

CLIENT'S LEVEL OF SATISFACTION REGARDING QUALITY OF FAMILY PLANNING STERILIZATION SERVICES THROUGH EXIT INTERVIEWS.

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ABSTRACT

Background: Quality of care has emerged as a central organising principal for family planning programme in India after commitment of Government for reduction in population, keeping the clients in centre of concern. This study was designed to assess client's perception regarding quality of family planning services and their level of satisfaction regarding the same. **Methodology:** This observation based cross sectional study was conducted at randomly selected 50% of health care facilities of Wardha district, which include 13 Primary Health Centres, 04 Rural Hospitals and District Hospital, Wardha. Pre tested, semi structured exit interview schedule was administered to collect data. After data analysis, level of satisfaction was determined both quantitatively and qualitatively. **Results:** Mean age of clients was 25.42 (SD±02.33) years and mean age of spouses was 30.90 (SD±03.90) years. Clients were highly satisfied at District Hospital, 50% of rural hospitals and only at 71.42% of PHCs. Clients perceived that behavior of health providers was 'polite' and 'courteous'. **Conclusion:** Level of satisfaction showed wide range among clients at different health facilities, which is a direct predictor of quality of health care services provided.

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INTRODUCTION

India is the second most populous country in world with 1.21 billion people, comprising 624 million males and 587 million females. As per 2011 census, Maharashtra is the second most populous state with its 35 districts in India. Like various other developing countries India is still facing the problem of rapidly increasing population. Measures to control population have been implied since long. In 1952, the Government of India was one of the first countries in the world to formulate a Family planning program at national level. In the 1980s, the program entered the era of laparoscopic technique of female sterilization, which is simpler and less traumatic than the more common method of tubal ligation and today almost a two third of all tubectomies are laparoscopic cases.

Under the NRHM and RCH II programmes of Government of India many strategies were operationalized to reduce the unmet need in RCH services including contraception. However, need was felt to continue with the camp approach which was initiated in 70s for some more years until adequate institutionalized services were made available as per the needs of the people at the most peripheral level. Though this approach had the advantage and flexibility of reaching the needy at their doorsteps, quality of care becomes an area of concern in such settings. Fixed day static approach services took over camp approach, where family planning sterilization services are provided on fixed days throughout the year on a regular

and routine manner. Quality of care is ensured with a lower client load per session and proper follow up care.

Bruce, J. (1990) in his study 'Fundamental Elements of the Quality of Care: A Simple Framework', argued for attention to a neglected dimension of family planning services- their Quality. A framework regarding assessment of quality from the clients' perspective was offered.^[6] Quality is the way in which individuals and clients are treated by the system providing services (Bruce 1990; Jain 1989).

It was very soon realized that client satisfaction, depends on both quality and access, which eventually leads to sustainability of any programme. These are normally evaluated as service outputs of programs, while client satisfaction and sustainability are evaluated as outcomes. Client satisfaction is the key to client's decisions to use and to continue using services, and is essential for long-term sustainability. Ultimately, client-focused services that meet people's needs and provide them with satisfying experiences should help clients achieve their reproductive intentions.

Quality of care has emerged as a central organising principal for family planning programme managers and policy makers in developing countries, over the last decade. The provision of high quality, client centred services represent an intrinsic objective of most programmes.^[10]

This study was designed to assess client's perception regarding quality of family planning services and their level of satisfaction regarding the same.

Methodology:

Study setting and duration:

The study was conducted in public health care facilities of Wardha District. Wardha is the second most populous district in Maharashtra with population of 12,96,157 is composed of 6,65,925 males and 6,30,232 females with sex ratio of 936 has been ranked as 377th district in India.

The family planning sterilization services are rendered through a network of 27 Primary Health Centres (PHCs), 08 Rural Hospitals (RHs) and District Hospital (DH). This study was conducted for duration of one year 2011-2012 at randomly selected 50% of health facilities which include 13 PHCs, 04 RHs and DH, Wardha.

Study design and sample size:

This observation based cross sectional study was conducted for assessing perception of clients regarding the services. From each health facility minimum of three clients who availed the family planning sterilization services were selected randomly and interviewed.

Total of 54 clients were interviewed at 18 health facilities and their views were recorded both qualitatively and quantitatively.

Sampling technique:

After obtaining the list of health facilities providing family planning sterilization services (mini-laparotomy or laparoscopic tubal ligation) from District health Office, Wardha, 50% of total i.e. 18 health facilities were randomly selected. Days and schedules of sterilization days were obtained by contacting medical officer of those facilities. The health facility was visited by the author and clients who availed sterilization services were interviewed at health facilities after informed consent. Participants were included on the basis of willingness to give consent for interview.

Data Collection and analysis:

Data was collected using a pre tested, semi structured interview schedule, modified from 'Quality assurance manual for sterilization services' and was administered by the first author herself. It consist of two parts; first part covered demographic profile of clients and second part had information on family planning sterilization service quality covering major parts of research objective like knowledge regarding services, interpersonal relationship, hospital stay after surgery, availability of facilities, privacy, counselling, follow-up advice and any problem experienced after sterilization procedure.

Most of the questions were pre-coded, while few were open ended. This instrument was translated into local language and pretested for validation.

Interviews were conducted at health facilities where client has availed the family planning sterilization services (mini-laparotomy or laparoscopic tubal ligation), after the client has regained consciousness following surgery. None of the client approached for interview refused to give consent to participate.

Data entry and analysis was performed with Microsoft Excel (Windows Office 2000) and SYSTAT (Version 12.2). Proportions, mean, standard deviation, median and range were used for descriptive statistics and analytical analysis with appropriate test of significance

(one way ANOVA) was carried out. Level of satisfaction was calculated using the score range table [11], which is as follows:

Level of satisfaction	Score in Percentages
Highly satisfied	76% and above score
Satisfied	51% – 75% score
Satisfied to some extent	26% – 50%
Not satisfied at all	Up to 25% score

RESULTS:

From each health facility three clients were selected, so a total of 54 clients were interviewed from 13 Primary Health Centers, 03 Rural Hospitals and District Hospital. Most of the study participants aged between 22 to 32 years whereas age of the spouses ranged between 26 to 45 years.

Table 1: Mean age of beneficiaries & spouse as per Client exit interview at health facilities (total n=54)

Health Facility	PHC (n=13x3)	RH (n=4x3)	DH (n=1x3)	P value
Number of beneficiaries	39.00	12.00	03.00	P>0.05
Mean age of clients in years (± 2SD)	25.20 (±02.09)	26.25 (±03.16)	25.00 (±01.00)	
Mean age of spouse in years (± 2SD)	30.25 (±03.49)	32.83 (±04.89)	31.66 (±02.88)	

P>0.05, as calculated by one way ANOVA

The mean age of beneficiaries of sterilization services was 25.20 (SD±02.09) years at PHCs, 26.25 (SD±03.16) years at RHs, and 25.00(SD±01.00) years at DH. There was no statistically significant difference between the ages of clients at health facilities.

Over all mean age of clients was 25.42 (SD±02.33) years.

Mean age of spouses was found to be 30.25(SD±03.49) years at PHCs, 32.83 (SD±04.89) years at RH, while 31.66(SD±02.88) years at DH. There was no statistically significant difference between the ages of spouse at health facilities.

Over all mean age of spouse was 30.90 (SD±03.90) years (Table 01). It was found that mean number of issues per client was found to be ≈02 at all health facilities

Table 02: Decision maker regarding Family Planning Sterilization

Decision maker	Number of clients *(n=54)
Client Herself	50.00 (92.59)
Spouse	03.00 (05.56)
Relatives	01.00 (01.85)

Values in parenthesis shows percentages

* Total number of clients interviewed at all health facilities

It was found that 92.59% clients, themselves took decision of undergoing sterilization, while spouse were decision maker in just 5.56% of cases as compared to relatives, who were decision maker in 1.85% cases. (Table 02)

Level of satisfaction:

PHCs clients' were 'highly satisfied' regarding most of the criteria like sitting facilities, toilet facilities, cleanliness of health facility, any discomfort experienced and pre-operative counseling except for post operative instructions.

Clients at RH were 'highly satisfied' for most of the criteria like sitting facilities, toilet facilities, cleanliness of health facility and pre-operative counseling while issues of discomfort, and post-operative instructions were found to be 'not satisfactory'.

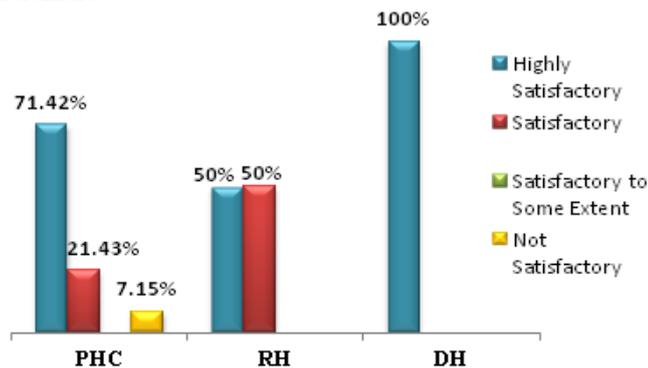
District hospital was found to be 'highly satisfactory' regarding all the criteria by clients. Regarding privacy issues 93.51% clients were found to be highly

satisfied, while cleanliness was satisfactory at 77.78% of health facilities by clients.

It was observed that instructions about post operative care and use of medicines were imparted to 38.9% and 68.5% of clients respectively, and counselling about resuming sexual activities was imparted to 5.5% beneficiaries only.

Overall 71.42% PHCs were graded 'Highly satisfactory', 21.43% 'Satisfactory' while 7.15% were graded 'Not satisfactory' by the clients. 50% of RHs were graded 'Highly satisfactory' whereas rest were graded just 'Satisfactory'. DH was graded 'Highly satisfactory' regarding all the criteria by the clients. (Figure 1)

Figure 1: Level of Satisfaction at Public Health Care Facilities



Perception of clients:

In this study it was observed that client's perceptions regarding family planning sterilization services were based on various factors like behavior of health staff at facilities, liberty felt by clients regarding asking questions, any difficulty faced during their stay at health facility and complaints after surgery and their perception was also assessed by their suggestions regarding improvement of health facility.

Clients reported that the behavior of health providers was 'polite' and 'courteous', most of the clients felt free to ask their queries regarding procedure and any other query was solved by health providers. Few clients experienced pain in abdomen after surgery which was attended by Doctor.

Majority of the clients felt that although health providers were available for pre operative counseling, they lacked the skills to counsel regarding post operative problems like keeping the surgical wound clean, dietary practices, when to resume light, heavy and normal sexual activities.

It was felt by some clients that cleanliness and drinking water facilities should be improved at some of the health facilities.

DISCUSSION

Socio-demographic profile of the clients stated that mean age of women undergoing sterilization was 25.42 years in present study as compared to 29.6 years, reported by Pal S R et al.^[11] in their study. No significant difference in age was observed among the clients at PHCs, RHs and DH. Mean number of issues per client at the time of sterilization were 2 in the present study, as compared to 3.21 children found in study by Pal S R et al.^[11]

Instructions about post operative care and use of medicines were imparted to 38.9% and 68.5% of clients respectively, which were higher than the findings by Pal S R et al.^[11] in their survey where only 36% beneficiaries were counselled regarding post operative care and medication (18.3%). Instructions regarding resuming sexual activities

were imparted to 5.5% beneficiaries in present study as compared to higher percentage (23.9) in study by Pal S R et al.^[11]

Behaviour of care providers was reported as 'polite' or 'courteous' by most of the beneficiaries and similar finding were reported by Williams T et al.^[12] in exit interviews of 15,000 clients at eight Latin American and Caribbean countries.

Freedom to ask questions was perceived by nearly 80% of clients and these findings were in consensus (85%) with survey of Williams T et al.^[12]

CONCLUSION

Level of satisfaction had wide range at different health facilities and improvement is required to provide quality of service to clients. Counselling by health providers need to be improved by providing training in this particular area. More satisfaction can be provided by improving client provider interactions.

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