

SATISFACTION LEVEL AMONG POST ABORTION CLIENTS AFTER ADOPTION OF CONTRACEPTIVE METHOD IN SARGODHA DISTRICT OF PAKISTAN

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ABSTRACT

Objectives: To determine the satisfaction level among post abortion clients after adopting contraception and reasons of dissatisfaction.

Study Design: Cross sectional analytical study.

Place and Duration of Study: The study was carried out in three public and three private hospitals of Sargodha, from Feb 2018 to Oct 2018.

Methodology: Sample of 61 post abortion clients who adopted contraception within one month were included in the study using two stage random sampling technique. A validated client satisfaction questionnaire (CSQ-8) was used and data were analyzed using SPSS version 22.

Results: Overall, satisfaction level was high in contraceptive method adopters. Out of 61 contraceptive method adopters, 24 (39.3%) clients were very satisfied, 26 (42.6%) were satisfied and 11 (18.3%) were dissatisfied. No one was very dissatisfied. Satisfaction level was higher who adopted short term methods, 35 (92.1%) clients were either very satisfied or satisfied. Six (85.7%) clients who adopted withdrawal method expressed dissatisfaction. Type of abortion, no of contraceptive method discussed during counseling and type of contraceptive method were significantly associated with client's satisfaction level (p -value <0.05). Fear of method failure, non-cooperative attitude of health care provider, lack of information and side effects were reasons of dissatisfaction.

Conclusion: Majority of clients who adopted the contraceptive method expressed their satisfaction.

Keywords: Contraception, Contraceptive method, Family planning, Post abortion client, Post abortion contraception, Satisfaction level.

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INTRODUCTION

Client satisfaction is a multidimensional phenomenon. In context of family planning services, it depends upon client's perceived needs, her expectations from health care provider and services and her experience of services received. Satisfaction level of clients is measured to know how much a client is satisfied with the services received.

World Health Organization recommends at least 6 month interval to next pregnancy after miscarriage or induced abortion¹. Due to rapid return of fertility and early resumption of sexual activity, post abortion clients are exposed to the risk of closely spaced pregnancy^{2,3}. They need counseling and provision of effective contra-

ceptive method as a part of post abortion care. Post abortion period is an opportunity to increase contraception rates by offering a method mix to post abortion client and thus addressing the needs of women⁴.

Among post abortion clients, satisfaction after contraceptive uptake depends upon to which extent needs are fulfilled and expectation are met⁵. Many factors may influence the client satisfaction like inter personal communication skills of health care provider, privacy, attitude of health facility staff and availability of method of choice, demographic characteristics like age and education of client, feeling of being informed, any experience of side effects, receiving the method which fulfills the needs and any problem associated with follow up care⁶.

Client's satisfaction is one of the desired outcomes of reproductive health care which

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needs to be measured⁷. Optimum utilization of services is only possible if the client's satisfaction level is high⁸. Satisfied clients are more likely to adopt the method, pass on positive messages to other people, and continue the use of a particular contraceptive method. On the other hand, dissatisfied clients are more likely to share their negative views with others and less likely to come for follow up or continue the use of

abortion clients. Analyzing satisfaction level among post abortion clients after contraceptive method uptake, gaps in the provision of post abortion contraception methods would be highlighted and can be easily addressed as it gives an opportunity to keep a check on unplanned population growth¹¹. In this study client satisfaction was measured according to parameters like perception of client about quality

Table-I: Socio demographic characteristics of the participants and their satisfaction level (n=61).

Demographic variables	Frequency n (%)	Satisfaction level n (%)			p-value
		Very satisfied	Satisfied	Dissatisfied	
Age					
>24 years	10 (16.3)	3 (30)	5 (50)	2 (20)	0.21
25-30 years	29 (47.5)	14 (48.2)	13 (44.8)	2 (6.8)	
31-49 years	22 (36)	7 (31.8)	8 (36.3)	7 (31.8)	
Area of residence					
Urban	38 (62.2)	11 (28.9)	18 (47.3)	9 (23.6)	0.079
Rural	23 (37.7)	13 (56.5)	8 (34.7)	2 (8.6)	
Years of education					
Illiterate	15 (24.5)	5 (33.3)	9 (60)	1 (6.6)	0.07
1-5 years	15 (24.5)	9 (60)	4 (26.7)	2 (13.3)	
6-10 years	24 (39.3)	8 (33.3)	8 (33.3)	8 (33.3)	
11-14 years	7 (11.4)	2 (28.6)	5 (71.4)	-	
Years of marriage					
Up to 5 years	18 (29.5)	9 (50)	6 (33.3)	3 (16.7)	0.39
6-10 years	23 (37.7)	8 (34.8)	12 (52.2)	3 (13)	
>11 years	20 (32.7)	7 (35)	8 (40)	5 (25)	
No. of living children					
0	1 (1.6)	1 (100)	-	-	0.65
1-2	27 (44.2)	12 (44.4)	11 (40.7)	4 (14.8)	
3 or more	33 (54)	11 (33.3)	15 (45.5)	7 (21.2)	

contraception⁹. Client satisfaction with services is a subjective way of measuring the quality of services and the feedback is necessary to identify issues that need to be addressed in improving the quality of services. Assessment of the contraception client satisfaction is gaining significant importance in reproductive health care program globally¹⁰.

In Pakistan, research data regarding client's satisfaction is not available especially in the domain of post abortion contraception. Analysis of client's satisfaction level would be helpful in assessing the facilitators and barriers in adopting and continuing the contraceptive method by post

of services, getting the desired services, the extent to which needs were fulfilled, whether client is ready to recommend services to a friend, satisfaction with the support received, whether services solved the problem, overall satisfaction with all aspect of services and willingness of client to get the services again if required. By covering all above mentioned aspects, the study has added valuable information in existing body of literature.

METHODOLOGY

This cross sectional analytical study was conducted at three public and three private sector hospitals of district Sargodha from February 2018

to October 2018. Study participants were 61 post abortion clients. Raosoft sample size calculator was used for sample size estimation. Keeping 5.5% margin of error and 95% confidence level, a sample size of 61 was calculated. Two stage sampling technique was used. Firstly, list of all hospitals providing reproductive health care was obtained from District Health Officer and sampling frames were constructed for private

study. Clients who reported severe maternal illness were excluded from study. Clients fulfilling the eligibility criteria were enrolled in the study after taking written voluntary informed consent from them.

Client satisfaction level was assessed using CSQ-8 questionnaire which consisted of 8 questions. Each question has 4 options and score 1 to 4

Table-II: Participants related factors and satisfaction level of respondents (n=61).

Demographic Variables	Frequency n (%)	Satisfaction Level n (%)			p-value
		Very Satisfied	Satisfied	Dissatisfied	
Type of Abortion					
Missed	24 (39.3)	15 (62.5)	8 (33.3)	1 (4.1)	0.007*
Incomplete	24 (39.3)	9 (37.5)	11 (45.8)	4 (16.6)	
Complete	2 (3.2)	-	1 (50)	1 (50)	
Induced	11 (18)	-	6 (54.5)	5 (45.4)	
Gestational Age					
1st trimester abortion	53 (86.8)	20 (37.7)	23 (43.4)	10 (18.7)	0.787
2nd trimester abortion	8 (13.1)	4 (50)	3 (37.5)	1 (12.5)	
Mode of Treatment					
MT	18 (29.5)	9 (50)	7 (38.9)	2 (11.1)	0.58
MVA	14 (22.95)	4 (28.5)	8 (57.1)	2 (14.2)	
D&C	27 (44.2)	11 (40.7)	10 (37)	6 (22.2)	
NT	2 (3.3)	-	1 (50)	1 (50)	
Previous Contraceptive Method Use					
Yes	29 (47.5)	11 (37.9)	10 (34.5)	8 (27.6)	0.158
No	32 (52.5)	13 (40.6)	16 (50)	3 (9.4)	
Counseling Received					
Counseling about >2 methods done	33 (54)	18 (54.5)	12 (36.4)	3 (9)	0.04*
Counseling about only one method	24 (39.3)	5 (20.8)	13 (54.2)	6 (25)	
No counseling	4 (6.6)	1 (25)	1 (25)	2 (50)	

and public sector hospital strata. Three hospitals were selected by simple random sampling technique using lottery method from each stratum. In the second stage of sampling, simple random sampling technique using lottery method was used to select hospital for that day to collect data. Women aged 15-49 years who reported post abortion contraceptive uptake within one month and gave written consent were included in the

have been assigned to them, with high scores indicating more satisfaction. Total scores were calculated by summing the scores of all questions. The scores ranging from 30-32 have been labeled as very satisfied, score ranging from 25-29 as satisfied, scores ranging from 18-24 as dissatisfied and scores less than 18 as very dissatisfied. Reasons of dissatisfaction were also inquired.

Data were entered and analyzed in SPSS version 22. Descriptive statistics like frequency and percentage were used for categorical variables. Mean and Standard deviation were calculated for continuous variables. Chi square test or Fisher exact test was applied to determine the association between categorical variables. The *p*-value ≤ 0.05 was taken as statistically significant.

RESULTS

The mean age of participants was 29.2 ± 6.03 years. Out of 61 clients who reported uptake of contraceptive method, 40 (65.6%) clients received healthcare by private and 21 (34.4%) clients from public sector hospitals. Among those who adopted the method, 24 (39.3%) clients were very satisfied, 26 (42.6%) clients were satisfied and 11 (18%) clients were dissatisfied. No one was very dissatisfied (table-I).

Table-II shows satisfaction level of respondents in relation to abortion related factors, previous contraceptive use and counseling.

Dilation and curettage: D&C, Manual vacuum aspiration: MVA, Medical Treatment: MT, No treatment: NT* Statistically significant

In private sector 18 (45%) client were very satisfied, 16 (40%) were satisfied, 6 (15%) were dissatisfied and no one was very dissatisfied. In public sector 6 (28.6%) were very satisfied, 10 (47.6%) were satisfied and 5 (23.8%) were dissatisfied clients (fig-1). Association was not statistically significant (*p*-value=0.42).

Among 38 clients who adopted short term method, 17 (44.7%) were very satisfied, 18 (47.4%) were satisfied and 3 (7.9%) were dissatisfied. Out of 16 client who adopted LARC, 7 (43.8%) were very satisfied, 7 (43.8%) were satisfied and 2 (12.5%) were dissatisfied. Satisfaction level of clients after adopting withdrawal method was low, only 1 (14.2%) client was satisfied and rest 6 (85.7%) were dissatisfied (*p*-value<0.001). No client after adopting pills, injections and implant was dissatisfied or very dissatisfied (fig-2).

Association of client’s satisfaction with type of abortion and counseling about >2 contraceptive

methods received were statistically significant. Clients who had missed abortion and adopted contraception were generally more satisfied and

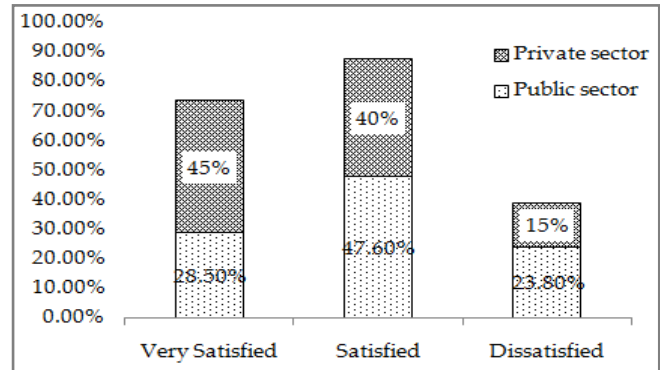


Figure-1: Satisfaction level among private and public sector clients (n=61).

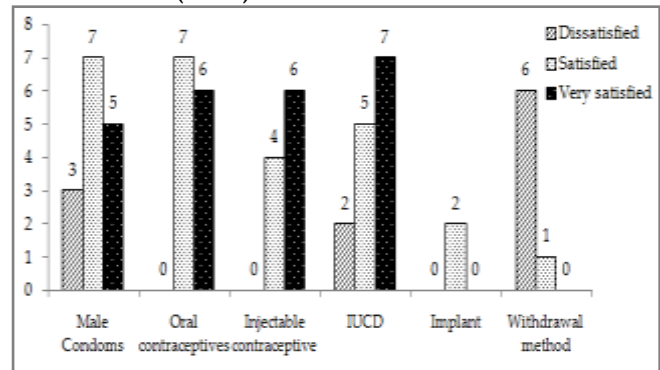


Figure-2: Satisfaction level after uptake of various contraceptive methods (n=61).

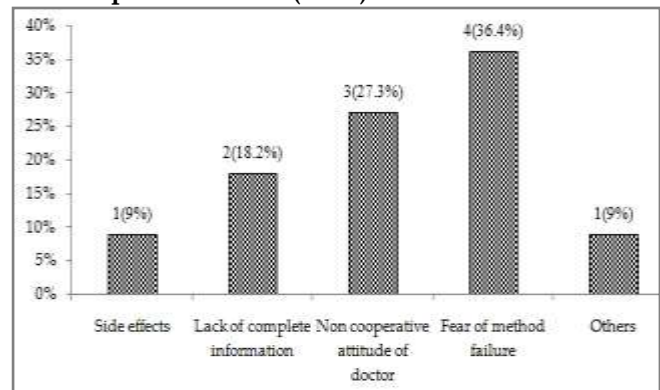


Figure-3: Reasons of dissatisfaction (n=11).

only one client (4.1%) showed dissatisfaction (*p*-value = 0.007). Clients who received counseling about two or more methods expressed satisfaction and only 3 (9%) clients were dissatisfied (*p*-value=0.04).

Reasons of dissatisfaction are depicted in fig-3. Fear of low efficacy of method was expressed by 4 (36.4%) withdrawal method users.

DISCUSSION

This study has contributed in existing body of literature by assessing satisfaction level of post abortion clients who adopted the contraceptive methods. Majority of the clients expressed their satisfaction. Out of those 61 contraceptive method adopters, 24 (39.3%) clients have been categorized as very satisfied, 26 (42.6%) as satisfied and 11 (18%) as dissatisfied. No one expressed that they are very dissatisfied. All clients who initiated the use of hormonal methods were either satisfied or very satisfied. Satisfaction level was also fairly good with IUCD. Six (85.7%) clients who were using withdrawal method expressed dissatisfaction.

Client satisfaction was assessed in a study conducted at government health facilities in Nigeria. Level of client's satisfaction was also significantly high in this study. High proportion of the respondents (85%) expressed satisfaction while only 15% were dissatisfied with the FP services¹². A study conducted at Congo determined the continuation of contraceptive methods with perspective of client satisfaction. Women reported high overall satisfaction (98.6%) with their method and planned to continue their contraceptive use. Although one-third (36.8%) of women using contraceptive method reported having experienced side effects. Most of them reported satisfaction when their problem was resolved by follow up care¹³.

The study findings reflected that satisfaction level was higher in private sector as compared to public sector. In private sector, majority of clients (85%) expressed their satisfaction after adoption of contraceptive method as compared to 76.5% clients among public sector clients. A study conducted in Bangladesh compared client satisfaction with health care services provided at both public and private sector. Private facilities had the highest level of patient's satisfaction (73.4% satisfied clients). In primary care and

public facilities, relatively less proportion of respondents was satisfied (52% and 56%, respectively). Satisfaction with services of private sector was associated with better quality of care¹⁴.

Our study revealed that highest level of satisfaction among age group 25-30 years (48.2% very satisfied, 44.8% satisfied and only 6.8% dissatisfied). Study conducted at Tanzania, with total 91% client's satisfaction showed significant association between client's satisfaction and age group 20 to 29 years and services received from private sector¹⁵.

Satisfaction level was high in illiterate women and women with 1-5 years of education. Only one study participant (6.6%) in illiterate category and 2 (13.3%) in category 1-5 years education were dissatisfied. Argago *et al* described similar findings regarding client's satisfaction in literacy level. Mothers who just could read and write and without formal education were 3.9 times more likely to be satisfied than mothers with education level of college and above¹⁶.

Satisfaction level in relation to no of living children was also analyzed. In categories 1-2 living children, 4 (14.8%) women were dissatisfied while rest were very satisfied or satisfied. In category more than 3 living children 7 (21.2%) clients were dissatisfied. Most probable reason of dissatisfaction could be the use of method with low efficacy. Findings of study conducted by Argago *et al* differ from our study. They described that mothers with 5 or more children were 2.5 times more likely to be satisfied than women with children 4 or below¹⁷.

Although satisfaction level was high but 11 (18%) clients expressed dissatisfaction. Reasons for this included fear of method failure or low efficacy of method, lack of comprehensive information, non-cooperative attitude of health care providers and side effects of contraceptive methods.

Provider's attitude and quality of provider client interaction are two main determinants of client's satisfaction. A study conducted at Mozambique indicated the FP client's satisfaction level

depends upon the quality health care provider and client interaction and the information received by client. When these two parameters compromise, client's satisfaction is negatively affected¹⁸. Another study was conducted at Reproductive Health Services (RHS-A) Center Jinnah Hospital Lahore to assess client's satisfaction regarding contraception. Study highlighted that 56% were unsatisfied with staff attitude¹⁹.

RECOMMENDATIONS

Protocol for post abortion contraceptive provision as a part of post abortion care must be developed and implemented. Comprehensive counseling and good attitude of health care provider can address the reasons of dissatisfaction so capacity building of health care providers and availability of a wide choice of contraceptive methods must be focused.

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CONCLUSION

Overall, majority of clients who initiated the method expressed their satisfaction. Type of abortion, duration of counseling session and type of contraceptive method were significantly associated with client's satisfaction level. Fear of method failure, non-cooperative attitude of health care provider, lack of information and side effects were main reasons of dissatisfaction.

CONFLICT OF INTEREST

The study has no conflict of interest to be declared by any author.

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