

ORIGINAL ARTICLE

CLIENT SATISFACTION AND DECISION MAKING AMONGST FEMALES VISITING FAMILY PLANNING CLINICS IN HYDERABAD, PAKISTAN

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Background: Family Planning is the basic right of the human being. It involves decision regarding the number of children and desired space between children by the couple themselves. Quality services involving multiple dimensions build the confidence of the clients and lack of quality is one of the constraints behind incomplete coverage of family planning. Objectives of the current study were to determine the client satisfaction, decision-making process and various influences on clients in adopting family planning methods. **Methods:** This cross-sectional study was conducted at Family Planning Centre of Liaquat University Hospital, Hyderabad in 2016. Quality of the family planning services and satisfaction with the services were assessed through responses obtained from women selected purposively and visiting family planning centre through exit interviews with structured pretested and reliable questionnaire after taking the written consent. **Results:** Access to Family Planning Centre was not an issue in 92% cases but only 31% respondents were appropriately greeted, 77% faced blank expression and 13% received sufficient privacy. Health problems and socioeconomic conditions were inquired by 41% and 18% providers respectively, while motivating force for service use was mother in law in most 35% cases. Health workers were successful in clarifying misinformation (86%) and explaining side effects (71%) but only 21% respondents were satisfied with services. Respondents are influenced by family and health care providers while making decision and type of influence was considered positive by 83% respondents. **Conclusion:** Training and monitoring system be strengthened at family planning centres to improve quality of services while important influencing relations be focused for family planning education to improve utilization of services.

Keywords: Family planning services; Contraception; Pregnancy; Decision-making

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INTRODUCTION

Promotion of family planning and ensuring access to preferred contraceptive method for women and couples is essential for wellbeing and development of communities. According to the estimates, contraception prevents 54 million unintended pregnancies, 26 million abortions with ultimate prevention of 79,000 maternal deaths and 1.1 million infant deaths.¹ Studies report that children conceived within 6 months of last child are 60% more likely to die as compared to a child conceived after 2 years.² In addition to these benefits, family planning indirectly improves the nutritional status of women, which in turn reduces child and maternal deaths. It also averts unwanted pregnancies and unsafe abortions and slows down the spread of acquired immunodeficiency virus.³ Pakistan with a population of 184.8 million is the 6th most populous country in the world. It has a CPR of 35.4%, population growth rate of 2.1% and TFR 3.8%.⁴ An estimated 225 million women in developing countries would like to delay or stop child bearing but are not using any method of contraception.⁵ This low CPR is due to social barriers like poverty, lack of education and poor quality of family planning services. Factors which have contributed to this poor situation include lack of capacity of health providers, inadequate

incentives, and suboptimal infrastructure for family planning and lack of finances. Knowledge about family planning is deficient due to myths, misconceptions and religious misinterpretations. Respecting women's autonomy regarding their reproductive lives is an international goal and a human right.⁶ Yet in Pakistan, women's autonomy is constrained by family members, healthcare personnel, structural/ gender inequalities and lack of communication between spouses. The situation is further worsened by poor communication about family planning in Pakistani society due to the conservative nature of family structures, especially in rural areas, which prohibit women to talk freely about their sexual problems.⁷ Many couples believe that birth control is against the teachings of Islam. Males are also handicapped in making decision and taking initiatives. Literature shows that the main decision makers with regard to family planning include mothers-in-laws and husbands.⁸ Better guidance by family healthcare workers allows the couple to choose the best available option. Only a well-trained staff at a family planning centre can help these couples take the right decisions at the right time.⁹ Quality of services involves multiple aspects like interaction of the care provider and the care seeker, adequate environment like maintaining the

privacy, cleanliness and comfort, removal of misconceptions and answering the queries of the clients. In context of all these relevant factors, this study was an attempt to determine the perception of females regarding their decision making, influencing factors and satisfaction regarding services provided at family planning centres.

MATERIAL AND METHODS

This descriptive cross-sectional study was conducted at Family Planning Clinics of Liaquat University Hospital; Hyderabad, Pakistan in 2016. A sample of 105 was calculated through using proportion formula and they were selected through purposive non-probability sampling technique. All women aging 15–40 years, attending Family Planning clinic and having at least one child were included. Females not belonging to Hyderabad or temporarily residing as guest were excluded from the study. After obtaining approval from Ethical Review Board of Health Services Academy and written informed consent from respondents, data was collected through exit interviews conducted using a semi structured questionnaire which incorporated socio-demographic variables like age, no. of children, duration since married, residential location, family set up, Education level of respondents and husbands along with occupation of respondents. Regarding decision making, relations and factors influencing seeking care at Family Planning Centres and decision making were incorporated. Questions were also incorporated for measurement of satisfaction of females with quality of services provided at centres like welcoming gesture by care provider, listening to client, providing sufficient privacy, inquiring regarding health problems, attitude of partner and socioeconomic condition, responding to questions and queries by clients and clarification of misinformation with explanation of possible side effects. Questions were asked in local languages (Sindhi or Urdu). Data was analyzed using Statistical Package for Social Sciences (SPSS) through descriptive analysis. Results of categorical variables were summarized in the form of frequencies and proportions and presented in the form of bar charts, pie charts and tables. Anonymity and confidentiality of data has been maintained throughout the study.

RESULTS

Majority of participants of the study (28.6%) belonged to 31–35 years age group and (25.71%) 21–25 years with 49.5% residing in urban areas and 32.38% residing in peri urban area. Majority were matriculate (34.3%) followed by illiterate group (31.43%). Most females (75.2%) were housewives and belonged to nucleus family setup (69.5%). Most of the respondents were married for 6 to 15 years (84.76%) and had up to 3 kids in 49.5% cases followed by more than three to 6 kids in

43.8%. Majority of respondents accessing the services had their last child born around six months back or more than two years (Table-1).

Regarding decision making and influencing factors, 77% clients had no previous experience of family planning methods and main motivating force behind decision to seek care at Family Planning Centre was found to be mother in law (35.1%) followed by respondents themselves (33.2%) and Husbands (21%). Regarding decision to choose family planning method, 65.7% respondents decided themselves for type of method followed by husband in 17.1% of cases and care providers in 12.4% cases. 87% of respondents do not consider cost while choosing specific family planning method. According to the respondents, they are influenced by family and health care providers but type of influence was considered positive by 83% of the respondents. According to the finding of the study, the access to Family Planning Centre was not an issue and only 8% respondents found it difficult. Only 23 % respondents felt that they were appropriately greeted by care provider through shaking hands or gesture to sit down while 77% respondents reported that health care worker had no expression on their face when they entered the room (Table-2).

Regarding services at Family Planning Centre, only 13% respondents were provided with sufficient privacy during consultation. Health care workers inquired the client regarding health problems in 41% cases, regarding socioeconomic conditions in 18% cases while previous family planning experience was asked in 83% cases. Health care workers did not make any attempt to ascertain the attitude of the partner in 73% of the cases but they responded to queries raised by clients in 68% of the cases. Respondents were successful in clarifying the misinformation and misconceptions in 86% of cases and they did explain the possible side effects to 71% of the respondents. Overall, only 21% respondents were satisfied with overall services provided at Family Planning Centre.

Table-1: Socio-demographic characteristics

Variables	Categories	Frequency	Percentages
Age	15–20 years	6	05.7
	More than 20 to years	27	25.7
	25–30 years	23	21.9
	30–35 years	30	28.6
	35–40 years	19	18.1
Residential Location	Rural	19	18.1
	Semi Urban	34	32.4
	Urban	52	49.5
Family Setup	Nucleus Family	73	69.5
	Joint Family	32	30.5
Respondent Education	Illiterate	33	31.4
	Matric and Below	44	41.9
	Intermediate and Above	28	26.7
Education of Husband	Illiterate	25	23.8
	Matric and Below	49	46.7
	Intermediate and Above	31	29.5
Occupation of Respondent	House Wife	79	75.2
	Teaching and Office Work	11	10.5
	Labour Work and Others	3	14.3

Table-2: Influencing factors and decision making

Variables	Categories	Frequency	Percentages
Person influenced respondent to Seek Care	Respondent	36	33.9
	Husband	22	21.0
	Mother-in-law	36	35.1
	Sister-in-law	5	4.8
	Friend	3	2.9
	LHW	3	2.9
Decision Maker for Family Planning	Respondent	69	65.7

DISCUSSION

Family planning is important for the health of a mother and her child as well as the family's economic situation. A large part of family planning helps explain the financial cost of raising a child to unaware parents. This includes medical costs of pregnancy and birth, shelter, clothing, food and education for the children. Total population of Pakistan comprises of 47% females of childbearing age with an anticipated increase to 53% by 2020. According to estimates, if population growth continues at same rate, the female population will be likely 170 million in 2025. The government is planning to bring down the population growth rate from the current 2.1–1.9 % per annum and a replacement level by 2020, but this seems to be very difficult in the current situation. One objective of the study focused on the perceptions of clients regarding services provided at family planning centre while second part concentrated on decision making and influencing factors. It has been found that satisfaction with sufficient number of living children compels the families to use family planning methods. A study conducted in Egypt acknowledged that in public sector use of modern contraceptive methods is positively associated with number of living children¹⁰. Similarly, in this study, approximately 50% of females who visited the centre were married for the last 6–10 years and they had completed their families with up to 3 living children.

Education plays an important role in awareness and decision-making power of females. A study conducted in Guatemala acknowledged that higher education is positively associated with the use of IUD.¹¹ Similar trend is found in this study in which educated females accounted for 61% of females utilizing the family planning services. With regard to educational status of male counterpart, 67.6% had completed their ten years of schooling or more while only 24% were totally illiterate. As a whole, educated couples were inclined more towards the use of contraceptives than illiterate ones. Hence, if we want to achieve higher results regarding family planning and family spacing, we need to invest more towards educational levels of the females and their counter parts. In this study, 60% participants belonged to nucleus family and reason behind it is because 50% participants were from urban set up, where nuclear family set up is

common. Housewives were 75% and working women and teachers followed them with 11% and 10% respectively which points towards probable effect of the media and changing paradigms. Same is also acknowledged in a report by USAID and a study conducted in Pakistan at Karachi where couples admitted that increased awareness due to media and financial pressure compelled them to keep their family size small.¹²

Pakistan is an Islamic country and after marriage, mostly wives lived at their husband's home in a joint family setup and young couples' decisions are influenced by elders. In this study, majority of respondents declared their mother in law as influential person behind their decision to seek family planning services (35.1%) with her role seen as positive and motivating. 34.3% of respondents took their own decision to utilize family planning centre followed by advice of Husband (21%). These results are supported by results of many other studies which declared mother in law and husbands as main influencing factor in decision making process.^{13,14} It will be cost effective to invest on these key influencers in family so that care seeking behaviours of the target women can be improved. The alarming thing is the penetration of our health workers who were able to direct and influence only 2.86% of the community for care seeking at these centres. In addition, decision regarding choice of contraceptives was done by respondents in 65.7% of cases followed by husband in 17.1% cases and care providers in 12.4% cases. This shows a great deal of autonomy found for women in choosing type of contraceptive methods. This may have probably been linked up with better education and awareness of females residing in urban area.

Evidence is available that quality of services related to counselling and examination room has strong positive effect on use of IUD.¹⁵ Achievements of Islamic Republic of Iran can be taken as a benchmark, where majority of the population follows Islamic religion like Pakistan but indicators regarding family spacing are much better.¹⁶ Many factors affect utilization of available family planning services. One of the key factors attracting people toward the utilization of family planning is the interaction of health care staff and quality of services provided at the centre. In this study, behaviour of family health workers with the help seekers was not satisfactory and most respondents (77%) were not greeted with any welcoming gesture to build rapport with client and improve her confidence and trust. Despite spending donors' and the state's time and resources on trainings, the yielded results are not very encouraging. Monitoring of SOPs by the supervisor must be ensured because main weakness is that care provider does not understand their role in decision making process and dissemination of

knowledge to clients.¹⁷ In this study, observed lack of greeting (59%) and expression less face of provider (77.14%) leads the clients to believe the provider is unmotivated and uninterested and deteriorate their satisfaction. Privacy to freely discuss different options of contraceptives in a family planning centre is a necessary and important requirement for visiting couples which is not met most of the times. Moreover, Patient's previous medical history, socio-economic condition and partner's attitude regarding contraceptive option are important aspects to be inquired by health workers before providing tailored options to the client. The data shows that in majority of the cases, these important pre-conditions were not met. Similar issues are identified by a study conducted in Bangladesh, which narrated the lack of understanding of health providers regarding their role in counselling and creation of imbalance between the clients and providers' indecision making.¹⁸

Family planning programs should also consider assessment of attitude and economic condition of target audience to increase continued utilization of services. Important aspect is not only access and utilization of services but is continuous use of services and family planning methods as dropout cases have been important during many studies an important aspect was due to the side effects of contraceptives. Females if do not have confidence on health worker and are not counselled about possible side effects will stop using contraceptive methods due to side effects and will drop out of the system.^{19,20} Hence, it is very important to build up such rapport so that clients immediately seek help from provider instead of dropping out due to fear. There is a dire need to focus on these aspects during training of health staff and ensure implementation during monitoring and supervision.

CONCLUSION

Rapidly growing populations and anticipated shortage of resources in near future, entails that significant priority should be given to this aspect. Positive and negative influencing factors should be catered for while improving the quality of services so that effective and sustainable outcomes can be achieved.

AUTHORS' CONTRIBUTION

Conception and designed of this study was made by AM, supervision and analysis of data was conducted by SH and RK has written the draft paper and added intellectual part in this paper and finalized for publication.

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