressure measured	81	81	19	19
Did/laboratory test	52	52	58	58
During IUD inserted				
Speculum used	13	100	-	-
Sterile procedure performed	13	100	-	-
Emotional support given	13	100	-	-
During Injection given				
Injection site disinfected	59	100	-	-

New sterile needle and syringe used	59	100	-	-
Depo vial shaken before drawing	56	95	3	5
Injection site massage	44	74.6	15	25.4
Client set to injection room	59	100	-	-
Provider told about any of the following				
How to use method	89	89	11	11
Advantage	68	68	32	32
Disadvantage	68	68	32	32
Side effect	68	68	32	32
Possibility of switching	91	91	9	9
Where to go for resupply	69	69	31	31
Other health issue discussed	51	51	49	49

Table 4: Client- provider interaction during observation by service delivery points, in Wonji hospital, wonji Town, East shoa, Ethiopia September-October, 2016.

Variable	Service satisfaction		X ²	P-value
	Yes	No		
Have children			2.65	0.104
Yes	44	36		
No	12	8		
Marital Status			6.12	0.013
Married	63	20		
Single	1	1		
Educational status			5.72	0.02
Illiterate	33	5		
Educated	49	13		
Age			0.54	0.46
15-30	56	22		
> 31	8	14		
Residence			0.63	0.43
Rural	26	18		
Urban	44	22		

Table 5: Relation of Socio-demographic variables with services satisfaction examination in wonji hospital, East shoa, Oromia September-October 2016 GC.

Regarding to pelvic examination 13 clients were examined and IUD was inserted for them by family planning services providers. Techniques of providers were observed while they were doing pelvic examination (Table 5).

Ten clients were informed about the procedure. Providers were washed their hands before and after the procedure while they were examining 12 clients. Sterile techniques were maintained in 13 service users and outcome was informed for 13 service users.

Association of socio-demographic variables with client services satisfaction

With chi-square, the study tried to see whether the independent variables are associated with dependent variables or not. For clients' satisfaction marital status and education were found to be significant whereas having children, age and residences were not significant.

X²cal (6.12) is greater than x²tabulated (x² at level of significance=0.05, df=1, is 3.84)

X²cal (5.72) is greater than x²tabulated (x² at level of significance=0.05, df=1, is 3.84)

Response of providers at family planning service delivery point

Three service providers were interviewed and responded to questions. All of them were diploma nurse and their time of entry and exit to work place was 7:45 AM and 5:45 PM respectively in the morning, then in the afternoon time of entry and exit to work place was 1:45 PM and 5:45 PM respectively. They gave services for 5-9 clients per day averagely and stay for 15-20 minutes with one client while they were giving service. All providers were also asked about type of equipments exist and available method in the service delivery unit. Scissors, blood pressure apparatus, stethoscope, sterile gloves and speculum were available. Additionally local anesthesia like lidocaine, antiseptic solution and examination table were also available. There was a complaint due to lack of thermometer. Availability of contraceptive method was also assessed so that injections, IUD, oral pills, Norplant emergency pills and condoms were available.

Discussion

In Ethiopia, studies and information on client satisfaction on quality of Family planning service is very scarce and this study will help service providers and program coordinators to improve quality of family planning service in Wonji Hospital.

This study identified some constraints in family planning service delivery points in Wonji Hospital, which was related to quality of family planning issues. Only female client were selected for this study. Because in our situation male partners do not attend family planning service and it is difficult to get required sample size that can be representative for male clients at health institution level.

Women who were 21-30 years old were high contraceptive users (49%). About (83%) of the clients were married. The probable reason for this high proportion of married women could be due to regular sexual contact with their husband and fear of unwanted pregnancy. Secondary, married women do not afraid of cultural influence and they can use contraceptive methods anywhere freely. Most family planning users in this study were also illiterate, read and write or completed elementary school. The probable reason for this might be early marriage and being house wife. Being housewife cause them to interrupt their education, because they are care takers for the whole families and they did not have time to attend their school. Lower

educational status of clients might make them unable to ask questions and less understands information about different methods.

The dominant family planning method was injectable 59 (59%) and the second family planning method was oral contraceptive pills 22 (22%). The reason for high injection users in this study might be clients' preference for its long effect and does not require daily base remembrance. Permanent methods, like Norplant, and IUD were not popular in this study area. The probable reason for low use of Norplant and IUD in this study might be shortage of trained staffs, unavailability of methods, but it is not widely used by clients. This might be because of availability of condoms in shops and pharmacies. Since they can get it from many sources, they can buy and utilize it whenever they demand it.

This study showed as 55% of clients were not satisfied. This is very large number more than half of FP users' which are not satisfied comparatively with other studies. For instance study done in Hossana explained that 24.7% of them were not satisfied [3]. This is lower relatively. Again another study done in Jimma specialized Hospital in which 23% of FP clients were not satisfied [20]. Within the same country big discrepancy is observed. The reason behind may be probably during data collection ethical consideration was not underlined. Care, privacy, rights of participant and so on was not well informed for clients before data collection for both studies done in Hossana and Jimma. Or else quality of FP service may vary from health institution to health institution.

Comparing to other studies conducted in Bangladesh and Thailand showed that 32% and 15% were not satisfied respectively [21,22]. When we see comparatively this study magnify the wrest stage of client satisfaction in Wonji Hospital.

About 50 (50%) of the clients responded that waiting time was half hour to one hour, which was higher than studies in Jimma, 2003 [23]. This study is also different compared to another study done in northern Nigeria which showed as Significant proportion of the respondents expressed satisfaction, while 15% were dissatisfied with the FP services delivered [24]. Satisfaction with the services was probably the motivators that overcome barriers of time spent waiting at the clinic (an average of 35 min before attended by provider) according to study done in northern Nigeria [24].

The other study in Ghana and Tanzania, all their findings concurred with the study findings [5,25]. The clinic waiting time, providers' and other staffs of the clinic behaviour toward the clients, particularly being respectful and polite are adjudged the universal predictors of client satisfaction with FP services [24].

Therefore long waiting time was one of the deficiencies identified in this study. It made FP client not satisfied with service delivery. Long waiting time is a principal factor leading to high rate of program and method discontinuation. Only Forty five (45%) clients received information and services in this study. This is not sufficient and attention has to be given since each client has the right to get information.

Clients lack of information results in a negative attitude towards methods whenever they experience the problems. This might increase the probability of discontinuation of contraceptive methods and finally client might not satisfy. When we compare with other study in Eastern Nigeria, where study findings revealed that long waiting time and poor clinic staff attitudes are very common characteristics of government owned health facilities [26]. It is worthy to note that these factors were

accorded more importance at the expense of technical aspect of the services such as the competency of the provider in providing correct and sufficient information about methods use and quality of examination carried out on the clients.

Concerning contraceptive methods, this study identified that there was unavailability and shortage of different contraceptive methods (14%). Studies in Jimma and Addis Ababa also have shown similar problems [23]. Similarly Other studies in Kenya and Addis Ababa showed many government-owned health facilities had stock outs (medicines and supplies), which may have contributed to clients reporting lower satisfaction in public facilities [27].

Unavailability and shortage of contraceptive supplies can be a major determinant that can affect choice of methods to clients. This makes family planning users to be restricted by all clients. When clients get different methods in the health service delivery points, they can get the chance to prefer their choices and they can be satisfied for the service. When clients get the method they want, they use them longer and more effectively, unavailability of different methods may be the probability of not providing the clients choices leads to dissatisfaction.

Only 45% of FP clients satisfied with service given to them. These show us that still there is agape on quality of health service. So wonji hospital is expected to do more for improvement of client satisfaction on quality of service.

Service providers had given less attention asking LMP, taking blood pressure and doing physical examination. For example, blood pressure 19% was not measured. This is very serious issue, because contraceptive have its own side effects and contradictions. All vital signs and physical examination have to be done before and after contraceptive methods are provided.

For clients' satisfaction marital status and education were found to be significant whereas having children, age and residences were not significant. But comparing with other study in Kenya [25,27] Bivariate analysis showed that gender, education level, marital status, time taken to reach the facility and total visits are not significantly associated with client satisfaction [27]. The difference may be probably due to cultural, religious and socio-economic difference.

Conclusion

Clients are informed well on short term contraceptives method than on long term. Method choices are generally limited to hormonal methods, inject able and oral contraceptive pill being dominant methods. Service users have to be familiar with long term contraceptive like IUD, Norplant, surgical methods, etc. Most clients (55%) have low satisfaction on utilization of family planning service given. Providing hormonal contraceptive methods without checking vital signs and doing physical examination was documented. Waiting time is for most of the clients are more than 30 minute and it should be improved. Most clients got poor service and information, like discussing on advantages and disadvantages, on possibility of switching from one contraceptive to others. With chi-square, for clients' satisfaction marital status and education were found to be significant. Waiting time, insufficient information with the service and not informing on long term family planning, Discontinuation of FP, marital status and education are important factors affecting client satisfaction on family planning utilization.

Recommendation

Wonji Hospital health professionals have to improve satisfaction on utilization of family planning service. Counselling and appropriate health education should be given to FP clients. Family planning units should work on long term contraceptives. The hospital should communicate with Woreda health office for supply of contraceptive method adequately. Service users have to be familiar with long term contraceptive like IUD, Norplant, surgical methods. Appropriate training should be given for Maternal Child Health (MCH) Midwifery nurses and health professionals in Wonji Hospital. Concerned body and Regional Health Bureau must have to monitor and evaluate regularly Wonji Hospital.

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Authors Contributions

The only Author is Bizuneh Ayano. He developed research proposal, searching for funding, data collection, controlling data collectors, supervising, compiling, and organizing, finally research reporting and defense. He has also prepared research manuscript.

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