Quality of Family Planning Services and Client Satisfaction in Selected Private and Public Health Facilities in Nigeria

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ABSTRACT

Introduction: Client satisfaction is considered as the best indicator of the quality of service provision and a major element to boost the uptake of family planning (FP) services. This study aimed to compare the quality of services and client satisfaction in both private and public health facilities in Nigeria.

Methodology: Facility-based cross-sectional study was carried out from June 7 – 28, 2017 by African Health Research team with 498 female FP users. Respondents were selected by using systematic random sampling from 12 private, and 18 public health facilities in Nigeria. A pre-tested structured questionnaire was used to collect data and the data were analyzed using IBM-SPSS version 25.0 and statistically significant association was declared at p-value <0.05.

Result: The study found that the waiting time for most of the clients in both private (62.7%) and public (75.2%) was less than 30 minutes (p=0.101). While 73.1% of FP clients in private facilities were satisfied with waiting time, 82.1% reported the same in public facilities (p<0.081). The average quality of service was significantly higher in public facilities (93.3%) than the private (86.6%) (p<0.001). No significant difference was observed in overall client satisfaction between private (88.7%) and public facilities (92.4), p = 0.858.

Conclusion: This study found high quality of FP services and client satisfaction in both public and private health facilities in Nigeria, though public facilities showed higher quality of services than the private facilities. However, there is a need for more improvement in both facilities to enhance client satisfaction.

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1. Introduction:

The uptake of family planning (FP) has significantly increased in third world countries since it started in the 1950s and has since been identified as an important element of reproductive health (Gebreyesus, 2019). The use of contraceptives is still considered very low in sub-Saharan Africa though it is expected to rise from 43% to 56% between 2017 and 2030 (Gebreyesus, 2019). One of the factors responsible for low uptake of FP services in sub-Saharan Africa is poor client satisfaction. Satisfaction is influenced by several factors have been seen as a multidimensional concept (Christiaens & Bracke, 2007; Williams et al., 2000) although it has been defined using theoretical models of user satisfaction (Dulla et al., 2019). As simply defined, it is considered as the degree to which desired goals have been achieved (Dulla et al., 2019).

Client satisfaction is considered as the best indicator of the quality of service provision and among the factors that influence the use of FP and other reproductive health services (Dulla et al., 2019; Gebreyesus, 2019). Client satisfaction a major element to boost the uptake of FP services. Despite its importance, the satisfaction of the clients still has been not been taking seriously but rather ignored in most cases, by service providers (Dulla et al., 2019). Studies

have correlated client satisfaction (which include the good interpersonal relationship between the service provider and clients as well as continuity and follow-up) with continuity of care perceived by the client (Dulla et al., 2019; Tessema et al., 2016). Also, studies identified client satisfaction as the principal determinant of uptake and continued utilization of FP services (Hutchinson et al., 2011; Williams et al., 2000).

Improvements in the quality of FP services have been associated with a high rate of contraceptive acceptance and attitude of the users and ensured continuous use of the contraceptive methods (Kaoje et al., 2015; RamaRao et al., 2003).

Family planning is important to enhance health, human rights, and slowing down population growth (Speidel JJ, Thompson KMJ, 2014). FP plays an important role in boosting maternal health, which is among the 169 targets of Sustainable Development Goals (SDGs) the world leaders have pledged to accomplish by 2030 (Dulla et al., 2019). Decreasing the worldwide maternal mortality ratio (MMR) to significantly less than 70 per 100,000 live births and ensuring common access to sexual and reproductive services, including FP is among 169 targets in SDGs (Barclay et al., 2015).

Both the public and private sectors offer significant portions of FP methods in developing countries such as Nigeria, but they different incentive structures, which may have either positive or negative effect on the overall quality FP services for their clients (Hutchinson et al., 2011). While the private sector is likely to be motivated by economic incentives, the public health facilities less likely to be encouraged by economic incentives because they are not likely to go out of business but are more likely to face infrequent pay (Bennett, 1992; Berman & Rose, 1996; Pongsupap & Lerberghe, 2006). Therefore, they are mostly been characterized by low staff morale, poor attendance and low performance, poor quality of care and treatment (Hutchinson et al., 2011).

To improve uptake of FP services, assessing client satisfaction level is very important. Assessing client satisfaction will help to understand willingness and decisions to return for further or future services. Though there are various opinions about the comparison between the quality of services offered by private and public sectors, yet, the information about the level of differences between the quality of FP services offered by the private sector and the public sector in Nigeria is not readily available. Several studies have assessed client satisfaction in public health facilities (Bintabara et al., 2018; Dulla et al., 2019; Gebreyesus, 2019; Kaoje et al., 2015; Wakjira, 2017), yet studies comparing client satisfaction in private and public health facilities are rather scanty (Hutchinson et al., 2011). Therefore, this objective of this study is to assess the level of client satisfaction and the quality of FP services among family planning clients of both the public and private health facilities in Nigeria.

2. Methodology:

The study is a facility-based cross-sectional survey that was conducted among female family planning clients in 30 private and public hospitals in Nigeria June 7 – 28, 2017 by African Health Project Research team. Five facilities providing family planning services were randomly selected from each of the six geopolitical zones of the country with two private health facilities from each zone. This means, 12 private, and 18 public health facilities were selected (including primary, secondary and tertiary) Clients who visited the selected health facilities for FP purposes on the day of the interview were the sources of information and the study population; they were automatically recruited if consented to participate in the study.

2.1.Sample size, data collection and analysis:

The sample size was estimated as 498 using prevalence and factors associated with the client satisfaction with FP service. The sample size was determined using single population proportion formula and the prevalence assumption of 85.0% (P=0.85) from a previous study conducted in Nigeria (Kaoje et al., 2015), the margin of error 5% (d=0.05), 95% confidence level (Zα/ 2=1.96 and 10% contingency.

A questionnaire was used to collect information on the waiting time, the quality of service and client satisfaction. Clients who visited FP clinics on the day of the interview were asked to take part in the interview. Data were inputted and analyzed using IBM statistical package for social science (SPSS) version 25. Descriptive statistics were done by using frequency and percentages with a significant level set at P-value of less than 0.05.

2.2.Ethical issues:

Ethical approval to carry out the study was obtained from the Ethical approval was obtained from the Health Research Ethical Committee (HREC), Federal Ministry of Health, Abuja, Nigeria and in addition, individual respondent informed consent was also obtained. Confidentiality and privacy were assured maintained in the course of the conduct of the study and questionnaires were anonymous.

3. Results:

The study comprised women of age 15-49 who were seeking FP service at clinics in both private and public institutions. The proportion of clients that waited for less than 30 minutes was 75.2% in public health facilities and 62.7% in private. In private, slightly higher

proportions (37.4%) waited for 30 minutes or more than in public facilities (24.8%) (Figure 1).

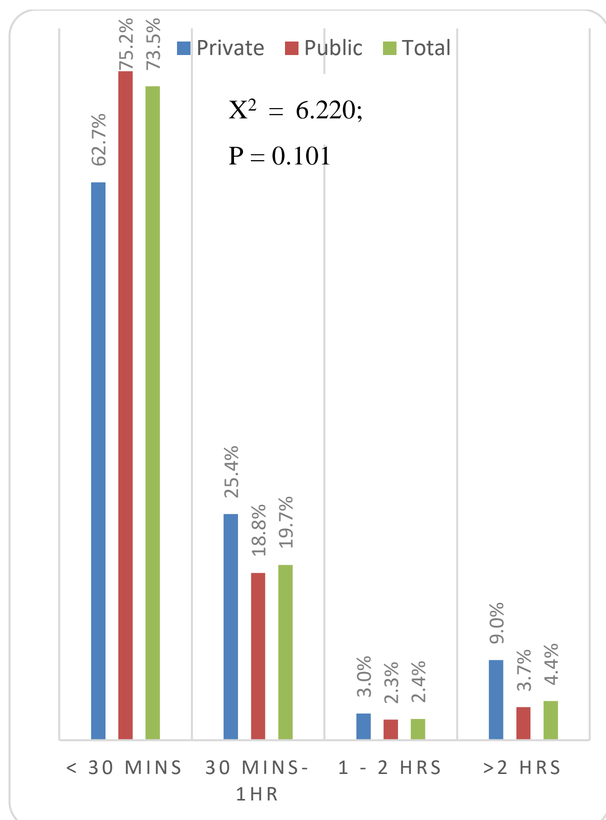

Figure 1. Waiting time to see service providers.

3.1.Quality of services in Private and Public:

The quality of service was measured with seven questions and the average score calculated, based on FP client's report. The average score for private facilities was 6.06 ± 2.12 and public 6.53 ± 1.48 (p<0.001). Public health facilities were rated higher in all the seven questions as compared with private, though both score above 80% in all questions. No significant difference was observed between private (88.1%) and public (93.7%) on the question of whether the clients were provided with the method of their choice (p>0.091). A similar trend was observed considering the wishes of their clients in providing FP methods to them (P = 0.124), and on informing clients on what to do regarding if side effects occur (p = 0.115) as shown in Table 1.

3.2.Client's satisfaction:

Clients satisfaction was also measured using seven questions. The overall score was for private facilities was 6.21 ± 1.52 and public was 6.47 ± 1.40 (P = 0.858). While 73.1% of FP clients in private facilities were satisfied with waiting time, 82.1% reported the same in public health facilities (P = 0.081). Below 50% of both the private and public health facilities were satisfied with the service they received, though the proportion was higher in public (46.9%) than in private (37.3%). A higher percentage of clients in the private institution was satisfied with the facility cleanliness (97.0%) than in public facilities (93.0%) though not statistically significant (p = 0.238). Also, a slightly higher proportion of clients of private facilities were satisfied with the privacy in the examination room (97.05) than public (91.0%), P = 0.093 (Table 2).

4. Discussion

This study employed a client-based assessment to determine the quality of service and satisfaction in both private and public health facilities in Nigeria. This study found that the overall client satisfaction was slightly but not significantly higher in public (92.4%) health facilities than 88.7% found in private facilities.

Table 1: Quality of service in selected private and public health facilities.

S N	Service	Private	Public	X^2	P-value
1	Were you provided with the method of your choice?	59 (88.1)	404 (93.7)	2.859	0.091
2	Did the service provider take your wishes and decision into consideration in providing you with the method you received?	60 (89.6)	407 (94.4)	2.365	0.124
3	Did the health worker teach you how to use the method?	58 (86.6)	405 (94.0)	4.860	0.027*
4	Were you told about the common side effects of the method?	59 (88.1)	407 (94.4)	3.915	0.048*
5	Did the health worker inform you about what you can do regarding the side effects should they occur?	57 (85.1)	393 (91.2)	2.484	0.115
6	Did the health worker inform you about the serious complications for which you should come back to this facility?	55 (82.1)	390 (90.5)	4.300	0.038*
7	Were you given any date when you should come back for a checkup and/or additional supplies?	58 (86.6)	407 (94.4)	5.796	0.016*
8	Overall (on a 7-points scale assessment)	6.06±2.12 (86.6)	6.53±1.48 (93.3)	F (14.184)	<0.001*

Table 2: Clients satisfaction in both private and public health facilities in Nigeria.

S N	Service	Private	Public	X^2	P-value
1	Are you satisfied with the FP services you received?	25 (37.3)	202 (46.9)	2.134	0.144
2	Are you satisfied with the waiting time?	49 (73.1)	354 (82.1)	3.043	0.081
3	Are you satisfied with the time the health care provider spent attending to you?	65 (97.0)	419 (97.2)	0.009	0.926
4	Did staff at the health facility receive you well?	62 (92.5)	413 (95.8)	1.422	0.233
5	Are you satisfied with the cleanliness of the health facility?	65 (97.0)	402 (93.3)	1.392	0.238
6	Are you satisfied with the privacy in the exam room?	65 (97.0)	392 (91.0)	2.822	0.093
7	Would you like to receive services from this health provider next time?	60 (89.6)	406 (94.2)	2.083	0.149
8	Overall (over a total of 7 points)	6.21 ± 1.5 (88.7)	6.47 ± 1.40 (92.4)	F (0.032)	0.858

These values are slightly higher than overall 85% recorded in Sokoto, North-West, Nigeria (Kaoje et al., 2015) though the study was conducted in public health facilities only. The overall client satisfaction in this study is also higher than what was observed in some other African countries; 68.4% seen in Southern Ethiopia (Dulla et al., 2019), 41.7% in Eastern Ethiopia (Gebreyesus, 2019), 55% in Addis Ababa, Ethiopia (Wakjira, 2017). It is also higher than 29.1-71.1% for public and 45.6-81.2% reported for private in a comparative study of three countries comprising Tanzania, Kenya, and Ghana (Hutchinson et al., 2011). The differences between our study and other studies might be because some of the previous studies were conducted in primary health facilities in rural areas, some were conducted only in urban areas and in a particular facility whereas our study was conducted in both rural and urban, comprising many health facilities. It may also be due to differences in socio-cultural, the level of health facility, the expectations of the clients, and differences between the study periods.

The waiting time to receive services and providers' behaviour toward the clients has been adjudged one of the major predictors of client satisfaction with family planning services (Campbell et al., 2015; Net et al., 2007). Waiting time deficiencies makes FP client dissatisfied with service delivery and it is the leading cause of the high rate of program and method discontinuation (Wakjira, 2017). This study found that the majority (73.5%) of the clients in both private and public health facilities waited for less than 30 minutes to see service providers. This value is higher than 49% reported in Sokoto, Nigeria (Kaoje et al., 2015) and 32% in Addis Ababa, Ethiopia (Wakjira, 2017), (64.5% in Eastern Ethiopia (Gebreyesus, 2019). However, the level of satisfaction with waiting time in public facilities was better than in private health facilities. While 82.1% were satisfied with waiting time in public facilities, 73.1% were satisfied in private facilities. The proportion of public facilities clients who were satisfied with waiting time in our study is higher than 74.3% obtained in public a facility Sokoto but slightly lower than 80.9% reported in South Ethiopia (Tsegaye et al., 2015). In a comparative study of public and private hospitals, satisfaction with waiting time was 81.2% in public and 81.4% in private (Hutchinson et al., 2011), which implies that private hospitals had better waiting time. This report contrasts our finding which revealed that the level of satisfaction in public facilities is higher than private health facilities.

Evidence from previous studies suggests that good quality of FP services encourages acceptance or continuation of contraceptive use (Bintabara et al., 2018; RamaRao et al., 2003). This study found that the overall quality of service (as reported by clients) was significantly higher in public (93.3%) health facilities than private (86.6%) ($p<0.001$). Most FP clients in both private and public facilities were provided with the method of their choice, their wishes and decisions were taking into consideration, they were taught how to use the methods, were informed about the side effects and possible serious complication for which they could come back to the facilities. However, quality of care (based on the measured parameters) in public facilities was better than the private. The quality of service seen in private facilities in this study is similar to 86.6% reported in some public facilities in Sokoto, Nigeria (Kaoje et al., 2015) though this value is lower than the value obtained in public health facilities in this study. This disparity might be due to the study period and improvement in the quality of services. It might also be attributed to the fact that the study in Sokoto was conducted in only Sokoto government facilities whereas our study covers a wider range. The quality of services reported in this study for both private and public facilities are also higher than the values reported in other parts of Africa (Agha & Do,

2009; Gebreyesus, 2019; Hutchinson et al., 2011; Tsegaye et al., 2015) and Latin America (Williams et al., 2000)

5. Conclusion:

This study found high quality of FP services and client satisfaction in both public and private health facilities in Nigeria, though public facilities showed higher quality of services than the private. This contrast the findings of a comparative study conducted in 3 African countries Tanzania, Kenya, and Ghana, where client satisfaction and quality of FP services were better in private health facilities than in public facilities (Hutchinson et al., 2011). This is in agreement with a previous study has proven that the expansion of the private commercial sector supply of contraceptives in Nigeria, Uganda, Bangladesh, and Indonesia did not lead to increased unfairness in the use of modern contraceptives (Hotchkiss et al., 2011).

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