

Quality of Family Planning Service in the Health Facilities of East Shoa Zone, Oromia Regional State, Ethiopia

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1 Introduction

- Family planning in countries with high birth rates has the potential to
 - Reduce poverty and hunger
 - Avert 32% of all maternal deaths and nearly 10% of childhood deaths ¹
- However contraceptive prevalence rate among married Ethiopian women is only 15% (Injectables: 10%, Pills: 3%)².
- There is also high level of unmet need, 34% ²
- Quality of family planning care influences continuous use of contraception ³

¹ John Cleland et al. *Lancet* 2006; 368: 1810–27

² Ethiopian DHS 2005

³ Saumya RamaRao et al. *IFPP*, 2003, 29 (2): 76-83

Unmet Need for Family Planning

Percentage of currently married women with an unmet need for spacing and limiting births

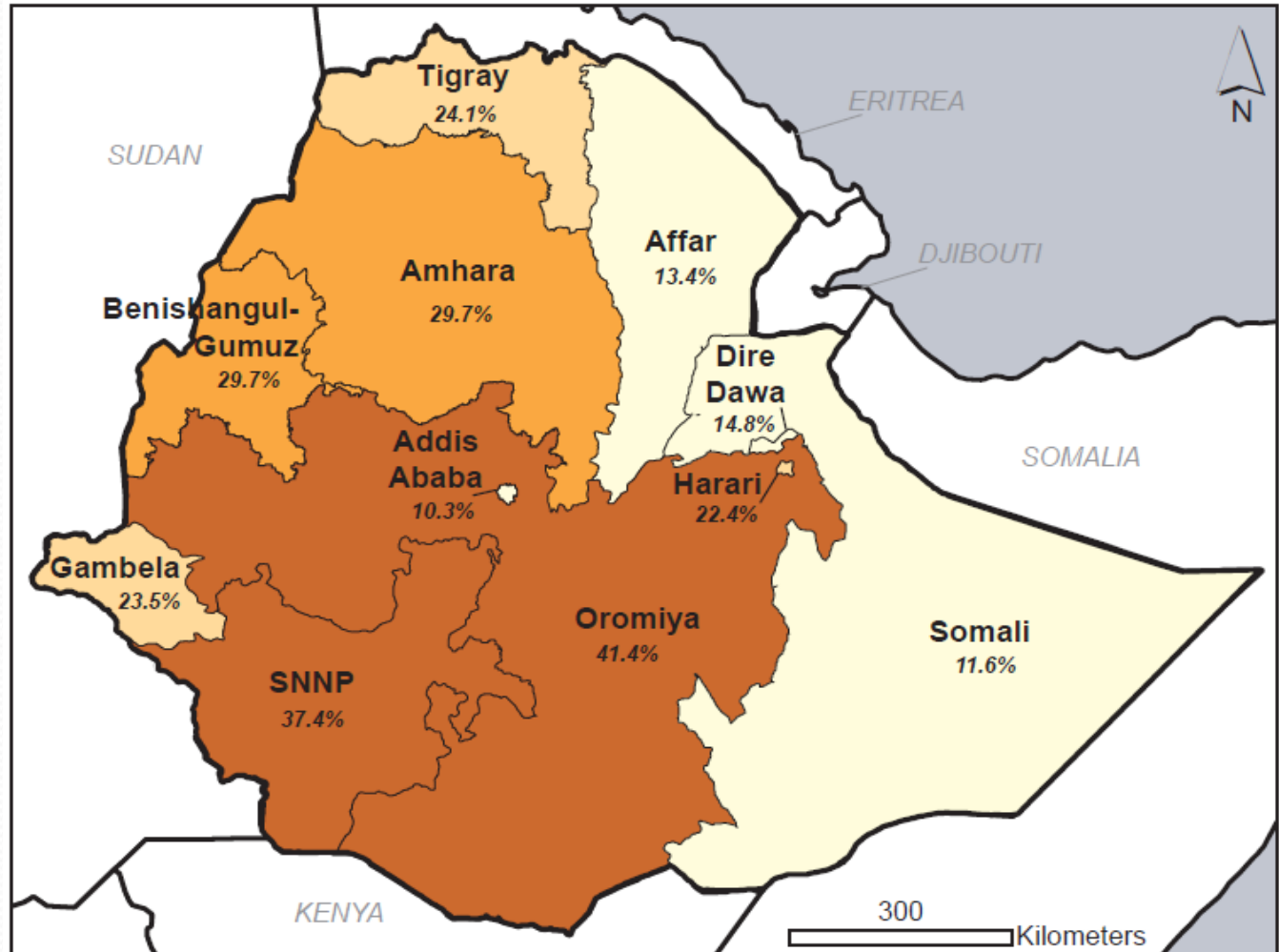
Unmet need²

- National: 34%
- Oromiya: 41.4% (24.9% limiting, 16.5% spacing)

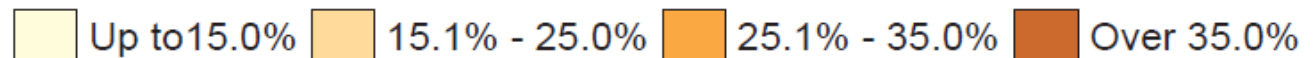
Current use of FP²

- Oromia: 13%

The Quality of FP service could partially explain the high level of unmet need in the region



Legend



² Ethiopian DHS 2005

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Objective

To assess the quality of family planning service as observed by clients in East Shoa Zone or Oromia Region, Ethiopia

Note: The study is part of a larger survey that targeted to assess quality of RH services

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Methods

- ***Study area:*** East Shoa Zone of Oromia Region, Ethiopia
- ***Study period:*** Mid October – Mid November, 2008
- ***Study design:*** Cross-sectional facility based survey. Clients were interviewed on their exit from health facilities: **Patients evaluation of quality of health care is highly related with standard (WHO) measurement⁴**
- ***Questionnaire:*** Pre-tested structured questionnaire
 - Content: Clients' characteristics and family planning service quality related variables

Methods cont'd...

- **Sample size:** 1,170 female family planning clients of age 15-49yrs
- **Sampling:** Single proportion PPS
- **Ethical clearance:** IRB of AAU, Oromia RHB, East Shoa Zonal Health Dept., individual written consent
- **Analysis:**
 - Quality of family planning was assessed using several dimensions of quality of care as perceived by family planning clients
 - SPSS Version 13 was used

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Result & discussion

1,170 female clients were interviewed

Urban:	64.3%
Public Health facilities:	82%
Mean age:	27.1 ± 6.4 years
Married:	93.8%
Primary and below Education :	76%
Unemployed:	74%
Oromo:	57%
Orthodox Christian:	69%
# of living children:	45.5% (1 or 2), 27.6% (3 or 4)

Access

Attended the same facility >3 times:	65%
Distance (mean time to reach the health facility):	45 minutes
Transportation means:	73.8% walked, on foot
Reason for coming to the HF:	
Physical accessibility:	67.4%
Availability of “doctor”:	60.9%
Affordability of the service:	50.6%
Mean waiting time:	20.5 minutes (91.3% received service within an hour)

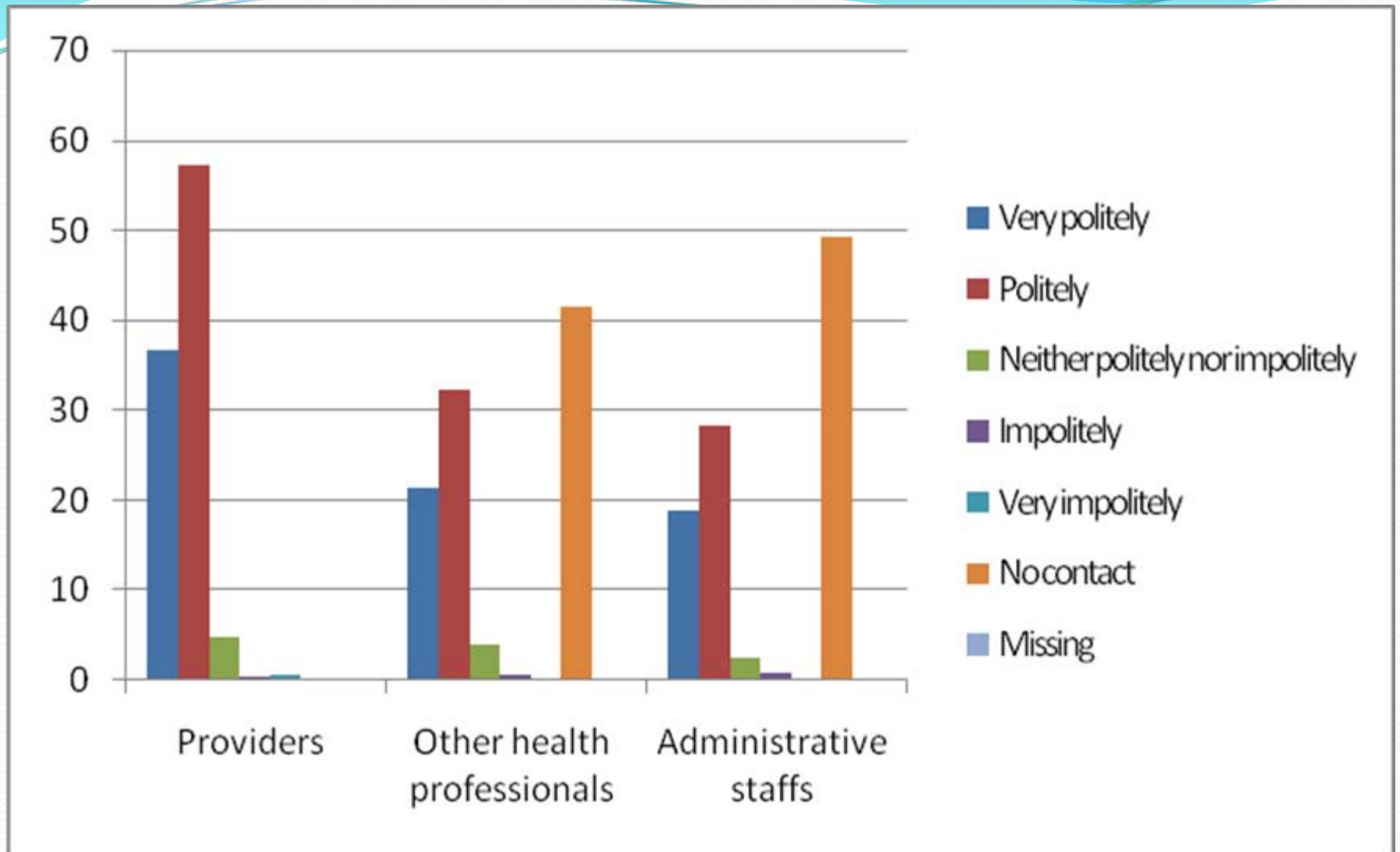


Fig1. Treatment of clients by staffs of the health care establishments

Counseling and FP service delivery

Providers didn't ask how many children clients want to have:	76.9%	79%⁶ (N=416)
Providers didn't discuss on FP with clients	56.3%	75%⁶ (N=416)
Providers didn't provide with FP method or referred clients for FP method	1.6%	
The information provided by providers was difficult to understand	27.9%	18%⁵ (N=270)
Clients were not provided with IEC materials to read	98.4%	
No follow up appointment	3.7%	None⁶ (N=416)

⁵ Fantahun M. Ethiop.J.Health Dev. 2005;19(3):195-202

⁶S. Mohammad-Alizadeh et al. EJCRHC Dec. 2007;12(4):326-334

FP method uptake against client-provider interaction

FP planning method received	# (% out of total clients who took a FP method)	The method was new for the client	Provider discussed possible side effects	Provider chosen the method for the client	Provider informed the client where to get refill
Injectables	942 (82.1%)	133(14.1%)	264(28.0%)	328(34.8%)	627 (66.6%)
OCP	161(14.0%)	41(25.5%)	82(50.9%)	87(54.0%)	119 (73.9%)
Condom	4(0.3%)	-	2(50.0%)	2(50.0%)	2 (50.0)
IUD	5(0.4%)	-	-	2(40.0%)	1 (20.0%)
Implants	29(2.5%)	19(65.5%)	20(69.0%)	21(72.4%)	24 (82.8%)
Foaming tablets	6(0.5%)	2(33.3%)	2(33.3%)		2 (33.3%)
Total	1147 (100%)	195(17.0%)	370(32.3%)	440(38.4%)	775(67.6%)

Service linkage – STI

Providers discussed on STI with only 14.5% of the FP clients (only 1.5%⁵)

STI discussed (n=165)	Aspect of STI discussed (n=165)
HIV/AIDS: 92.1%	Ways of transmission: 76.4%
Gonorrhoea: 14.5%	Methods of prevention: 42.7%
Genital ulcer: 12.1%	Relation with HIV/AIDS: 39.5%
Syphilis: 9.7%	Treatment: 20.4%
Chlamydia: 9.1%	Source of treatment: 14.6%
Chancroid: 8.5%	

- **32.4% of FP clients were informed about VCT⁹**
- **STI prevention (education for risk reduction and counseling) has been integrated into FP services much more frequently than the tasks of STI diagnosis and treatment¹⁰**

⁵ Fantahun M. Ethiop.J.Health Dev. 2005;19(3):195-202

⁹ Misganaw A. Ethiop.J.Health Dev. 2008;22(2):158-166

¹⁰ K.L Dehne et al. Buletine of WHO 2007: 78 (5): 629-639

Level of satisfaction of clients by FP service



High level of satisfaction among clients by health service provided by public facility (86-93%)⁸

⁸ Bekele A et al. Ethiop.J.Health Dev. 2008;22(1):42-48

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Conclusion

- FP clients in this study were found to be (very) satisfied by the quality of the FP service they received
- However, they indicated that providers didn't discuss with them on their fertility desire (76.9%), FP methods (56.3%) and the side-effect of the specific FP they took (67.7%)
- Also, significant proportion of clients didn't understand the information provided by the FP service providers (27.9%)
- Providers decided on the FP method clients should use (38.4%)
- FP service was found to be poorly linked with STI service (14.5%)

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Acknowledgment

- The Bill and Melinda Gates Institute for Population and Reproductive Health, JHU
- School of Public Health, AAU
- Oromia Regional Health Bureau, East Shewa Zonal Health Department, WoHOs, Health Facilities
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- Investigators



Thank you!