ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

POSTGRADUATE PROGRAM

ASSESSMENT OF CLIENT SATISFACTION WITH CONTRACEPTIVE COUNSELING AND ASSOCIATED FACTORS AMONG WOMEN ATTENDING FAMILY PLANING CLINICS IN ASELLA PUBLIC HEALTH INSTITUTIONS, OROMIA REGINAL STATE, 2018

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MASTER OF SCIENCE RESEARCH PROJECT SUBMISSION FORM

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THIS THESIS BY GETAHUN TESFAYE IS ACCEPTED IN ITS PRESENT FORM BY THE BOARD OF EXAMINERS AS SATISFYING THESIS REQUIREMENT FOR THE DEGREE OF MASTERS IN MATERNITY AND REPRODUCTIVE HEALTH NURSING

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Lists of Abbreviations and Acronomy

AOR-Adjusted Odds Ratio

CI- Confidence Interval

COR -Crude Odds Ratio

FP-Family Planning

DHS-Demographic Health Survey

IUCD -Intra Uterine Device

LARC-Long Acting Reversible Contraceptive

UNFPA-United Nation Population Fund

USA-United States

WHO-World Health Organization

Abstract

Background: 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 by decreasing maternal mortality and improves women's health through preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. To increase modern contraceptive prevalence rate and decrease discontinuation rate, satisfying clients with contraceptive counseling is crucial. It empowers people to exercise their right to good quality family planning care. Unfortunately, counseling is a deficient process especially in third world countries and sometimes not present at all and can lead to family planning discontinuation, unintended pregnancy and unsafe abortion

Objective: To assess client satisfaction with contraceptive counseling and associated factors among women attending family planning clinics in Asella town public health institutions, Ethiopia, 2018

Methods: Facility based cross-sectional study was conducted from February – March, 2018 to assess client satisfaction with contraceptive counseling and associated factors among women attending family planning clinics in Asella public health institutions. Study subjects were selected by using systematic random sampling. Data was collected by questionnaire and entered onto a computer using Epi-info version 3.5.4 statistical program then exported to SPSS version 20 for analysis. Logistic regression was used to predict the relation between dependent and independent variables. Lastly, significant of statistical association was assured or tested using 95% confidence interval and p value <0.05.

Results: This study revealed that 62.8% of the study respondents were satisfied with contraceptive counseling. Multiple logistic regression showed that, being urban in residence (AOR=1.93, 95%CI=1.09, 3.41), Time taken to reach nearby health facility(AOR= 2.18,95%CI=1.06,4.49), Explain side effect (AOR=0.408,95%CI=0.22 0.77),being asked reproductive history (AOR=1.918, 95%CI=1.062, 3.465), Asked worries and concern about the method (AOR= 2.409, 5%CI=1.269, 4.557), Explain side effect(AOR= 0.408,95%CI=0.22,0.77), Use of leaflet(AOR= 0.41,95%CI=0.19,0.86) have shown significant association with client satisfaction with contraceptive counseling.

Conclusion and recommendation: This study showed that 62.8% of clients who came for family planning services were satisfied with contraceptive counseling. The findings suggested a need for further large scale studies in Ethiopian setup to analyze the institutional contraceptive counseling situation of as to formulate precise strategies to reduce client dissatisfaction and increase contraceptive prevalence rate

Keyword: Contraceptive counseling, satisfaction, family planning, Asella

1. Introduction

1.1. Background

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 (1) 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(2).

One principal determinant of uptake and continued utilization of family planning services is overall client satisfaction with those services(3). It is one of the factors that influences the use of FP and other reproductive health services (4) . Women who reported having received contraceptive counseling were more satisfied with their method.(5)

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(6)

According to Turkish Demographic health survey (DHS) 2013, 33% of all women use a modern contraceptive method(7). United nation population fund agency (UNFPA) DHS analysis from 24 countries in 2016,showed contraceptive prevalence and side effect counseling in Honduras, Senegal, Kenya and Ethiopia was 64& 49, 22&81, 53&60 and 27&33 respectively(8) which is low especially in Ethiopia

To increase modern contraceptive prevalence rate and decrease discontinuation rate, contraceptive counseling is crucial. 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)[i]. It also helps clients to obtain the information they need to use contraceptive methods correctly (10) and thereby decrease the likelihood that they will discontinue use of the method (11) 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 (13). 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 (14).

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 Asella town.

1.2 .Statements of the problems

Unintended pregnancies and unplanned births can have serious health, economic, and social consequences for women and their families. One immediate outcome of unintended pregnancies—induced abortion—is unsafe in many countries .In these countries, abortion often damages women's health and sometimes results in their death (15). According to WHO 2010 report, nearly 99% abortion deaths were caused by unsafe abortion secondary to unintended pregnancy(16)

Unintended pregnancy is experienced by many women and remained high in all parts of the world. In United states for example, approximately 50% of pregnancies are unintended (17). A cross sectional study conducted in Kenya in 2013 showed 24% of all the women had unintended pregnancy (18).
According to Ethiopian demographic health survey (EDHS) 2016, 17% of pregnancies were mistimed (19).

Research by Teshale Mulatu in 2014 also indicate, 50% respondents had had unwanted pregnancy and induced abortion at some point in their livesUses of FP which is the best intervention to reduce rates of unintended pregnancy is enhanced by contraceptive counseling.

Numerous professional associations (including the American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and American Academy of Pediatrics) recommend counseling as part of clients service for preventing unplanned pregnancy (20).

Helping women to achieve their reproductive goals, including assisting them in choosing how to prevent undesired pregnancies (contraceptive counseling), is essential to optimize the health of women and their families (17). The role of FP counselling is to support a woman and her partner in choosing the contraceptive that best suits them and to support them in solving any problems that may arise with the selected method.

Improving and optimizing the quality of contraceptive counseling is one approach to help women of all race/ethnicities and socioeconomic status to improve their ability to plan pregnancies and prevent these unintended pregnancy and maternal death. In line with this, improving the quality of contraceptive counseling is key strategy to prevent unintended pregnancy(21).

However nowadays, unintended pregnancy is not only a major health problem, but are also a great social and financial burden on societies and countries. There are about 75 million unwanted pregnancies per year according to WHO statistics. When abortions were included, unintended pregnancies increased to 49% of all pregnancies. Counseling prior contraception is a mandatory or a must to prevent these unintended pregnancies and their related risks. Unfortunately counseling is a deficient process in third world countries and sometimes not present at all. (22)

Contraceptive counseling can also help in reducing unmet need of contraceptive utilization. Study done in India in 2015 reveal receiving contraceptive counseling led to 3.1 % reduction in unmet need (12).

According to research conducted in USA in 2016 entitled the role of contraceptive attributes in women’s contraceptive decision making, 60% of respondents discontinued contraceptive method because of the side effect and it clearly play an important role in satisfaction and continuation.

So, anticipatory counseling about method side effects can help increase the likelihood that the characteristics of the method and the woman's preferences are aligned and minimize contraceptive discontinuation (23).

Causes and consequences of contraceptive discontinuation evidenced from 60 demographic and health surveys at three months after discontinuation reveal, 40% or more women were at risk of conception: in Egypt (40%), Ethiopia (42%), Kenya (51%), Malawi (73%), United Republic of Tanzania (56%) and Zimbabwe (47%). These high rates of discontinuation stress the need to improve service quality, particularly counselling(24).

Study conducted in Egypt showed that family planning consultations in are predominantly physician centered and that client participation was to a large extent passive, mostly serving the doctor's agenda, which is gathering information about the client(25)

Although contraceptive counseling is acknowledged to be cornerstones for increasing acceptance and use of family planning and addressing the unmet need, much has not been written about it by region or state, less is known in our country specially the contraceptive counseling is not clearly known or evidenced by research still now as far as my search is concerned.

Considering this gap, this study aims at identifying what client satisfaction with contraceptive counseling and factors associated with it looks like in women attending family planning clinic in Asella public health institutions, 2018.

2. Literature review

Family planning represents an urgent global health priority for the twenty-first century. It helps women and men make informed decisions about the number and spacing of their children, which make newborn, child, maternal, and family healthy. The economic well-being of families, communities, and even countries is improved by access and uses of FP services(26).

Quality contraceptive counseling is the key interventions to promote family planning and helps to improve the quality of care and reduce maternal deaths (12).

It is an important principle in the delivery of FP services(11) for confirming or facilitating a decision by the client, helping the client address problems or concerns(9),improve patient outcomes(27), increase patient satisfaction, decrease contraceptive discontinuation rate and increase contraceptive acceptance rate. It is one of the fundamental right of human being (the right to information and education) (28).

2.1. Prevalence of contraceptive counseling

Contraceptive counseling is not provided for most women worldwide. Its quality and content greatly varies from country to country. Counseling is very important before women initiate drug for chronic diseases. More than 45% of all Americans have chronic disease, and almost all women anticipate an unexpected illness that requires medication. These medications can be teratogenic which can affect the newborn. This indicates as there is gap in contraceptive counseling to prevent this congenital abnormality by using different contraceptive methods (29)

According to evidence from 24 countries by UNFPA in 2016, recent changes in current use of contraception have not been accompanied by corresponding increases in contraceptive counseling regarding side effects and availability of other methods at the time of initiating use of modern contraception. Thus, two of five women that started using any of the methods during the five years before the study did not receive counseling about possible side effects from the selected method, and nearly 50% did not hear about side effects or other methods (8).

During contraceptive counseling, health care provider should stress on benefits of the contraceptive than its adverse effects. But According to research in San Francisco Bay Area in 2009–2012, providers more often discussed potential adverse effects of Intra uterine device (IUD) use than benefits; counseling often was non interactive and did not address how patient preferences related to characteristics of IUDs. Counseling was frequently fragmented by the need for return visits or referral elsewhere for insertion (30). Similarly, according to qualitative descriptive study done in Pakistan in 2013, IUCD was not discussed during participant's visits, and they often had to request the information

Contraceptive counseling should be start from most effective contraceptive method and proceed to less effective so that the woman is encouraged to use the most effective contraceptive methods.

Research conducted in Texas in 2014 show rates of postpartum counseling are higher, but even among women who did report counseling, discussion of LARC, sterilization and vasectomy was infrequent, and very few women reported feeling encouraged to use these highly effective methods(20)

A cross sectional study conducted in Northern Iran, Urmia in 2008 revealed 51.3% of participants completely satisfied by easiness and understandability of consultation from health care provider and only 21.7% of participants was completely satisfied by the use of counseling tool during consultation(31)

A result of research conducted in Ibrid Jordan in 2013 showed, 87% of respondents reported that the provider had helped them choose a method and 70% of respondents chose a method that day. Of those who chose a method, 81% said that the provider had discussed how to manage the side effects associated with that method (32). Another research conducted in Australia in 2017 reported, doctors did not fully discuss the potential side-effects of contraceptives and they were unsupportive or judgmental (33). According to research done in Egypt in 2016 ,none of the nurses introducing themselves to clients (34).Ideally all women should be informed everything about the contraceptive they use during counseling session. But UNFPA research analysis in 2016 from 24 countries reported proportion of women counseled about side effects and other available contraceptive methods were 25% and 80% in Ethiopia and Zambia respectively (8).

Similarly in EDHS 2016, only 30% of all women currently using modern contraceptives were counseled at the time they started the current episode of method use about the method's side effects, what to do if they experience side effects, and other available methods(19).In addition research done in wonji hospital, Ethiopia in 2017 showed, 55% of FP users do not got the service with information (35)

According to client and facility level determinants of quality of care in family planning services in Ethiopia in 2017 research report, information was not provided about how to use the contraceptive method for 26.7% of respondents and information about the contraceptive method's potential side effects was provided for only 53.6% of respondents (36).

2.2. Factors associated with contraceptive counselling

2.2.1. Socio demographic and client related Factors

According to research done in university of Pittsburgh Medical Center in 2010, the most common perceived patient barrier for contraceptive counseling was patient preference for particular contraceptive methods (37)

Result of assessing women's satisfaction with family planning services in Mozambique in 2016 showed, user had the opportunity to ask questions in only 45.2%(4).

Research conducted in University of Michigan has also shown that, women ages 40–44 were less likely than younger women to receive counseling and to use contraception if at risk of unintended pregnancy (38)

If a woman, preferably with her partner, is able to make an informed choice, she is more likely to be satisfied with the method chosen and continue its use(39)

2.2.2. Provider related factors

Research done in 2008 in Uganda showed almost all providers felt that the quality of care they could offer was compromised because they were overloaded with work, and managers confirmed some clinics were understaffed. Individual providers take on multiple responsibilities in addition to FP services. These all compromise contraceptive counseling (40)

Nurse working in a primary care facility in Kaduna, Nigeria in 2014 justified her limited counseling time because of the number of patients she must attend to in one day and she did not talk much about implants because she did not know much about it and how to insert it. She need in-service training(41)

According to research in Bangladesh in 2014, though paramedics interviewed in FP clinics knew the basic principles of counselling, their interpersonal skills were inconsistent and often poor.

There remains a non-communicative, hierarchical attitude between clients and paramedics, which may contribute to poor understanding of potential side effects and incorrect method(42).

Qualitative descriptive study done in Pakistan in 2013 showed, health providers were not motivated and were reluctant to provide the IUCDs because of inadequate counseling skills, lack of competence (43).

Results of qualitative Analysis approaches to contraceptive counseling in Texas showed, shared decision-making approach counseling technique was the least common approach overall (accounting for 22% of visits), but patients expressed a preference .In the same study the most common approach (used in 48% of visits) in counseling was foreclosed approach by assuming patient had already made a decision (44).

According to research done in University of Colorado in 2014, the majority of faculty and residents reported that they perceive inadequate time (75.3%) and inadequate knowledge (74.0%) as reasons for not performing contraceptive counseling (45).

According to research in Bahirdar in 2013 ,only 24-37% of respondents were informed about the available family planning methods and their utilization(46).

Research done in wonji hospital, Ethiopia, showed, 55% of family planning users do not got the service with information (35).

According to assessment of Family Planning Services in Kenya in 2009,the most notable finding is that only 15% of the providers used visual aids during the consultation and only 12% of staff took in-service training in any family planning topic in past year(47).

2.2.3 Facility related

According to research entitled "Counseling and Client Provider-Interactions as Related To Family Planning Services in Nigeria in 2015, 41.18% of the facilities do not have visual and auditory space.61.11% do not have good client respectful orientation .Using the language the clients understand was observed in only 23.53% of family planning centers. Interactive communication between clients and providers was observed in 42.94% of the centers(48).

Research conducted in Ibrid Jordan in 2013 showed ,family planning wall chart was noticed by 85% of all interviewed women, 96% reported that it was useful (32).

According to qualitative descriptive study conducted in Pakistan in 2013, facility had improper supporting infrastructure(43).

A cross sectional study conducted in Northern Iran, Urmia in 2008 revealed , only 21.7% of participants was completely satisfied by the use of counseling tool during consultation(31).

2010 Kenyan service provision assessment key finding reveal, only 25% of family planning facilities have all the items necessary for counselling(49)

A Qualitative Study conducted in Rwanda in 2015 showed limited method choice, and long waiting times but short consultations at facilities were barriers to accessing high-quality services and were common complaints of respondents(50)

2.3. Significance of the study

There is inadequate study conducted on client satisfaction with contraceptive counseling in Ethiopia in general and Asella town in particular as far as my search is concerned. Thus, this study aims to answer whether women are satisfied with the contraceptive counseling they receive and what are the individual correlates of satisfaction with the method. It also used as input for planning and implementation of FP service in Asella town. Finally, this research finding will be used for university students and health professionals as a reference to build on or generate new knowledge in the area of contraceptive counseling which ultimately improves service quality and coverage.

2.4. Conceptual framework

Based on reviewed literatures, client satisfaction with contraceptive counseling can be affected by different factors. These factors can be categorized as Provider related, Facility related, Socio demographic related interpersonal communication related and Client related. The following figure is constructed based on reviewed literatures and shows the relationship of contraceptive counseling and associated factors.

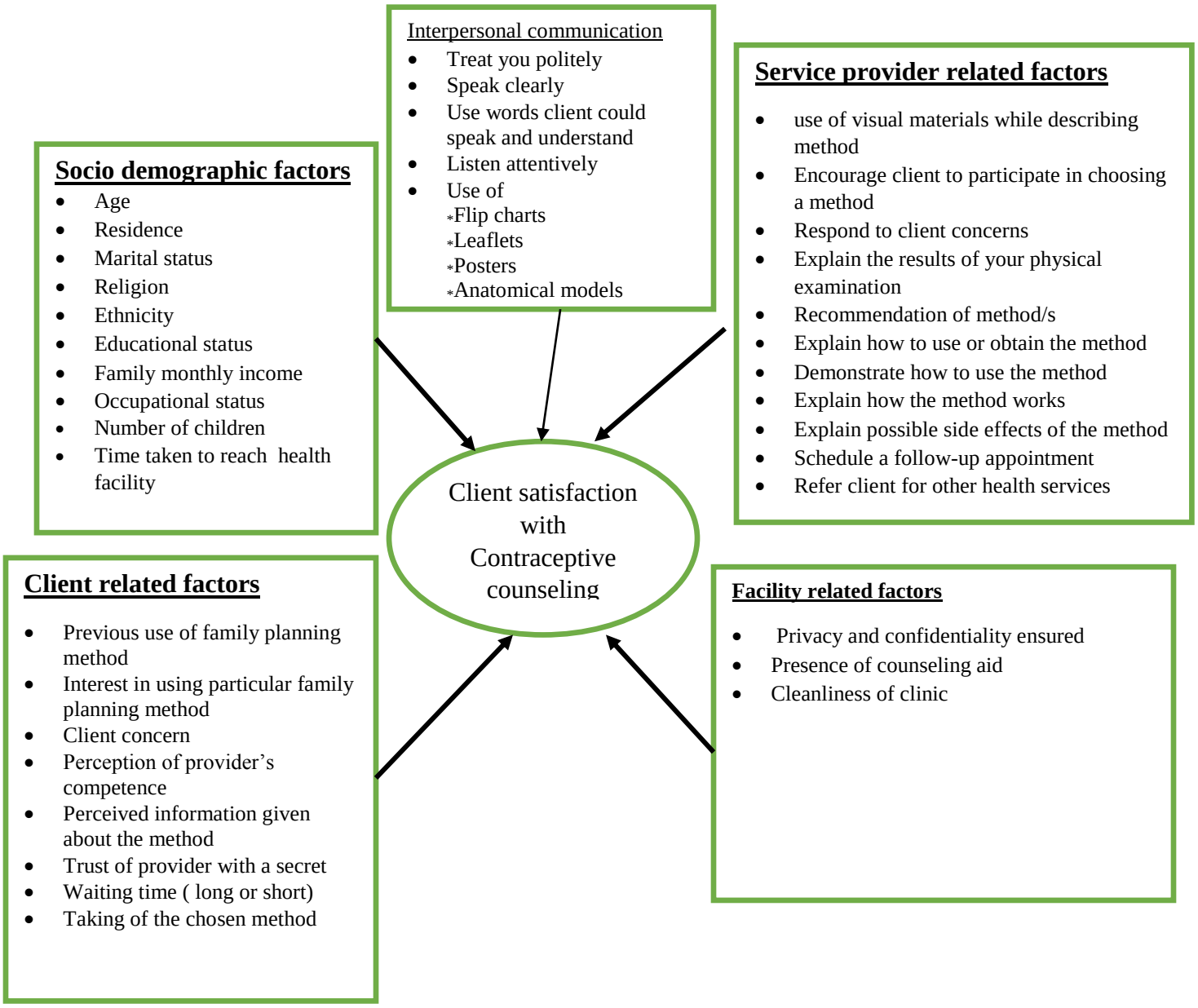

Figure1: Conceptual framework on assessment of client satisfaction with contraceptive counseling and associated factors among women attending family planning services in Asella public health institutions**,** constructed from literatures

3. Objective of the study

3.1. General objective

To assess client satisfaction with contraceptive counseling and associated factors among women attending family planning clinics in Asella public health institutions, Ethiopia, 2018.

3.2. Specific objective

1. Assess proportion of women satisfied with contraceptive counselling
2. To assess factors associated with client satisfaction with contraceptive counseling

4. Methods

4.1. Study Area and study period

The study was conducted in Asella town, capital city of Arsi zone, Oromia Regional state. It is situated along 175 kilometers from Addis Ababa. The town covers an area of 29.3 Square kilometers. The town is inhabited by people of different ethnic groups with diverse cultural back grounds. According to Asella city administrative 2012 bulletin report, the total population was 74,268, of this Oromo accounts 34,989 and Amhara, 30,785, Gurage 3000, Silte 2000 and 3,494 are others. The dominated language is Afan Oromo followed by Amharic. Asella has four public health facilities: one hospital and two health centers. My clinical experience in coaching students made me my starting place. During coaching student in clinical attachment, I have been facing problems associated with contraceptive counseling. Lots of mothers came with different needs. This made me to raise questions what are the factors associated with client satisfaction with contraceptive counseling

4.2. Study design

Institution based cross sectional study design was used

4.3. Source population

All reproductive age group women live in Asella town

4.4. Study population

All reproductive age group women attending family planning clinics in Asella public health institutions

4.5. Study subjects

All Women of reproductive age group attending the family planning clinic who are selected systematically for proportionally allocated sample size

4.6. Eligibility criteria

4.6.1. Inclusion criteria

All women who came for family planning service during data collection period

4.6.2 Exclusion Criteria

- Women who were- unable to hear and speak, seriously ill and unable to respond.
- Those who were not volunteer to be interviewed

4.7. Sample size determination

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 50 at significant level α= 0.05, 95% confidence interval, Margin of error 5% and 10% nonresponse rate, the sample size was calculated by the following formula:

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

$$= \frac{(1.96)^2\ 0.5(1-0.5)}{(0.05)^2} = 384$$

Where:

N = the required Sample size

P = Proportion of client satisfaction with contraceptive counseling (50% or P=0.50). Because no previous research has been done in the study set-up, it was assumed that 50% of women would be satisfied with contraceptive counseling

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%. By adding 10% non-response rate, total of 422 client were recruited as study units among women attending FP clinics in public health institutions in Asella town during study period.

4.8. Sampling procedure

In this study, all public health institutions in Asella town were selected (one hospital and two health centers). The average monthly family planning flows of consecutive three months was estimated to be 729, (200 for Asella Hospital, 215 for Asella health center and 314 for Halila health center). Then, the final sample size was proportionally allocated to these health facilities by considering their monthly client flows. Lastly, subjects were taken by systematic random sampling (i.e. K_{th}= N / sample size =>729 /422 ≈ 2 which means K_{th}= 2), thus every 2nd client who come for FP service was recruited as study units in each health facilities until the total sample size for this study was obtained.

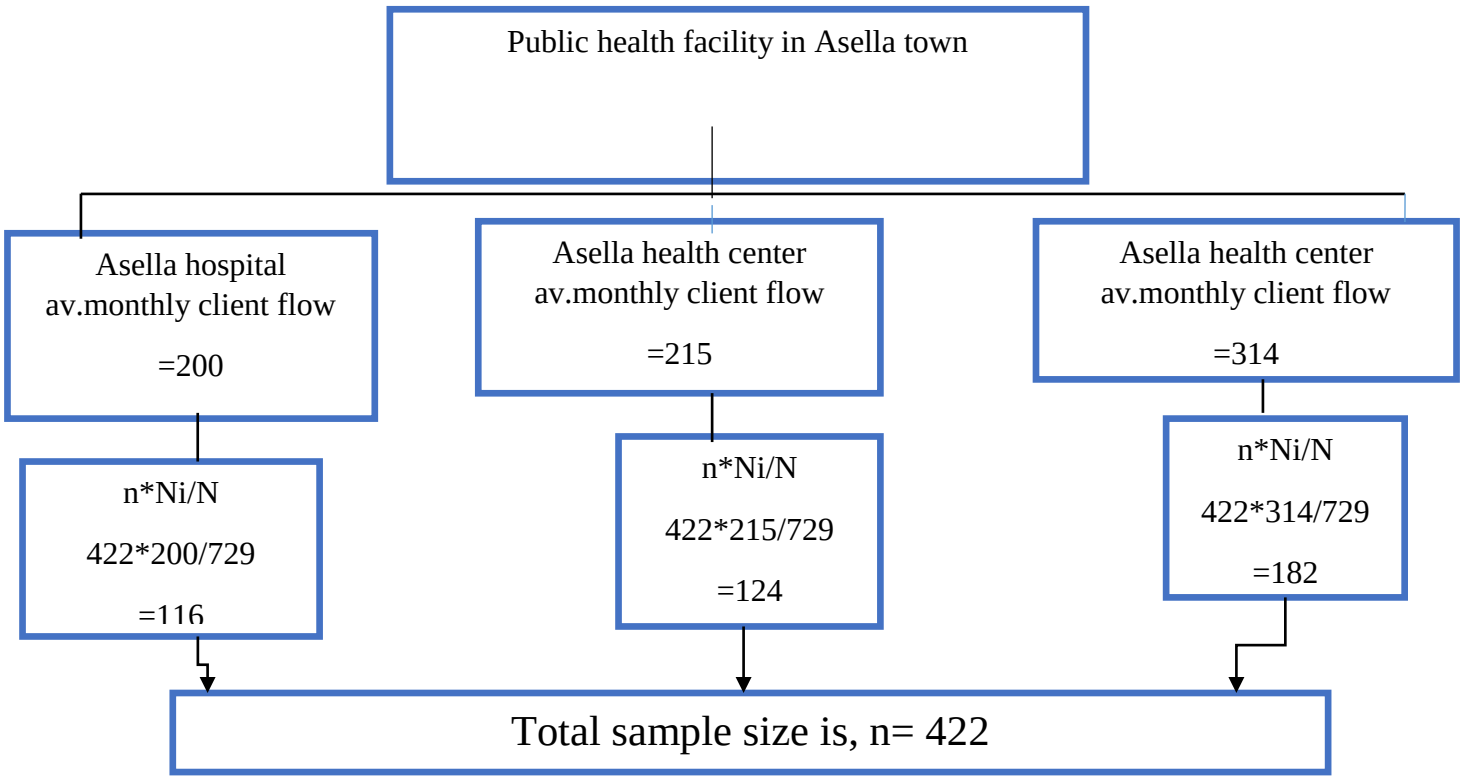

Figure 2: Schematic representation of sampling techniques on client satisfaction with contraceptive counseling and associated factors among women attending family planning clinics in Asella town, 2018.

4.9. Variables of the study

4.9.1. Dependent variable

Client satisfaction with contraceptive counseling

4.9.2. Independent variables

Socio demographic characteristic of individual (age, marital status, religion occupation, educational status, residence, number of children, family monthly income, time it take to reach nearby health service), client related, facility related and provider related variables

4.10. Operational definition

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.
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)

4.11. Data collection tool

Data was collected using interviewer administered standardized and pretested questionnaire. It was modified from The Johns Hopkins School of Public Health Center for Communication Programs IEC Research Tools (51) and previous related study. The data collection tool was first prepared in English and then translated to Afan Oromo and Amharic. Then first and the second versions of the tool was retranslated back into the original one by language experts to evaluate its consistency. Edited final versions, both Afan Oromo and Amharic of questionnaires were used to collect data from respondents.

4.12. Data collection procedure

Interview technique was used to collect data with structured and 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. Trained data collectors collected data at health facilities using revised version of data collection tool from February 1/018 – March 1/2018 and they interviewed the clients at their exit. Principal investigator carried out regular supervision, spot-checking and reviewing the completed questionnaire daily to maintain data quality. Pretest was done at Gonde health center, Tiyo Woreda, before conducting the major study on about 5% of the sample to check validity and reliability of questionnaire. After the questionnaire was pretested, it was revised and amended

4.13. Data entry and Analysis procedure

The collected data were checked for completeness and were entered into Epi 3.5. 4. Then, the analysis was 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 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 were considered to be statistically significant.

4.14. Data quality assurance.

To assure the quality of data, the questionnaire was pre-tested. Training was given for the data collectors how to interview and check the questionnaires for completeness. The supervisors and principal investigator checked and revised the completeness of questionnaires and offered necessary feedback to data collectors

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4.15. Ethical clearance

Ethical clearance was assured prior to data collection from Institutional Review Board of school Nursing and Midwifery, College of Health Sciences, Addis Ababa University.

Authorization was obtained from Health Bureau of Asella City Administration and Directors of all health facilities. Information was provided to clients by data collectors after they were asked for willingness and verbal consent was obtained before data collection. Each study participants were informed about the purpose, methods of collection, anticipated benefit and risk of study by the data collectors. Privacy and confidentiality was maintained throughout the data collection, analysis and result dissemination

4.16. Dissemination of the result

The result of research will be disseminated both with hard and soft copy to Addis Ababa University Collage of Allied Health Sciences, School of allied health sciences, Department of Nursing and Midwifery. The research result will be disseminated and accessed to others as source of information to do further research and even to critique the findings. It will be provided also to Health Bureau of Asella City Administration and public health institutions on which study will be conducted. The findings may be presented in annual scientific meeting and conferences. Finally, the soft copy will be released on internet to all research consumers and/or may be published in a scientific journal.

5. Result

5.1 Socio demographic characteristics of respondents

During the study period, a total of 422 women attending f/p clinic were interviewed making response rate of 100% .Out of 422 respondents, 204(48.3%) were within the age of 25-34 and were married. The mean age of the mothers were 27.64 with standard deviation of 6.29 years. One hundred eighty four (43.6%) were house wives while 95(22.5%) were government employees. Three hundred twenty three (76.5%) clients came from urban. Two hundred forty five (58.1%) were Oromo by ethnicity. The average household income of the clients was about 2678ETB. The respondents have 2 alive children in average (see table1)

Table 1: Socio demographic characteristics of family planning clients in Asella Town, May 2018.

Socio demographic variables of mother		Frequency(n=422)	Percent
Age	15-24	138	32.7
	25-34	204	48.3
	35-49	80	19.0
Residence	urban	323	76.5
	rural	99	23.5
Educational status	Unable to read and write	19	4.5
	Read and write	39	9.2
	elementary	129	30.6
	secondary	127	30.1
	higher education	108	25.6
Religion	Orthodox	172	40.8
	Muslim	123	29.1
	Protestant	94	22.3
	Other (catholic, wakefata)	33	7.8
Ethnicity	Oromo	245	58.1
	Amhara	132	31.3
	Gurage	29	6.9
	Other	16	3.8
Marital status	Unmarried	33	7.8
	Married	377	89.3
	Other(divorced, widowed,)	12	2.8
No of living children	0	73	17.3
	1-2	195	46.2
	3-4	97	23.0
	5 or more	57	13.5
Average monthly family income	below 500	15	3.6
	500-1000	92	21.8
	1001-5000	279	66.1
	above5000	36	8.5
Occupation	housewife	184	43.6
	Government employed	95	22.5
	merchant	60	14.2
	0ther	83	19.7
Time taken to reach nearby health facility	<30min	376	89.1
	>30min	46	10.9

5.2. Response of clients on rapport building of health care provider

None of the client reported that the provider introduced self and greeted them in respectful manner while 100% of them report they were given a seat and assured comfort. Out of 422 respondents, 392(92.9%) of them report they were addressed respectfully and 88.2% of them said privacy and confidentiality was assured

Table 2: Response of family planning clients on rapport building of health care provider, Asella/2018

variables		Frequency	percent
Provider greet with respect and kindness?	no	422	100
	yes	0	0
Provider Introduced self to clients	no	422	100
	Yes	0	0
Provider offer you a seat and assured client's comfort	No	0	0
	Yes	422	100
Provider made any welcoming gestures	No	26	6.2
	yes	396	93.8
Provider Address clients respectfully	no	30	7.1
	yes	392	92.9
Arrangement for privacy and confidentiality	no	50	11.8
	yes	372	88.2

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

Among 422 respondents, 313(74.2%) said they were not asked about their medical history while only76 (18%) 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 45(10.7%) cases

Table 3: Response of clients on what they were asked by health care provider, Asella/2018

variables		frequency	percent
Provider asked about clients' medical history	no	313	74.2
	yes	109	25.8
Provider asked whether clients were breastfeeding	no	187	44.3
	yes	235	55.7
Provider asked whether clients plan to have more children	no	346	82.0
	yes	76	18.0
Provider asked if clients had used family planning before	no	261	61.8
	yes	161	38.2
Provider asked What clients already knew about modern f/p method	no	272	64.5
	yes	150	35.5
Provider asked If clients were interested in using any particular f/p method	no	39	9.2
	yes	383	90.8
Provider asked If clients were concerned about using a modern method	no	377	89.3
	yes	45	10.7

5.4. Response of family planning clients on what they were helped by health care provider

Out of 422 family planning clients, 322(76.3%) of them were asked what worried them about using a modern family planning method. About half (49.8%) of respondents reported health care provider explained their results of physical examination.178(42.2%) of respondents said health care provider encourage them to participate in choosing a method

Table 4: Response of family planning clients on what they were helped by health care provider, Asella 2018

Variables		frequency	percent
Encourage you to participate in choosing a method	no	322	76.3
	yes	100	23.7
Acknowledge and respond to clients' concerns, if any	no	0	0
	yes	0	0
	NA	422	100
Discuss the reasons that some methods might not be appropriate for clients	no	400	94.8
	yes	22	5.2
Explain the results of physical examination	no	212	50.2
	yes	210	49.8
Ask what worried you about using a modern family planning method	no	113	26.8
	yes	309	73.3
Were you recommended any of the methods	no	244	57.8
	yes	178	42.2
Did you choose a method today	no	23	5.5
	yes	399	94.5
Were you given your chosen method today	no	25	5.9
	yes	397	94.1
The main reason you do not given your chosen method(n=25)	Health reasons	2	8
	Method not available	10	40
	Method never available	2	8
	Out of stock	2	8
	Told to return during menses	4	16
	Told to talk to partner	5	20

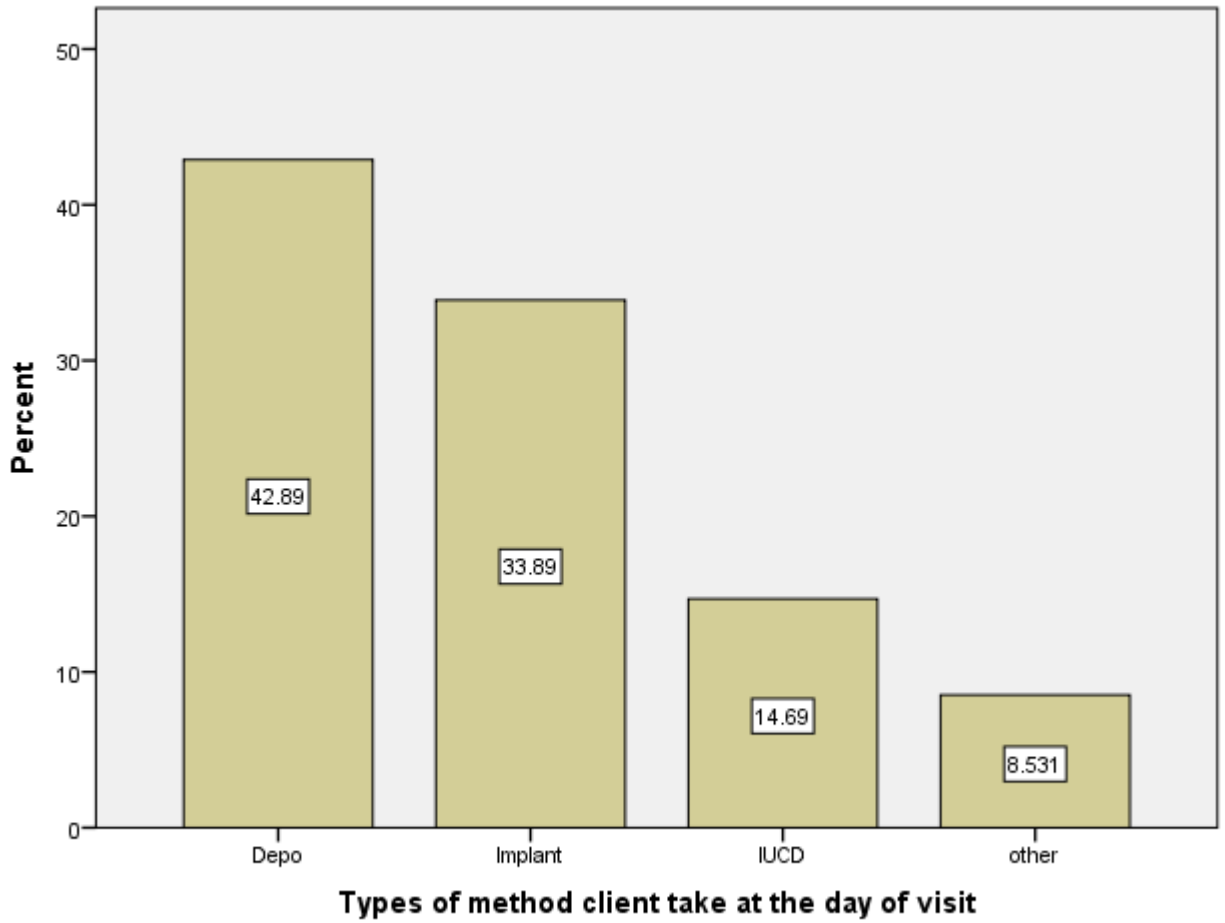

Figure 3: Types and percentage of contraceptive chosen by clients at the day of their clinic visit Asella/2018

As shown on the above graph, majority of clients (42.89%) choose depo Provera followed by implants.

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

Out of total respondents, 199(47.2%) 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 164(38.9%) cases. Only 23.2% of respondents said that health care provider explained possible side effects of the method

Table 5: Response of family planning clients on what they were explained by health care provider

Variables	Response	frequency	percent
Explain how to use or obtain the method	no	223	52.8
	yes	199	47.2
Demonstrate how to use the method	no	19	4.5
	yes	69	16.4
	Not applicable	334	79.1
Explain how the method works	no	258	61.1
	yes	164	38.9
	total	422	100.0
Use any visual aids to help explain the method	no	213	50.5
	yes	209	49.5
Ask you to repeat important instructions	no	212	50.2
	yes	210	49.8
Explain possible side effects of the method	no	324	76.8
	yes	98	23.2
Give you a "back-up" family planning method, if needed	no	32	7.6
	yes	36	8.5
	Not applicable	354	83.9

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

Out of total respondents, 398(94.3%) of them reported they were Scheduled for a follow-up appointment while 61.8% of them were told to come back if there is any problem even before the appointment. Fifteen (3.6%) of them said they were referred for further family planning services.

Table 6: Response of family planning clients on what they were recommended by health care provider Asella/2018

Variables	Response	frequency	percent
Schedule a follow-up appointment?	no	24	5.7
	yes	398	94.3
Tell you to come back if you have any problems	no	161	38.2
	yes	261	61.8
Refer you for further family planning services, if needed	no	38	9.0
	yes	15	3.6
	Not applicable	369	87.4
Refer you for other health services, if needed	no	34	8.1
	yes	31	7.3
	Not applicable	357	84.6

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

Of 422 respondents, 100% of them reported that they were treated politely by health care provider while 395(93.6%) of them reported that they were consulted by words they can speak and understand. Service provider use flip chart, poster and contraceptive samples in 17.8%, 12.3% and 57.1% respectively

Table 7: Response of family planning clients on interpersonal communication skills of health care provider and use of materials during consultation

Variables		Frequency	percent
Treat you politely	no	20	4.7
	yes	402	95.3
Use words you could speak and understand?	No	27	6.4
	yes	395	93.6
Privacy ensured	No	26	6.2
	yes	396	93.8
Listen attentively	No	0	0
	yes	422	100
leaflet	No	360	85.3
	yes	62	14.7
Flip charts	No	347	82.2
	yes	75	17.8
Posters	No	370	87.7
	yes	52	12.3
Contraceptive samples	No	181	42.9
	yes	241	57.1
Anatomical models	No	398	94.3
	Yes	24	5.7

5.8. Satisfaction with contraceptive counseling

Satisfaction with contraceptive counseling was assessed using structured & standardized questionnaire containing 9 satisfaction question and the response was as follows. Most of the respondents (72.5%) agreed they recommend service provider the saw to a friend or relatives. Most of them (73.2%) agreed health care provider is competent enough to provide family planning while less than half (47.4%) agreed information given about the method was sufficient

Table 8: Response of family planning clients on overall client satisfaction with contraceptive counseling in Asella public health institution, 2018

variables	Strongly disagree	disagree	uncertain	agree	strongly agree
Recommend the service provider to a friend or relatives	7(1.7%)	37(8.8%)	42(10.0%)	306(72.5%)	30(7.1%)
Service provider is competent to provide family planning services	4(0.9%)	20(4.7%)	47(11.1%)	309(73.2%)	42(10%)
Would not give you anything harmful	6(1.4%)	26(6.2%)	48(11.4%)	304(72%)	38(9%)
Could be trusted with a secret	13(3.1%)	44(10.4)	96(22.7)	248(58.8)	21(5%)
The clinic site is easy to get	5(1.2%)	20(4.7%)	4210(%)	322(76.3%)	33(7.8%)
Waiting time was not too long	21(5%)	23(5.5%)	50(11.8%)	288(68.2%)	40(9.5%)
Clinic area is clean	5(1.2%)	22(5.2%)	100(23.7%)	277(65.6%)	18(4.3%)
Information given about the method was sufficient	47(11.1%)	94(22.3%)	55(13.0%)	200(47.4%)	26(6.2%)
Privacy was maintained	43(10.2%)	55(13%)	67(15.9%)	227(53.8%)	30(7.1%)

5.9. 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, time taken to reach nearby health facility, address clients respectfully, asking reproductive history, asking breastfeeding status, ask worries and concern, using visual aid during consultation, explaining possible side effects treating clients politely, using words client can speak and understand, ensuring privacy and use of leaflets during consultation were significantly associated with satisfaction with contraceptive counseling

After controlling the confounding factors, the multivariate revealed that residence, time taken to reach nearby health facility, asking reproductive history, explain possible side effects, ensuring privacy, asking worries and concern and use of leaflet during consultation were significantly associated with client satisfaction with contraceptive counseling.

Accordingly clients who came from urban were 2 times more likely (AOR= 1.93, 95%CI, 1.09, 3.41) satisfied with contraceptive counseling compared with those who came from rural area.

Clients who were asked reproductive history were 2 times more likely (AOR=1.92, 95%CI=1.06, 3.47) satisfied with contraceptive counseling compared with their counterparts.

Women were more likely to be satisfied when the provider asked about their concerns and worries about family planning methods (OR=2.40, 95%CI= 1.27-4.56) than those who were not asked (see table 9)

Table 9: Association of selected variables with client satisfaction with contraceptive counseling in bivariate and multivariate analysis in Asella government health institution, 2018

Variables		Unsatisfied	satisfied	COR (95% CI)	AOR(95%CI)
Residence	Urban	48(48.48)	51(51.52)	1.85(1.17-2.92)	1.93(1.093.41)**
	Rural	109(33.75)	214(66.25)	1	1
Time taken to reach nearby Health facility (ref >30min)		25(15.9%) 21(7.9%)	132(84.1%) 244(92.1%)	2.2(1.19-4.08) 1	2.18(1.06-4.49)** 1
Asked reproductive history	Yes	52(47.7%)	57(52.3%)	1.80(1.16-2.82)	1.92(1.06-3.47)**
	No	105(33.5%)	208(66.5%)	1	1
Explain side effect	Yes	27(27.6%)	71(72.4%)	0.57(0.35-0.93)	0.41(0.22-0.77)**
	No	130(40.1%)	194(59.9%)	1	1
Privacy ensured	Yes	134(33.8%)	262(66.2)	1	1
	No	23(88.5%)	3(11.5%)	.07(.020-.226)	0.12(.02-.68) **
Asked worries and concerns regarding the method	yes	131(42.4%)	178(57.6%)	2.463(1.51,4.03)	2.40(1.27-4.56)**
	No	26(23.0)	87(77.0%)	1	1
Use of leaflet	Yes	13 (21.0%)	49 (79.0%)	1	1
	No	144(40.0%)	216(60.0%)	0.4(0.208-0.76)	0.41(0.19-0.86)**

Keys: **Statistically significant at p<0.05 in multivariate, 1=Reference category, COR=crude odd ratio, OR= adjusted odd ratio

6. DISCUSSION

Facility based cross sectional study was conducted to assess client satisfaction with contraceptive counseling and associated factors. The findings of this study revealed that 62.8% of women attending family planning clinics in asella governmental health institutions were satisfied with contraceptive counseling. This finding is almost in line with study done in in Ethiopia by Gizachew Assefa which is (36).In this study ,only 23,2% of clients reported side effects were explained by health care provider . This finding is lower than study conducted in Namibia which (52). This inconsistency may be due to difference in socio demographic characteristics of the respondents, sample size, time in which study is conducted. In this study 93.8% of clients reported their privacy `was maintained which is almost similar with study conducted in Rwanda(53)

In this study Family Planning poster (wall chart) was noticed only by 12.3% of all interviewed women. This finding is inconsistent with study conducted in Ibrid Jordan(32).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

In my study, none of the client report that health care provider introducing themselves to them. This finding is consistent with study done in the study Egypt in 2015.In similar study, health care provider schedule follow up in 100% cases(34)which is almost in line with my study which is 94.3%. Majority of clients (94.3%) had been told when to return to the facility for method resupply which is in line with study conducted in Kenya(54)

This study revealed that clients who were asked reproductive history by health care provider were almost two times more likely (AOR=1.918, 95% CI 1.06, 3.47) satisfied with contraceptive counseling than their counter parts. This study is supported by study conducted in Kenya(55)

Clients whose privacy was not maintained during examination and procedure were less likely(OR=0.12,95%CI=0.02,0.68) satisfied than those who reported their privacy was maintained .This finding is in line with study conducted in Hosanna town public health facility in (56).

Another predictor of client satisfaction with contraceptive counseling is time taken to reach nearby health facility. Clients who took shorter to reach a facility had a higher odds of satisfaction (OR=2.18, 95% CI=1.06, 4.49). This finding is consistent with research conducted in Gondar town(57).

Clients for whom possible side effects explained were less likely (AOR=0.41, 95%&CI=0.22, 0.77) satisfied with contraceptive counseling. This finding is inconsistence with study conducted in Ethiopia(36). The inconsistency may be due to over stressed of side effects by health care provider in my study

Satisfaction with contraceptive counseling is affected by place of residence .Being urban in residence had a higher odds of satisfaction in this study (OR=1.93, 95%CI= 1.09, 3.41). This is inconsistent with study conducted in Benishangul Gumuz(58). This inconsistency may be due to difference in socio demographic characteristics of the respondents.

Women were more likely to be satisfied when the provider asked about their concerns and worries about family planning methods (OR=2.40, 95%CI= 1.27-4.56) than their counterparts. This finding is consistent with study conducted in Addis Ababa(59)

7. Strength and Limitation of the study

7.1. Strength of the study

- 100% response rate was obtained
- Study can be considered as base for further similar and large scale studies
- Add significant contribution to Asella public health institutions
- Questionnaire was validated and pretested
- Research fund was secured by self-sponsoring because it is not released timely from the college

7.2. 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)

8. Conclusion and recommendation

8.1. Conclusion

Based on the findings of this study, the following conclusions were made:

- ✓ Present study showed that 62.8% of clients who came for f/p services were satisfied with contraceptive counseling
- ✓ Being urban in residence, time taken to reach nearby health facility, being asked reproductive history, ensuring privacy, being asked worries and concern regarding the method and uses of leaflet during counseling were significantly associated with satisfaction with contraceptive counseling

8.2. Recommendation

As per the findings of this study, the following recommendation were made:

❖ Asella town health office

- ✓ Should strengthen and maintain regular supervision on how clients are counseled
- ✓ Facilitate separate room for family planning clinic so that clients 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.

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DDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

Annex I: Information Sheet and Consent Form: (English version)

Information Sheet

Greeting!

Hello dear respondent! My name is_____ and I am working as data collector for the study being conducted in this health center by Mr. Getahun Tesfaye who is studying for his master's degree at Addis Ababa University, school of allied health science, department of nursing and midwifery postgraduate study. I kindly request you to lend me your attention to explain you about the study and how you have been selected as study participant.

Study title– Assessment of client satisfaction with contraceptive counseling and associated factors among client attending family planning clinics in Asella Public Health institutions, Oromia Regional State, Ethiopia, 2018

Purpose-- To assess factors Associated with client satisfaction with contraceptive counseling among women attending family planning clinics in Asella public health institutions

Procedure and duration: First of all I selected you to take part in this study randomly. There are different questions to answer. Interview questionnaire will be used which will be take **20-30** minutes.

Risks: The risks of being participating in this study are very minimal, only taking few minutes.

Benefit: At this moment you may not get any direct benefit by being involved in this study but the information you provide is very important to solve problems associated with contraceptive counseling

Confidentiality: The information that you provide us will be confidential. The questioner will be coded to exclude showing your name on questionnaire and consent form.

Rights: Participation in this study is fully voluntary. You have the right to declare not to participate in this study and you have the right to withdraw from participating at any time.

Contact address: If there is any questions or unclear idea any time about the study or the procedures, do not hesitate to contact and speak to principal investigator with cell phone number: **09 38 10 86 54** or e-mail address gech216@yahoo.com

I have read this form and I comprehend and understand all condition stated above.

Are you willing to participate in this study?

1. No (say thank you) 2. Yes (continue interviewing)

Consent form

I have read the information sheet concerning this study (or have understood the verbal explanation) and I understand what will be required of me and what will happen to me if I take part in

it. I also understand that any time I may withdraw from this study without giving a reason and without me or my families' routine service utilization being affected for my refusal.

Participant's signature_____Date_____

Interviewer signature certifying that the informed consent will be given verbally.

Interview's name _____

Interview's signature _____

Date_____

May I continue the interview?

1. Yes _____Continue the interview

2. No _____Stop the interview and thank the respondent

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____

D. Others (please Specify) _____

Checked by Supervisor:

Supervisor's Name _____

Supervisor's Signature _____

Date _____

Annex II. Questionnaire (English version)

PART I: IDENTIFICATION			
SN	**QUESTIONS**	RESPONSE	Remark
101	What is your age in years?	----------	
102	**What is your residence?**	0=Rural 1=Urban	
103	What your educational status?	0 =unable to read and write 1= Read and write 2 = Primary 3 = Secondary 4= Higher education/university	
104	**What is your religion?**	0. Orthodox Christian 1. Muslim 2. Protestant 3. Catholic 4. wakefata 5. Other(specify)	

105	**What is your ethnicity?**	0. Oromo 1. Amhara 2. Gurage 3. Tigre 4. Others (specify)	
106	What is your marital status?	0. Single 1. married 2. Divorced/ separated 3. Widowed 4. Other(specify)	
107	How many children do you have?	_____	
108	Your monthly income in birr?	_____Eth .Birr	
109	Your occupational status	0. Gov't employed 1. Private employed 2. Merchant 3. Daily laborer 4. House wife 5. Other (specify)	
110	How many minutes it takes to reach health facility?	_____minutes	
Part II Greeting **At the beginning of the consultation, did the service provider:**			
201	Greet you greet you with respect and kindness?	0 = No 1 = Yes	
202	Introduce self to you?	0 = No 1 = Yes	
203	Offer you a seat and ensures your comfort?	0 = No 1 = Yes	

204	Make any welcoming gestures?	0 = No 1 = Yes	
205	Address you respectfully?	0 = No 1 = Yes	
206	Arrange for privacy and confidentiality?	0 = No 1 = Yes	
PART III ASKING **During the consultation did the service provider ask:**			
301	About your medical history?	0 = No 1 = Yes	
302	Whether you were breastfeeding?	9 = NA 0 = No 1 = Yes	
303	Whether you plan to have more children?	0 = No 1 = Yes	
304	If you had used family planning before?	0 = No 1 = Yes	
305	What you already knew about modern family planning methods?	0 = No 1 = Yes	
306	If you were interested in using any particular family planning method?	0 = No 1 = Yes	
307	If you were concerned about using a modern method?	0 = No 1 = Yes	
308	Which methods did you express interest in?	0 = No 1 = Yes	
Part IV: Telling			
401	Which family planning methods are there for you to choose from?	Mention_____	

402	Which family planning methods did the service provider talk about today?	Mention_____	
403	Did the service provider use any visual materials while describing the methods?	0 = No 1 = Yes	
404	Present some methods more favorably than others?	0 = No 1 = Yes	
405	Which methods were presented more favorably?	Mention----------	
406	Present some methods less favorably than others?	Mention_____	
	Part v: Helping		
	While the service provider was helping you decide on a family planning method, did the provider		
501	Ask what worried you about using a modern family planning method?	0 = No 1 = Yes	
502	Acknowledge and respond to your concerns, if any?	9 = NA 0 = No 1 = Yes	
503	Discuss the reasons that some methods might not be appropriate for you	0 = No 1 = Yes	
504	Explain the results of your physical examination?	0 = No 1 = Yes	
505	Encourage you to participate in choosing a method?	0 = No 1 = Yes	
506	Were you recommended any of the methods?	0 = No 1 = Yes	
507	Which method(s) were recommended? mention(Multiple responses possible)	_____	
508	Did you choose a method today? If no, skip to question 511	0 = No 1 = Yes	

509	Which method did you choose today?	_____method	
510	Were you given your chosen method today? If yes, skip to question. 601	0 = No 1 = Yes	
511	If not, what was the main reason?	0. Health reasons 1. Method not available at this facility today 2. Method never available at this facility 3. Out of stock 4. Told to return during menses 5. Told to talk to spouse/partner 6. Other(specify)	
PART VI:EXPLAINING After you chose or were given a modern family planning method, did the service provider:			
601	Explain how to use or obtain the method?	0 = No 1 = Yes	
602	Demonstrate how to use the method?	9 = NA 0 = No 1 = Yes	
603	Explain how the method works?	0 = No 1 = Yes	
604	Use any visual aids to help explain the method?	0 = No 1 = Yes	
605	Ask you to repeat important instructions?	0 = No 1 = Yes	
606	Explain possible side effects of the method?	0 = No 1 = Yes	

607	Give you a "back-up" family planning method, if needed?	9 = NA 0 = No 1 = Yes	
PART VII: RECOMMENDATION **Before ending the consultation, did the provider:**			
701	Schedule a follow-up appointment?	0 = No 1 = Yes	
702	Tell you to come back if you have any problems, even before the follow-up appointment?	0 = No 1 = Yes	
703	Refer you for further family planning services, if needed? (for example, for vasectomy or tubal ligation)	9 = NA 0 = No 1 =Yes	
704	Refer you for other health services, if needed?	9 = NA 0 = No 1 =Yes	
PART VIII:INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS			
During the consultation did the service provider:			
801	Treat you politely?	0 = No 1 = Yes	
802	Speak clearly?	0 = No 1 = Yes	
803	Use words you could speak and understand?	0 = No 1 = Yes	
804	Use a kind and warm tone of voice?	0 = No 1 = Yes	
805	Listen attentively?	0 = No 1 = Yes	
Did the service provider use any of the following materials?			
806	Flip charts	0 = No 1 = Yes	

807	Leaflets	0 = No 1 = Yes	
808	Posters	0 = No 1 = Yes	
809	Contraceptive samples	0 = No 1 = Yes	
810	Anatomical models	0 = No 1 = Yes	
811	Other items:	Specify----------	
PARTIX:SATISFACTION WITH SERVICES			
901	Are you satisfied with the consultation you had today?	0 = No 1 = Yes	
902	Would you recommend the service provider you saw today to a friend or relatives?	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly agree	
Do you believe the service provider who attended you today :			
903	Is competent to provide family planning services?	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly agree	
904	Would not give you anything harmful?	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly agree	
905	Could be trusted with a secret?	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	

906	The clinic site is easy to get	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	
907	Waiting time was not too long	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	
908	Clinic area is clean	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	
909	Information given about the method was sufficient	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	
910	Privacy was maintained	0. Strongly disagree 1. Disagree 2. Uncertain 3. Agree 4. Strongly	

Annex III. Ragaa odeeffannoo fi unka eeyyamaa (Afan Oromo Version)

Heloo, akkam jirtu?Maqaan koo_____jedhama. Amma

Qu'annoo University Finfinneetti, Kolleejjii Saayinsii Fayyaa, dippartimantii Narsii fi Miidwaayifarii keessatti adeemsifamuuf fedhii kee yoo ta'e gaaffiifi deebii goona.

Sababiin qu'annoo kanaas tajaajilli gorsa qusannoo maatii dhaabbatoota mana yaalaa mootummaa magaalaa Asallaa hammam akka ta'e beekuu ta'a. Kanaafuu dhimma armaan oliitti ibsame irratti gaaffilee tokko tokko sigaafachuun barbaadaa.

Bu'aan qu'annoo kunis dhima armaan olitti ibsame irratti namoota seeraafi karoora baasaniif gargaarsa guddaa akka ta'u nihubachiisna.

Hirmaannaan keetillee askeessatti bu'aa guddaa akka ta'u ni'abdanna. Hirmaannaa keetiin walqabatee ammoo sodaan wayituu akka sitti hin uumaamne nibeeksisna. Maaliif yoo jette gaaffilee irratti maqaan kee hinbarreefamu waan ta'eef, kanaafuu icciitiin sirriitti eegama.

Akkasumas immoo fedhii kee malee hirmaachuuf dirqama hinqabdu.

Gaaffileen Kun hanga daqiiqaa 30 fudhachuu nidanda'a.

Qu'annoo kana ilaalchisee gaaffii yoo qabaatte ykn bu'aa isaa beekuuf yoo barbaadde obboo Geetaahun Tasfaayee qunnamtii gochuudhaf hinlaafin.Lakk.**Bilbilla isaa: 0938108654 dha**

Unka eeyyama afaaniffaa (Afan Oromo Version)

Waraqaa odeeffannoo qu'annoo kanaa ilaalchisee armaan olitti barraayee naadubbifame hubannoo keessa galchee jira, wanta narraa barbaadamus naaf galee jira.

Walumaagalatti wayitiin barbaadametti sababii tokko malee osoo anaafi maatii kiyyarratti rakkoo hin uumin addaan kutuu akkan danda'ullee beekee jira.

Mallattoo hirmaataa_____guyyaa_____

Mallattoo abbaa gaaffii dhiyeessee mirkaneessuu.

Maqaa_____Mallattoo_____guyaa_____

Amma gaaffii itti fufuu danda'aa?

1. Eyyeen_____itti fufuu
2. Lakki_____gaafachuu dhiisuu fi gaaffii deebisaa galateeffachuu

Kutaa 1ffaa:Gaaffiilee waa'ee odeeffannoo waliigalaa			
T.L	**Gaaffii**	**Deebii**	yaada
101	Umuriin kee meeqa?	Waggaaa_____	
102	Bakki jireenyaa kee eessa?	0. Magaalaa 1. Baadiyyaa	
103	Haala barumsaa	0. Dubbisuu fi barreessuu hin danda'u 1. Dubbisuu fi barreessuu kan danda'u 2. Sad. 1ffaa (1-8) 3. Sad. 2ffaa (9-12) 4. Dhaabbata olaanaa	
104	Amantaan kee maali?	0. Ortodoksii 1. Musiliima 2. Piroteestaantii 3. Kaatolikii 4. waaqeffataa 5. Kan biroo(ibsi)	
105	Sabummaankee maali?	0. Oromoo 1. Amaara 2. Guraagee 3. Tigree 4. Kan biroo (ibsi)	
106	Haala gaa'ela kee maali?	0. Hin heerumne 1. Heerumeera 2. Adda baane/wal hiikneerra 3. Narraa du'e 4. Kan biro(ibsi)	
107	Ijoollee meeqa qabda?	ijoollee_____	
108	Galiin ji'aakee tilmaama qarshii meeqa?	Qarshii_____	
109	Haalli hojii kee maali?	0. Hojjetaa mootummaa 1. Hojjetaa dhuunfaa 2. Daldalaa 3. Hojjetaa humnaa 4. Haadha manaa 5. Kan biroo(ibsi)	

110	Buufata fayyaa ga'uuf daqiiqaa meeqa sitti fudhata?	Daqiiqaa_____	
Kutaa 2ffaa:Gaaffii waa'ee Nagaa gaafachuu **Yeroo jalqaba gorsa argachuuf dhuftu ogeessi fayyaa :**			
201	Kabajaan nagaa sigaafateeraa?	0 = miti 1 = eeyyee	
202	Of sibarsiiseraa(maqaa sitti himee/tee?)	0 = miti 1 = eeyyee	
203	Teessoo siif kennee akka sitti tolu godheeraa?	0 = miti 1 = eeyyee	
204	Fuula nama simatuun sikeessumeessee?	0 = miti 1 = eeyyee	
205	Maalif akka dhufte kabajaan sigaafatee?	0 = miti 1 = eeyyee	
206	Qoofnii fi iccitii eegeeraa?	0 = miti 1 = eeyyee	
Kutaa 3ffaa :Gaafachuu **Yeroo jalqaba gorsa argachuuf dhuftu ogeessi fayyaa**			
301	Seenaa fayyaakee sigaafatee?	0 = miti 1 = eeyyee	
302	Akka harma hoosistuu fi kaan sigaafatee?	0 = miti 1 = eeyyee	
303	Ijoollee dabalataa godhattaaf kaan sigaafatee?	0 = miti 1 = eeyyee	
304	Qusannoo maatii dura fayyadamtee fi kaan sigaafatee?	0 = miti 1 = eeyyee	
305	Waa'ee qusannoo maatii Kanaan dura beektu sigaafatee?	0 = miti 1 = eeyyee	
306	Qusannoo maatii kam fayyadamuuf fedhii akka qabdu sigaafatee?	0 = miti 1 = eeyyee	
307	Itti fayyadama qusannoo maatii jabanaa wanti siyaaddessu jiraa jedhee sigaafatee?	0 = miti 1 = eeyyee	
Kutaa 4ffaa :Itti himuu			
401	Qusannoo maatii kamfaatu filannoof siiif dhiyaate	ibsi ----------	
402	Qusannoo maatii kamirratti ibsi siif kenname	ibsi ----------	

403	Ogeessi fayyaa waan ijaan laallamuraa ykn waan dubbifamurraa qusannoo maatii ibsa siif godhee?	0 = miti 1 = eeyyee	
404	Qusannoo maatii tokko isa kaan caalaa ibsa godheeraa?	0 = miti 1 = eeyyee	
405	Isa kam caalaatti ibsa kenne/kennite?	Ibsi----------	
406	Isa kam caalaatti ibsa itti hin kenning?(deebii tokkoo ol nin danda'ama)	Ibsi----------	
Kutaa 5ffaa:Gargaaruu **Ogeessi fayyaa wayita qusannoo maatii akka filattu sigargaaru/tu**			
501	Itti fayyadama qusannoo maatii ammayyaa wanti siyaadessuu yoo jiraate jedhee sigaafatee?	0 = miti 1 = eeyyee	
502	Yaadddoo yoo qabaatte,yaadda'uu keetiif sijajjabeessee deebii itti kennee/kennitee?	9 = Hin kennamne 0 = miti 1 = eeyyee	
503	Sababa qusannoon maatii tokko tokko siif ta'uu hin dandeenyeef simari'achiisee/mari'achiistee?	0 = miti 1 = eeyyee	
504	Bu'aa qorannoo qaama keetii sitti himee/himtee?	0 = miti 1 = eeyyee	
505	Qusannoo maatii siidhiyatan keessaa akka filattuuf sihirma'achisee/mari'achiistee?	0 = miti 1 = eeyyee	
506	Filannoo siif dhiyeesse keessaa kan siif ta'uu danda'u siif eeree/eerte?	0 = miti 1 = eeyyee	
507	Gaaffii 506f deebiinkee eeyyee yoo ta'e isa kam fa'a siif eere/eerte?(deebiin tokkoo ol ni danda'ama)	Tarreessi_____	
508	Qusannoo maatii har'a filattee?(deebiin miti yoo ta'e gar gaaffii 511tti darbi	0 = miti 1 = eeyyee	
509	Har'a Qusannoo maatii kam filatte?	----------	
510	Qusannoon maatii har'a filatte siif kennamee?(deebiin eeyyee yoo ta'e gaaffii 601tti darbi)	0 = miti 1 = eeyyee	

511	Deebiin gaaffii 510 miti yoo ta'e sababni isaa maali?	0. Sababa fayyaaf 1. Kanan ani filadhe har'a as hin jiru 2. Kanan ani filadhe gonkuma as hin jiru 3. Kanan ani filadhe ni dhume 4. Xuriin laguu yoo sitti dhufu koottu naan jedhani 5. Abbaa warraakoo wajjiin mari'adhu naan jedhani 6. Kan biroo(ibsi)	
Kutaa 6ffaa:Ibsuu **Qusannoon maatii ega filatteen booda ykn ega siif kennammeen booda ogeessi fayyaa:**			
601	Akkamitti akka argattu ykn fayyadamtu sitti himee/himtee?	0 = miti 1 = eeyyee	
602	Akkamitti akka fayyadamtu sitti argisiisee/agarsiistee?	9=hin kennamne 0 = miti 1 = eeyyee	
603	Akkamiin akka hojjetu/ulfa ittisu sitti himee/himtee?	0 = miti 1 = eeyyee	
604	Waan ijaan argamuu danda'amurraa ibsa siif godhee/gootee?	0 = miti 1 = eeyyee	
605	Miidhaa cinaan qusannoo maatii qabu sitti himee/himtee?	0 = miti 1 = eeyyee	
606	Waan sitti himame qabxii ijoo akka irra deebitu gaafatamtee?	0 = miti 1 = eeyyee	
607	Yoo barbaachisaa ta'e qusannoo maatii altakka akka fayyadamtu siif kennamee/sitti himamamee?	9=hin kennamne 0 = miti 1 = eeyyee	
Kutaa 7ffaa:kallattii kennuu **Xumura marii irrati ogeessi fayaa:**			
701	Beellamni itti deebitu siif kennamee?	0 = miti 1 = eeyyee	
702	Rakkoon yoo jiraate beellamaan duras dhufuu akka dandeessu sitti himamee?	0 = miti 1 = eeyyee	
703	Yoo barbaachisaa ta'e tajaajila qusannoo maatii dabalataaf gara buufata fayyaa birootti ergamtee(fkn:ujummoo gadaamessaa guduunfuu)	9=hin kennamne 0 = miti 1 = eeyyee	

704	Yoo barbaachisaa ta'e tajaajila fayyaa birootiif si'ergee/ergitee?	9=hin kennamne 0 = miti 1 = eeyyee	
Kutaa 8ffaa: **Dandeettii kominikeeshinii ogeessa fayaa fi itti fayyadaminsa maateeriyaalii** **Yeroo ogeessi fayyaa gorsa siif kennuu:**			
801	Kabajaan sikeessummeessee/keesssummeessitee?	0 = miti 1 = eeyyee	
802	Jecha ati dubbattuunii fi hubachuu dandeessuun sitti himamee?	0 = miti 1 = eeyyee	
803	Sagalee nama hawwatu fayyadamee/ fayyadamtee?	0 = miti 1 = eeyyee	
804	Rogaan sidhageeffatee/ttee?	0 = miti 1 = eeyyee	
Ogeessi fayyaa yoo gorsa kennu maateeriyaalii armaan gadii fayyadamee/tee?			
806	liifileetii	0 = miti 1 = eeyyee	
807	Filiip chaartii	0 = miti 1 = eeyyee	
808	poostarii	0 = miti 1 = eeyyee	
809	Qusannoo maatii	0 = miti 1 = eeyyee	
810	Meeshaa qaama namaa fakkaatu(anatomical model)	0 = miti 1 = eeyyee	
Kutaa 9ffaa: tajaajila kennametti gammaduu(satisfaction with services)			
901	Tajaajila har'a argattetti gammaddee?	0 = miti 1 = eeyyee	
902	Ogeessa fayyaa har'a sitajaajila hiriyaankee ykn firrikee akka itti tajaajilamu eertaa?	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
Ogeessi fayyaa har'a sitajaajile:			

903	Qusannoo maatii kennuuf ga'umsa qaba jettee amantaa?	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
904	Waan namiidhu naaf hin kennu jettee amantaa?	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
905	Iccitiikoo naafa eega jettee yaaddaa?	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
906	Bakki buufatni fayyaa itti argamu mijaa'aadha	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
907	Tajaajila argachuuf yeroon natti fudhate dheeraa miti	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
908	Buufatni fayyaa qulqulluudha	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
909	Infoormeeshiniin waa'ee qusannoo maatii ilaalchisee naaf kenname ga'aadha	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	
910	Qoofniin naaf eeggameera(Privacy was maintained)	0 =baay'een walii hingalu 1 = walii hin galu 2= murteessu hin danda'u 3=Waliin gala 4=baay'een walii gala	

Annex IV: Statement of declaration

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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STUDENT

Name: Getahun Tesfaye Signature: _____Date: _____

RESEARCH ADVISORS:

1.LEUL DERIBE	LECTURER	_____	_____
NAME	**RANK**	**SIGNITURE**	**DATE**
2. JEMBERE TESFAYE	LECTURER	_____	_____
NAME	RANK	SINITURE	DATE