

Full Length Research Paper

Client's satisfaction with family planning services and associated factors among family planning users in Hossana Town Public Health Facilities, South Ethiopia: Facility-based cross-sectional study

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Client satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. It reflects the gap between the expected and the experience of the service from the client's point of view. The objective of this study was to assess clients' satisfaction with family planning services and associated factors. Facility-based cross-sectional study that involved an exit interview was conducted from February to March, 2014 in public health facilities in Hossana town. The data were collected from 324 respondents selected by systematic sampling technique using pre-tested structured interviewer administered questionnaire. Of the total of 324 study subjects, 75.3% of the respondents reported that they were satisfied with services they received. In multivariate analysis, satisfaction of clients was higher for women who reported their waiting time to be 30 min and less (AOR=5.5 [95% CI=1.918, 15.77]), for those whom privacy was ensured during exams and procedures (AOR=5.08 [95%CI=2.270, 11.387]), told how to use the method (AOR=3.431[1.206, 9.761]), had history of unintended pregnancy (AOR 2.803[1.058, 7.426]), repeat users (AOR=3.041[1.37, 6.737]), convenient opening hours (AOR= 4.730[1.217, 18.383]) and lower for those women who perceived health facilities not clean (AOR= 0.192[0.056, 0.658]) and those who had experienced methods side effect (AOR=0.280 [95%CI= [.121, 0.645]). This study revealed that clients' satisfaction with family planning service was low. The frequency of visit, waiting time, cleanness of health facilities, history of side effect, history of unintended pregnancy, and information on how to use methods, privacy during examination and procedure and convenience of opening hour were the predictors of client satisfaction.

Key words: Family planning, client satisfaction, Hossana town.

INTRODUCTION

Currently, the world population is growing by over 80 million people every year. According to the United Nations projections, by 2025 the world would contain

over 8 billion people, of which some 6.8 billion would live in developing countries (SITA, 2003). Fertility is high among sub-Saharan African countries at an average of

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5.3 children per woman.

Ethiopia is one of the sub-Saharan African countries with alarming population growth rate of 2.6 and total fertility rate is approximated 5 (Central Statistical Authority, 2011). Family planning (FP) services are unique in providing the means for couples to space or limit their births, as well as to stabilize the world's population. Also, they have a role in the reduction of maternal morbidity and mortality by their ability in reducing the absolute number of pregnancies among all women, reducing the number of pregnancies among high-risk women, and unwanted pregnancies that might otherwise end in abortion (Loha et al., 2004). The promotion of FP in countries with high birth rates has the potential to reduce poverty, hunger, prevent all maternal deaths by 32% and childhood deaths nearly by 10% (UKaid, 2012).

Among the targets of the Ethiopian population policy, which was adopted early in 1993, Ministry of Health (MoH), is reducing the total fertility rate (TFR), reducing morbidity and mortality, improving maternal and child health, and increasing the contraceptive prevalence rate (CPR) to 66% by 2015 (Central Statistical Authority, 2011). In order to achieve this target, the ministry has given priority to the provision of safe motherhood services such as FP in the community by increasing access to and use of FP as it is not one of the Millennium Development Goals (MDGs); but it can make valuable contributions to achieving many of the goals as increasing contraceptive use can significantly reduce the costs of achieving selected MDGs and directly contributes to reductions in maternal and child mortality (Central Statistical Authority, 2011; Tseganeh, 2005).

Currently, patients are aware of their needs and rights. They know that health care facilities are established to provide satisfactory and high-quality health services to them. If they fail to do so, they are considered unsuccessful in implementing their assigned tasks (Ny and Sermsri, 2007). So health care facility performance can be best assessed by measuring the level of patient's satisfaction, and a completely satisfied patient believes that the organization has potential in understanding patient needs related to health care (Ny and Sermsri, 2007). The quality of care can be measured from the perspectives of clients or providers or facility. Client satisfaction with services is a subjective way of measuring quality services but satisfied clients are more likely to re-visit the services, pass on positive messages to others, and continue the use of a particular FP method but on the other hand, dissatisfied clients are more likely to share their negative experiences with others and less likely to return or continue the use of FP services (Agwanda and Kimani, 2009). Improving the quality of services has an impact on women's satisfaction with the services, which may also lead to increased service utilization, continued FP use, achievement of fertility goals, higher contraceptive prevalence rate (CPR) and lower fertility (Agwanda and Kimani, 2009).

The studies in Tanzania, Kenya and Ghana have examined the effects of quality of FP on uptake and continuation (Hutchinson et al., 2011). The principal determinant of this uptake and continued utilization of FP is overall client satisfaction with the services, and the discontinuation rates of contraceptive use in sub-Saharan Africa vary between 19 and 36%, and the cited reasons for discontinuation were wanting a more effective method, health concerns, side effects, lack of access, cost, inconvenient to use, and quality of the service environment (Hutchinson et al., 2011; Khan et al., 2007; Blanc et al., 1999; Curtis et al., 2011; Monjok et al., 2010; Darroch and Singh, 2011).

The study conducted in Jimma Zone, Jimma University specialized hospital, Addis Ababa and Bangladesh indicated that 19.1, 37.2, one fourth and 52.6% of clients not satisfied with the waiting time service, and age was not significant (Assefa et al., 2011; Chemir et al., 2014; Fikru et al., 2013; Hasan, 2007). However, study conducted at Hawassa University Referral Hospital where age was significantly associated with client satisfaction (Tesfaye, 2009), in Bangladesh (Hasan, 2007), Eastern Saudi Arabia (Hasan, 2007), in Kenya (Agha and Mai, 2009), in Tanzania (Hutchinson et al., 2011), Iran (Hasan, 2007) and in Ghana (Nketiah, 2009) where maternal education, cleanliness of the facility, frequency of visit, proper and adequate explanation on how to use contraceptive were predictors of client satisfaction. The contraceptive prevalence rate (CPR) in Ethiopia is about 28%, while abortion and unwanted pregnancy are among the main causes of maternal mortality in Ethiopia (Worku and Fantahun, 2006). In 2008, 101 unintended pregnancies occurred per 1,000 women aged 15 to 44, and 42% of all pregnancies were unintended. In the same year, an estimated 382,500 induced abortions, 23 abortions per 1,000 women aged 15 to 44, were performed in Ethiopia (IPAS, 2010).

In general, client satisfaction is an important measure of the quality of care, because it offers information on the provider's success at meeting those expectations of what is more relevant to the client and an important tools to evaluate administration and planning the process of health care (Amin Zenube Assessment, 2007). But in Ethiopia, specifically in Hossana, studies showing the clear picture of client satisfaction with family planning service have not been conducted. Thus, this study is proposed to fill this information gap in Hossana, South Ethiopia with the potential of generalizability of its result to similar settings and population of the country at large.

MATERIALS AND METHODS

This study was conducted in Hossana town health facilities from February to March, 2014. The town is located 230 km southwest of the capital city of Ethiopia Addis Ababa and 194 km far from regional city Hawassa being the capital of Hadiya zone. According to the housing and population census conducted in 2007, the total population size of the town as projected to the year 2013 is 102,238

of which 50,097 are males, 52,141 are females, while 23,821 are reproductive age women and 4907 are pregnant women, with the total population being 102,238 × TFR 4.8% (EDHS, 2011). As to the health service facilities, there are four governmental health facilities: one hospital, three health centers and 16 private clinics.

A facility-based cross-sectional study with quantitative methods of data collection were used. Study population consists of all 334 sampled mothers among family planning using clients visited in Hossana public health facilities during the study period, and selected using systematic random sampling technique. Data were collected through face-to-face exit interviews using pre-tested structured questionnaires. Questionnaires included measures of socio demographic characteristics and satisfaction levels with the different components of the family planning services which included the availability of supplies, information provision by the health workers, waiting time to get the services and courtesy, and respect of the health workers with five points Likert scale items, with 1 and 5 indicating the lowest and highest levels of satisfaction, respectively (dissatisfied=1, dissatisfied = 2, neutral=3, satisfied, =4 and very satisfied =5).

The clients' overall satisfaction level was classified into high satisfaction score above a specified cut point, and low satisfaction below this cut point. Cut points were calculated using the demarcation threshold formula: $\{(highest\ total\ score - lowest\ total\ score) / 2\} + Total\ lowest\ score$ (17). Data analysis was conducted using statistical package of social sciences (SPSS) version 16.0. In addition to descriptive statistics, the chi-square test was employed to assess associations between dependent and independent variables of the study. Bivariate analysis was also used to check for associations. Variables having associations were entered into logistic regression to obtain odds ratios and the confidence intervals, and multivariable logistic regression analysis was carried out to assess strength of statistical association (adjusted odds ratios). The strength of statistical association was measured by adjusted odds ratios and 95% confidence intervals. Statistical significance was declared at $P < 0.05$.

Ethical consideration

Ethical clearance was obtained from ethical committee of Jimma University, College of Public Health and Medical Science. A formal letter, from the College of Public Health and Medical Sciences of Jimma University, was submitted to Hossana town health office and concerned bodies to obtain their co-operation. Then permission and support letter was written to each respective health facilities. The purpose of the study was explained to the study subjects at the time of data collection, and verbal consent was secured from the participants to confirm whether they were willing to participate. The study subjects were informed on participation on voluntary basis. Confidentiality of responses was also ensured throughout the research process.

RESULTS

Socio-demographic characteristics

Out of the total of 324 study subjects, 236 (72.8%) subjects were repeat clients. The mean age of the mothers was 28 years (standard deviation (SD) ±5.57) and ranges from 17 to 42 years (Table 1).

Obstetrics and health service related variables

As to obstetrics related variables, 41 (12.7%) of them had

history of abortion, 305 (94.1%) received the method they wanted, 68 (21%) of clients experienced side effects on method they were using, 80 (24.7%) had an unwanted pregnancy, 243 (75%) of the clients were informed on side effects of methods, and 295 (91%) were told how to use the method and their function, 301 (92%) reported that they were politely treated by the service providers and 271 (83.6%) reported that their privacy was maintained. 287 (88.6%) said the way they were handled by supportive staffs was good, 189 (58.3%), 106 (32.7%) of them waited from 30 min to 1 h. The mean waiting time was 26 min (Table 2). Regarding the level of satisfaction in four different categories, namely, technical competence, accessibility of the health services, interpersonal component, and cleanness of health facilities (Figure 1), the majority (88.3%) of the participants were satisfied on cleanness of health facilities, but fewer participants were satisfied with technical aspect of health providers (70.1%) (Tables 3 and 4).

Association between dependent and independent variables

The association of dependent and independent variables were computed, and statistically significant associations were observed in bivariate logistic regression between age of clients, maternal educational level, numbers of living children, frequency of family planning visit and parity with family planning service satisfaction at p -value < 0.05 . The result showed that older age groups 35 to 49 years were 2.6 times more likely to be satisfied than younger age group of 15 to 24 of mothers (UOR= 2.62 [95% CI=1.10, 6.263]). Mothers who can read and write without attending formal education were 3.9 times more likely to be satisfied than mothers with educational level of college and above (UOR=3.89 [95%CI=1.10, 14.34]), and mothers living with 5 children and above were 2.5 times more likely to be satisfied than mothers living with 4 children and below (UOR=2.52 [95%CI=1.19, 5.34]). Also, respondents who utilized services at health centers were less likely to be satisfied with services from the hospital (Table 5).

Also, multi-variate logistic regression analysis showed repeated visitors were 3 times more satisfied as compared to those who were new visitors (AOR=3.04[1.37, 6.74]); those who had experience on contraceptive methods side effect were 72% less likely to be satisfied than who had no experience on methods (AOR=0.280 [95%CI= [0.121, 0.645]); clients who had history of unintended pregnancy were 2.8 times more satisfied as compared to those who had no experience (AOR=2.803[1.058, 7.426]); clients who were advised on how to use the method were 3.43 times more satisfied with services than those who were not (AOR=3.43 [95%CI=1.206, 9.761]); mothers whose privacy were ensured during exams and procedures were 5.08 times more likely satisfied than those who reported privacy was

Table 1. Distribution of respondents by their basic socio-demographic characteristics, Hossana town, Southern Ethiopia, from February to March, 2014.

Socio-demographic characteristics	Numbers	Percentage
Age group (n=324)	15-24	27.8
	25-29	35.5
	30-34	20.7
	35+	16.0
Marital Status (n=324)	Married	98.1
	Others	1.9
Educational Status (n=324)	Illiterate	7.7
	Can read and write	8.6
	Primary cycle 1-4	14.8
	Secondary cycle 5-8	25.6
	High school 9-12	22.8
	Diploma and above	20.4
Occupation (n=324)	Governmental employed	18.2
	Merchant	20.4
	House wife	56.2
	Others	5.2
Religion (n=324)	Orthodox	23.8
	Protestant	57.7
	Muslim	13.6
	Others	4.9
Ethnicity(n=324)	Hadiya	61.7
	Kembata	10.2
	Gurage	9.3
	Silte	10.2
	Amhara	6.2
	Others	2.5
Residence	Urban	88.0
	Rural	12.0
Frequency of visit	New visit	27.2
	Repeat visit	72.8

not ensured (AOR=5.08 [95%CI=2.270, 11.387]); clients who get service within 30 min were 5.5 times more satisfied as compared to those who got more than 60 min (AOR=5.5 [95%CI=1.918, 15.77]), clients who reported that the opening hours of clinic was convenient were 4.7 times more satisfied than those who said the opening hours of clinic was not convenient (AOR=4.73[1.22,18.38]), and clients who perceived health facilities were not clean were less likely to be satisfied as compared to those who perceived the facility to be clean (AOR=0.192[0.056, 0.658]).

The predictors of satisfaction with family planning were cleanness of health facility, waiting time to get services,

frequency of visit, experience of unintended pregnancy, history of side effect with methods, history of switching methods, convenience of the hours when clinic is opened, privacy during examination and procedures, receiving advice on how to use the method, and written information on side effects (Tables 6 and 7).

DISCUSSION

Clients' satisfaction is the key indicator that can reflect the health service quality at any level of health care facilities. Therefore, assessing clients' satisfaction helps

Table 2. Distribution of respondents by obstetrics and health service related variables in Hossana town, Southern Ethiopia, from February to March, 2014.

Variable	Category	Numbers	Percentage
You received the method you wanted	Yes	305	94.1
	No	19	5.9
Have you history of face side effect on method	Yes	68	21.0
	No	256	79.0
Have you History of shifting method	Yes	128	39.5
	No	196	60.5
Have you history of unintended pregnancy	Yes	80	24.7
	No	244	75.3
Numbers of unwanted pregnancy	Once	55	17.0
	Twice and above	28	8.6
Were you told how to use the method	Yes	295	91.0
	No	29	9.0
Were you told about the method's side effects	Yes	243	75.0
	No	81	25.0
Got written information on side effects	Yes	106	32.7
	No	218	67.3
Did the provider tell you to return if you have problems	Yes	215	66.4
	No	109	33.6
Were you treated with respect and courtesy at the reception desk	Yes	287	88.6
	No	37	11.4
You are treated with respect and courtesy by the care provider	Yes	301	92.9
	No	23	7.1
Your privacy was respected when you were asked to share sensitive issue	Yes	271	83.6
	No	53	16.4
Did you have enough privacy during exams and procedures	Yes	273	84.3
	No	51	15.7
The hours this clinic is open convenient for you	Yes	309	95.4
	No	15	4.6
The working hours of the clinic delay from getting service	Yes	72	22.2
	No	252	77.8
Health facility was clean	Yes	308	95.1
	No	16	4.9
Waiting time was long	Yes	62	19.1
	No	262	80.9

Table 3. Level of satisfaction of clients with the different components in the family planning services of the Hossana town, from February to March, 2014 (n = 324).

Characteristic	1 [No. (%)]	2 [No. (%)]	3[No. (%)]	4[No. (%)]	5[No. (%)]
Service providers were respectful	0 (0)	6 (1.8)	19 (5.86)	148 (45.7)	151 (46.6)
Service providers have shown concern	0 (0)	3 (0.9)	27 (8.3)	125 (38.6)	169 (52.2)
Service providers have shown Comfort	0 (0)	5 (1.5)	27 (8.3)	140 (43.2)	152 (46.9)
Mutual understanding between service providers and you	0 (0)	4 (1.2)	13 (4)	152 (46.9)	155 (47.8)
Trust with service providers	0 (0)	13 (4)	20 (6.2)	145 (44.8)	146 (44.8)
The provider was cooperative	0 (0)	9 (2.8)	16 (4.9)	150 (46.3)	149 (46)
Service providers gave opportunity to take part in decisions	0 (0)	8 (2.5)	9 (2.8)	127 (39.2)	180 (55.6)
Service providers gave adequate information	0 (0)	37 (11.4)	49 (15.1)	139 (42.9)	99 (30.6)
Service providers explanation was clear and straightforward	0 (0)	15 (4.6)	13 (4.0)	168 (51.9)	128 (39.5)
Service providers explained procedures	1 (0.3)	40 (12.3)	54 (16.7)	131 (40.4)	98 (30.2)
Cleanliness of clinic	1 (0.3)	8 (2.5)	7 (2.2)	145 (44.8)	163 (50.3)
waiting room has enough sitting chairs	0 (0)	27 (8.3)	18 (5.6)	125 (38.6)	154 (47.5)
Attractiveness of clinic	1 (0.3)	15 (4.6)	10 (3.1)	134 (41.4)	164 (50.6)
Waiting room ventilation	0 (0)	12 (3.7)	8 (2.5)	125 (38.6)	179 (55.2)
Location of clinic	0 (0)	3 (0.9)	11 (3.4)	151 (46.6)	159 (49.1)
Waiting time to get service	0 (0)	49 (15.1)	9 (2.8)	129 (39.8)	137 (42.3)
Waiting time at clinic	0 (0)	47 (14.5)	14 (4.3)	135 (41.7)	128 (39.5)
Working hours of clinic	0 (0)	37 (11.4)	13 (4.0)	157 (48.5)	117 (36.1)
Overall level of satisfaction	0 (0)	7 (2.2)	20 (6.2)	173 (53.4)	124 (38.3)

Very dissatisfied (1), dissatisfied (2), neither/nor (3), somewhat satisfied (4) and somewhat satisfied (5).

Table 4. Level of satisfaction with family planning services based on four dimensions, in Hossana town, Southern Ethiopia from February to March, 2014.

Level of satisfaction	low satisfaction		High satisfaction	
	No.	%	No.	%
Technical component	97	29.9	227	70.1
Interpersonal component	50	15.4	274	84.6
Accessibility component	68	21.0	256	79.0
Cleanness	38	11.7	286	88.3
Overall level of satisfaction	80	24.7	244	75.3

to evaluate quality of services. This study showed that about one fourth (24.7%) of the clients were not satisfied with the service they had received. This finding was consistent with what has been observed in a study conducted in the Jimma University specialized hospital in which 23.0% were not satisfied (Assefa et al., 2011), but is lower than what has been observed in studies conducted in Bangladesh in which 32% were not satisfied (Nketiah, 2009). In contrast, in a study conducted in Thailand, clients reported much higher levels of satisfaction (23.3% highly satisfied, 61.4% moderately satisfied) and only 15.3% were not satisfied with services (Ny and Sermsri, 2007).

In this study, the predictors of client satisfaction with family planning service were age of clients, maternal

education level, numbers of living children, frequency of family planning visit, parity, history of side effect with contraceptive methods, history of methods shift, history of unintended pregnancy, advised on how to use the contraceptive, maintenance of privacy during exams and procedures, waiting time to get service, opening hours of clinic, and perception on cleanness of the facilities (Tables 5, 6 and 7).

Our findings related to the predictors of client satisfaction regarding FP service delivery were not consistent with what has been observed in study conducted in Jimma zone where 19.1% of clients were not satisfied, waiting time service and age was not significantly related to satisfaction (Fikru et al., 2013), Jimma University specialized hospital, Addis Ababa,

Table 5. Comparison of satisfaction of client with their socio-economic characteristics of family planning attendants, in Hossana town, Southern Ethiopia, from February to March, 2014.

Satisfaction level		Low satisfaction [N (%)]	High satisfaction [N (%)]	AOR (95%CI)
Age of mother	15-24	29 (32.2)	61 (67.8)	1
	25-29	29 (25.2)	86 (74.8)	1.12 [0.46, 2.68]
	30-34	14 (20.9)	53 (79.1)	2.74 [0.748, 10.03]
	35-49	8 (15.4)	44 (84.6)	1.12 [0.16, 7.81]
Educational status of mother	Illiterate	4 (16)	21 (84)	1.25 [0.23,6.85]
	Read and write	3 (10.7)	25 (89.3)	2.82 [0.40,19.71]
	Primary level (1-8)	26 (19.8)	105 (80.2)	1.23 [0.43,3.55]
	Secondary level(9-12)	26 (35.2)	48 (64.8)	0.87 [0.34,2.24]
	Collage and above	21 (31.8)	45 (68.2)	1
Names of health facilities	NEMMH	12 (16.4)	61 (83.6)	1
	Hossana HC	33 (33.7)	65 (66.3)	0.35 [0.124, 9.87]
	Lichamba	24 (33.3)	48 (66.7)	0.364 [0.121,1.10]
	Bobicho	11 (13.6)	70 (84.6)	0.540 [0.152,1.92]

*p-value<0.05, **p-value <0.01, ***p-value<0.001.

Bangladesh where 37.2%, one fourth and 52.6% of clients not satisfied waiting time service (Assefa et al., 2011, Chemir et al., 2014; Hasan, 2007), respectively. The possible reason for this variation may be difference in the quality of facilities, subjective measures of satisfaction, awareness among the study subjects, and differences in client volume.

What has been observed in the study conducted at Hawassa University Referral Hospital, where age was significantly associated with client satisfaction (Tsfaye, 2009), in Bangladesh (Hasan, 2007), Eastern Saudi Arabia (Hasan, 2007), in Kenya (Agha and Mai, 2009), in Tanzania (Hutchinson et al., 2011), Iran (Hasan, 2007) and in Ghana (Nketiah, 2009) where maternal education, cleanliness of the facility, frequency of visit, proper and adequate explanation on how to use contraceptive were predictors of client satisfaction. This cross-sectional study has possible limitations that it does not measures the cause effect.

Conclusion

Quality is rapidly becoming a global issue and of concern to both the providers and the users of health care services. Also, the issue of client satisfaction and dissatisfaction has become a topic of increasing importance in health care. This study identified that, one fourth clients were not satisfied with the service that they had received. Out of the four dimensions assessed, clients were satisfied with interpersonal aspects, availability and cleanness of the health facilities. However, they were less satisfied with the technical aspect and accessibility. The frequency of visit, waiting

time, cleanness of health facilities, history of side effect, history of unintended pregnancy, and information on how to use methods, privacy during examination and procedure and convenience of opening hour were the predictors of client satisfaction.

RECOMMENDATIONS

In this study, the predictors for client satisfaction with family planning service were age, education level, visit, parity, client experience with contraceptive, methods shift, history of unintended pregnancy, advised on about contraceptive, privacy, waiting time, opening hours of clinic, and perception on cleanness of the facilities. Thus, FMOH, policy makers and interested body should discuss this issue to enhance the quality of service, and to develop a system to control factors that affect client satisfaction. Moreover, further prospective studies are recommended in terms of the observation and qualitative data collection.

Conflicts of Interest

The authors declared that they have no conflicts of interest.

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Table 6. Comparison of satisfaction of client with their obstetric and experience of previous interaction and health facility related variables among family planning attendants, in Hossana town, Southern Ethiopia, from February to March, 2014.

Variable		Satisfaction level		UOR (95%CI)	AOR (95%CI)
		Low satisfaction [No. (%)]	High satisfaction [No. (%)]		
Parity	0-4	61 (28.4)	154 (71.6)	0.49 [0.25,0.96]*	0.342 [0.051, 2.28]
	>4	12 (15.6)	65 (84.4)	1	1
Still birth	Yes	3 (11.5)	23 (88.5)	2.67 [0.78, 9.15]	2.11 [0.33, 13.48]
	No	77 (25.3)	221 (74.7)	1	1
No. livening children	0-4	71 (27.7)	185 (72.3)	0.40 [0.19, 0.84]*	0.384 [0.125, 1.18]
	>4	9 (13.2)	59 (86.7)	1	1
Current F/P visit	New	29 (33)	59 (67)	1	1
	Repeat	51 (21.6)	185 (78.4)	1.78 [1.04,3.05]*	3.04 [1.37, 6.74]**
History of unintended pregnancy	Yes	9 (11.3)	71 (88.7)	3.24 [1.5, 6.8]**	2.8 [1.1,7.43]*
	No	71 (29)	173 (71)	1	1
History of faced side effect	Yes	29 (42.6)	39 (57.4)	0.34 [0.19, .59]*	0.28 [0.121,0.645]*
	No	51 (20)	205 (80)	1	1
Waiting time	0-30	28 (14.8)	161 (85.2)	3.51 [1.5,8.27]**	5.50 [1.92, 15.77]**
	31-60	41 (38.7)	25 (60)	0.97 [0.416,2.257]	1.82 [0.64, 5.22]
	>60	11 (38)	2 (66.7)	1	1
Convenient opening hours of clinic	Yes	70 (22.7)	239 (77.3)	6.8 [2.26,20.64]**	4.7 [1.22,18.38]*
	No	10 (66.7)	5 (33.3)	1	1
Cleanness of HF	Yes	71 (23)	237 (77)	1	1
	-	9 (56.3)	7 (43.7)	0.23 [0.09, 0.65]**	0.19 [0.06, 0.66]**

*p-value<0.05, **p-value <0.01, ***p-value<0.001.

Table 7. Comparison of satisfaction of client with their health provider related variables in Hossana town, Southern Ethiopia, from February to March 2014.

Variable		Satisfaction level		UOR (95%CI)	AOR (95%CI)
		Low satisfaction [No. (%)]	High satisfaction [No. (%)]		
Privacy was ensured during exams and procedures	Yes	49 (18)	224 (82)	7.1 [3.7,13.4]***	5.1 [2.3,11.3]***
	No	31 (60.8)	20 (39.2)	1	1
Privacy respected when sharing sensitive issue	Yes	51 (19)	220 (81)	5.2 [2.80,9.70]*	0.99 [0.25, 3.86]
	No	29 (54.7)	24 (45.3)	1	1
Registration staff treated with respect and courtesy	Yes	63 (22)	224 (78)	3.0 [1.49,6.13]*	0.60 [0.16, 2.28]
	No	17 (46)	20 (54)	1	1
Care provider treated with respect and courtesy	Yes	66 (22)	235 (78)	5.54 [2.3,13.4]*	1.77 [0.34, 9.15]
	No	14 (60.9)	9 (39.1)	1	1
Given written information on side effects	Yes	14 (13.2)	92 (86.8)	2.85 [1.52,5.4]*	1.82 [0.71, 4.64]
	No	66 (30.3)	152 (69.7)	1	1

Table 7. Cont'd.

Told about the method's side effects	Yes	55 (22.6)	188 (77.4)	1.53 [0.87, 2.67]	0.75 [0.30, 1.89]
	No	25 (30.9)	56 (69.1)	1	1
Told about how to use the method and function	Yes	66 (22.4)	229 (77.6)	3.238 [1.5, 7.1]*	3.43 [1.2,9.76]*
	No	14 (48.3)	15 (51.7)	1	1

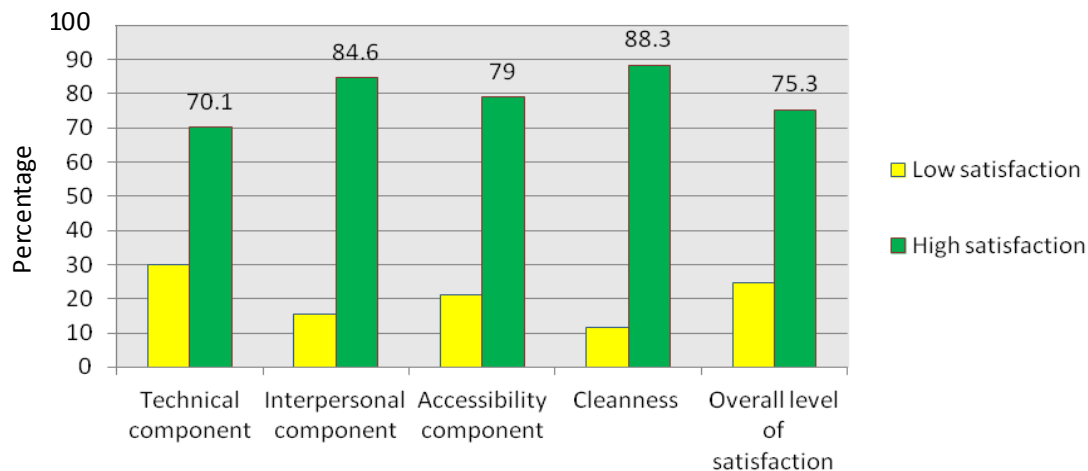


Figure 1. Level of satisfaction with family planning services based on four dimensions, in Hossana town, Southern Ethiopia from February to March, 2014.

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