

**SAINT PAUL'S HOSPITAL
MEDICAL COLLEGE
DEPARTMENT OF
GYNECOLOGY**



**MILLENNIUM
OBSTETRICS AND**

ADDIS ABABA

**CLIENT SATISFACTION ON FAMILY PLANNING SERVICES IN ADDIS
ABABA: THE CASE OF SAINT PAUL'S HOSPITAL MILLENNIUM
MEDICAL COLLEGE**

BY: BURGUDI YIGEZU

**A RESEARCH THESIS SUBMITTED TO SAINT PAUL'S HOSPITAL
MILLENNIUM MEDICAL COLLEGE, DEPARTMENT OF OBSTETRICS
AND GYNECOLOGY IN PARTIAL FULFILLMENT FOR THE
REQUIREMENT FOR SPECIALTY CERTIFICATE IN OBSTETRICS AND
GYNECOLOGY**

**SEPTEMBER 2023
ADDIS ABABA, ETHIOPIA**

CLIENT SATISFACTION ON FAMILY PLANNING SERVICES IN ADDIS
ABABA: THE CASE OF SAINT PAUL'S HOSPITAL MILLENNIUM
MEDICAL COLLEGE

BY: Burgudi Yigezu

ADVISOR:

1. Dr. Bethel Dereje (Gynecologic Oncologist, Assistant Prof.)

September 2023
Addis Ababa, Ethiopia

ABSTRACT

Background: Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. It saves the lives of women and children, improves the quality of life for all and reduces morbidity and mortality from pregnancy. Client satisfaction is the best indicator of quality service provision and has been found to correlate with continuity of care perceived by the client. There is a limited study conducted on client satisfaction with family planning services in the proposed study area.

Objective: To assess the level of client satisfaction and associated factors on family planning services.

Methods: Institutional based cross-sectional study was conducted to assess level of client satisfaction with family planning services from May 2023 to July 2023 in FP clinic services in Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia. The maximum sample size for this study was obtained using a single population proportion formula with an initial sample size of 384. Assuming 10% non-respondent rates the total sample size was 427 individuals.

Data was collected by means of an exit interview conducted at the family planning clinic using structured interview questionnaires. The data was entered into Epi data version 3.1 and imported into SPSS (statistical software packages) version 26 for data cleaning and analysis.

Result: the overall client satisfaction was 59.9%. Multivariate logistic regression showed that the likelihood of having client satisfaction for family planning services was significantly associated with client's residence. Clients from urban area were three times more likely satisfied, AOR =2.602, [CI:1.335,5.073] compared with those who came from rural area and also clients who came from semi urban were 4 times more likely (AOR= 3.942, [95%CI, 1.592,9.762] satisfied , clients who found easy to get to the clinic/site were three times more likely [AOR=2.530[95%CI:1.462,4.378] satisfied compared to those who had not get easy to the clinic and clients who had nonverbal communication were two times more likely satisfied compared to their counterparts AOR=2.201[95%CI:1.045,4.637].

Conclusion: Being urban and semi urban residents, efficient working service, easy access to clinic sites, nonverbal communication availability, privacy ensured during consultation, and provision of adequate information on contraceptives side effect were significantly associated with satisfaction of clients with family planning services.

ACKNOWLEDGEMENT

I would like to extend my greatest gratitude to my supervisor Dr. Bethel Dereje for her relevant advice and guidance during all the work. My appreciation also goes to Saint Paul's Hospital and Millennium Medical College library for their assistance in providing me with necessary reference material. I also would like to thank my families for their support in all my stay in university.

ABBREVIATIONS

AOR:	Adjusted Odds Ratio
CAC:	Comprehensive Abortion care
CSA:	Central Statistical Agency
EPHI:	Ethiopian Public Health Institute
FDRE:	Federal Democratic Republic of Ethiopia
FGAE:	Family Guidance Association of Ethiopia
FP:	Family planning
FPSs:	Family planning services
IRB:	Institutional Review Board
IUD:	Intrauterine contraceptive device
LAM:	Lactational amenorrhea method
LMIC:	Low-and Middle-income countries
MOH:	Ministry of Health
OR:	Odds Ratio
SDG:	Sustainable Development Goal
SDM:	Standard Day's Method
SPHMMC:	Saint Paul's Hospitals Millennium Medical College
UNDESA:	United Nations, Department of Economic and Social Affairs
UNFPA:	United Nations Population Fund

Contents	page
ABSTRACT	iii
ABBREVIATIONS	v
LIST OF FIGURES	viii
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	1
1.1. Background.....	1
1.2. Statement of the problem	3
1.3. Significance of the study.....	4
CHAPTER TWO: LITERATURE REVIEW	5
1.1. Client satisfaction.....	5
1.2. Factors Associated with Client Satisfaction.....	5
CHAPTER THREE: OBJECTIVES	10
3.1. General objective	10
3.2. Specific objectives	10
CHAPTER FOUR: METHODS AND MATERIALS	11
4.1. Study Area and Period	11
4.2. Study Design.....	11
4.3. Population	11
4.3.1. Source population	11
4.3.2. Study population	12
4.5. Data collection procedures.....	12
4.6. Study variables.....	12
4.6.2. Independent variable	13
4.8. Data quality assurance	13
5.7. Data analysis	14
5.8. Operational definitions.....	14
4.9. Ethical consideration.....	14
4.10. Dissemination plan.....	14
CHAPTER FIVE: RESULT	15
5.1. Socio-Demographic Characteristics.....	15
5.2. Client Responses with aspects of Family Planning services.....	16
5.3. Client satisfaction on family planning	19

5.3. Respondents level of satisfaction of family planning service	19
5.4. Factors associated with client satisfaction of FP services.....	20
5.5. Factors Associated with Family Planning Services	24
6. DISCUSSION	28
6.1. Client satisfaction with family planning services	28
8. CONCLUSION	30
9. RECOMMENDATIONS.....	30
10. REFERENCES.....	32
11. ANNEXES	36
10.1 Consent form.....	36
11.2. Questionnaire	38

LIST OF FIGURES

Figure 1: Conceptual framework on assessment of client satisfaction with family planning service and associated factors among women attending family planning services in SPHMMC.	9
Figure 2 : Level of satisfaction and associated factor among family planning service at SPHMMC 2023 G.C.....	19

LIST OF TABLES

Table 1: Socio demographic characteristics of client satisfaction with family planning services in SPHMMC, 2023(n=387)	15
Table 2: Clients Responses with aspects of FP Services (n=387)	17
Table 3: Respondents level of Satisfaction with different components of family planning service	20
Table 4 : Bivariate factors associated with client satisfaction of FP services at SPHMMC 2023G.C (n=387)	21
Table 5: Association of selected variables with client satisfaction with family planning services in bivariate and multivariate analysis in SPHMMC 2023 (n=387)	25

CHAPTER ONE: INTRODUCTION

1.1. Background

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional. Modern methods include female sterilization, male sterilization, the intrauterine contraceptive device, implants, injectable, the pill, male condoms, female condoms, emergency contraception, standard day's method, and lactational amenorrhea method. Methods such as rhythm, withdrawal, and other folk methods are grouped as traditional (1). Family planning (FP) is the decision of individuals or couples to decide when and how many children they have and among the practical strategies that not only slow the population growth but also reduce maternity and child mortality due to outcomes of unintended pregnancies (6).

Worldwide in 2017, among married or in-union women of reproductive age, the proportion of the demand for family planning that was satisfied by modern contraceptive methods was 78 per cent. Across regions in 2017, this proportion was lowest in Africa, at 56 per cent, and above 75 per cent in all other regions (2)

Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability. In the past 40 years, family-planning programme have played a major part in raising the prevalence of contraceptive practice from less than 10% to 60% and reducing fertility in developing countries from six to about three births per woman. However, in half the 75 larger low-income and lower-middle income countries (mainly in Africa), contraceptive practice remains low and fertility, population growth, and unmet need for family planning are high. Freeing women from involuntary reproduction was one of the main inspirations for family-planning pioneers 100 years ago and remains just as relevant today (3).

According to the (Ethiopian Demographic and Health Survey, 2016) Unmet need for currently married women age 15-49 is lowest in Addis Ababa (11%) and highest in Oromia region (29%). Unmet need for family planning generally declines with increasing wealth, from 27-28% of currently married women in the lowest and second wealth quintiles having unmet need to 14% of

women in the highest wealth quintile. The total demand for family planning among sexually active unmarried women exceeds that of currently married women (85% versus 58%), and the percentage of demand satisfied is also higher for sexually active unmarried women than for married women (69% versus 62%). For more information on need and demand for family planning among all women and sexually active unmarried women (4).

Modern family planning services in Ethiopia was started by the Family Guidance Association of Ethiopia in 1966. Since 1980, the Ministry of Health has further expanded its Family Planning (FP) services through cyclic country support programs by the United Nations Population Fund and other stakeholders. Following Ethiopia's adoption of a Population Policy in 1993, local and international institutions collaborated with the government in expanding family planning (FP) programs and services. Family planning saves the lives of women and children, improves the quality of life for all and reduces morbidity and mortality from pregnancy (5).

Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realizing the rights and well-being of women and girls, men and boys. Universal access to effective contraception ensures that all adults and adolescents can avoid the adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life (7).

Client satisfaction is the best indicator of quality service provision and has been found to correlate with continuity of care perceived by the client. The measurement of client satisfaction helps in understanding willingness and decisions to return for future services (8). As defined by Wogu et al., 2020, client satisfaction in family planning services is a vital indicator that measures the extent to which a client is gratified with the services received from healthcare providers and reflects the gap between the expected services. It also influences the use of family planning and other reproductive health services (6). Thus, this study aimed at assessing the level and factors associated with client satisfaction of FP services among family planning users.

1.2. Statement of the problem

In Africa (primarily in Sub-Saharan Africa), the contraceptive utilization remains low and fecundity, fertility rate, and unmet need for modern contraceptives are high. However, at this moment, the progress of using modern contraceptive method is estimated to be fast in underdeveloped countries mainly in Africa (8).

Understanding the perspective of users is a key to achieving clinically effective and responsive healthcare. Satisfied patients are more likely to comply with recommendations, keep follow-up appointments, and remain with their healthcare provider. Studies of patient satisfaction have been used to identify ways of improving health, reducing costs, and implementing reforms (10).

In Ethiopia, health services are limited and of poor quality and the country has extremely poor health status relative to other low-income countries. To solve this problem, the government has focused on improving the organization and quality of health services delivered to the population. This is because improving the poor quality of care delivered to patients is one of the strategies to reduce the burden of communicable diseases. This intention of the government was reflected in the 1993 health policy and the health sector development plans of the country. In such efforts towards improving quality of health care, patient satisfaction is integral component of health services provided to the population (11).

According to study showed that interpersonal processes including perceived empathy, perceived technical competency, non-verbal communication and patient enablement significantly influence patient satisfaction. Therefore, health care providers should work towards improving the communication skill of their professionals along with having technically competent workers which could possibly affect the perception of the patient about all the variables identified as independent predictors of patient satisfaction in this study (11).

1.3. Significance of the study

A rise in the proportion of women of reproductive age having their need for family planning satisfied with modern methods SDG indicator, will facilitate the achievement of other Goals and targets of the 2030 Agenda, including lowering maternal mortality and under-5 mortality. Reducing the frequency of pregnancy and childbearing at young ages will increase educational attainment and contribute to reducing the percentage of women and children living in poverty (2).

FP is a key life-saving intervention for mothers and their children. FP can avert more than 42% of maternal deaths and 10% of child mortality if couples space their pregnancies more than 2 years. Quality was measured in terms of patient satisfaction, and the availability of the counseling service and family planning methods (16, 17)

Client satisfaction is the best indicator of quality service provision and has been found to correlate with continuity of care perceived by the client. The measurement of client satisfaction helps in understanding willingness and decisions to return for future services (8).

Thus, this study aimed at assessing the level and factors associated with client satisfaction of FP services among family planning users.

CHAPTER TWO: LITERATURE REVIEW

1.1.Client satisfaction

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (1). In 2020, among 1.9 billion women of reproductive age (15-49 years), 1.1 billion women are considered to have a need for family planning, meaning that they desire to limit or delay childbearing. Of these women, 851 million are using a modern method of contraception and 85 million are using a traditional method. An additional 172 million women are using no method at all, despite their desire to avoid pregnancy, and thus are considered to have an unmet need for family planning (2).

Worldwide in 2017, among married or in-union women of reproductive age, the proportion of the demand for family planning that was satisfied by modern contraceptive methods was 78 per cent. Across regions in, this proportion was lowest in Africa, at 56 per cent, and above 75 per cent in all other regions (2).

According to study done by in Bahir Dar City, Northwest Ethiopia, in a Sub-Saharan African country with an estimated contraceptive prevalence rate of 36% and 22% unmet need for family planning service among married women. Client satisfaction influences the use of Family Planning and other reproductive health services. In order to improve family planning service utilization, it is better to assess levels of client satisfaction with the service delivered and its determinants. The overall client satisfaction with the family planning services was found to be 66.1%(12).

According to study done by (Gebreyesus, 2019) in Jigjiga, the overall client satisfaction with the family planning services was found to be 41.7% (8) . And according to study done by (Wogu et al., 2020), the overall client satisfaction with family planning services was 46% (6).

1.2.Factors Associated with Client Satisfaction

Those clients from the rural residence were three times higher to be satisfied with the family planning service as compared to urban residence. Clients who come from rural area, whose educational level was that of primary education, who waited for less than half an hour, whose privacy was ensured were more satisfied (6).

Study done in three states by (Slater et al., 2018), 80% reported being satisfied with FPSs. According to this study, the most important factors contributing to overall satisfaction were being given adequate information feeling that the motive for their visit was addressed and feeling that their opinions had been taken into consideration by clinic staff. Other significant factors included being provided sufficient time for consultation, having the opportunity to ask questions and clarify doubts, experiencing few interruptions by staff during consultation. This study identifies healthcare factors related to logistics, functional value and quality of interpersonal relations contributed to overall user satisfaction with family planning services (FPSs) (10).

According to study done by (BA, wakjira 2017) in Wonji Hospital, (45%) were satisfied for both information and service they got, (55%) were not satisfied for both information and services given. For clients' satisfaction marital status and education were found to be significant whereas having children, age and residences were not significant (14).

According to study done by (18) in Mozambique, women who had high levels of interaction with their providers were less likely to be dissatisfied than those who had a low level of interaction. Unemployed women such as housewives and women working in agriculture were significantly more likely to be satisfied than employed women, but the difference between students or self-employed women and employed women was not statistically significant. Age, type of health facility, access to information, duration of contraceptive use, had no a significant effect on women's satisfaction (18).

Despite the presence of family planning services, contraceptive utilization rate is low in Ethiopia. So, assessment of FP client satisfaction on quality of family planning services is very important, in increasing quality of family planning services which could help to sustain contraceptive usage. Degree of satisfaction of clients are important component of quality and hence are expected improve through better compliance with the service and at the same time satisfied client will generate demand in the community and assist in the recruitment of new clients who can use the service. Study done in three states by 80% reported being satisfied with FPSs (15). Sorting of obstetric patients at the triage unit into priority groups according to their need or level of acuity (16).

According to the study conducted in Nigeria respondents were females and those aged 25–29 years constituted a larger proportion, 26%. Overall mean age was 30.8 ± 7.0 years. Large proportion (85%) expressed satisfaction with FP services provided. About 49% of the respondents reported waiting for 30 min before being attended to by service providers while 13%

waited for more than 2 h. Clinic waiting time, being examined during the visit, and attitude of both service providers and other clinic staffs were found to be the key determinants of client satisfaction.(17).

According to study done by in Mozambique, women who had high levels of interaction with their providers were less likely to be dissatisfied than those who had a low level of interaction. Unemployed women such as housewives and women working in agriculture were significantly more likely to be satisfied than employed women, but the difference between students or self-employed women and employed women was not statistically significant. Age, type of health facility, access to information, duration of contraceptive use, had no a significant effect on women's satisfaction (18).

According to study done by Asrat W. in Northwest Ethiopia the overall client satisfaction with the family planning services was found to be 66.1%. Clients who were merchants were more likely to be satisfied with the family planning service than government employees [AOR = 2.5, P-value = 0.007]. In addition, house wife's more likely to be satisfied with the family planning service than government employees AOR = 2.4, P-value = 0.007). Daily laborers were also found to be more likely to be satisfied with the FP service as compared with governmental employees AOR = 3.9, P-value = 0.007). New Family Planning user clients were more likely to be satisfied with the family planning service than repeat users [AOR = 2.3, P-value = 0.004]. (12).

Majority of the FP consultations (1497, 85.7%) were performed in public facilities while more than half (954, 54.6%) were performed either in clinics or dispensaries, and 974 (55.8%) were performed in rural settings. About nine-tenths (1541, 88.3%) of the consultations were performed by female health providers. Furthermore, 1049 (63.5%) consultations were performed by providers with experience of 5 years or less, while only 55 (3.2%) consultations were performed by clinicians. The majority (931, 53.3%) of the consultations involved women between the age of 20 to 29 years (19) (20).

Clients who received a clear description of the side effect of the methods had three times higher odds of being satisfied with the family planning services as compared to those who do not get a clear description of the side effects of the method [AOR = 3.14; 95% CI: 1.02–9.76]. Furthermore, clients who received services from facilities that had posters with messages on

family planning were nine times more likely to be satisfied with family planning services as compared to those who received services from facilities that did not post posters with messages on family planning [AOR = 9.00; 95% CI: 3.27–24.75] (6).

Mothers whose privacy was ensured during exams and procedures were 5.08 times more likely satisfied than those who reported privacy was not ensured (AOR=5.08 [95%CI=2.270, 11.387]) (table 8). Clients who get service within 30 minutes were 5.5 times more satisfied as compared to those who get after more than 60 minute (AOR=5.5 [95%CI=1.918, 15.77]) and clients who reported the opening hours of clinic was convenient were 4.7 times more satisfied than those told the opening hours of clinic was not convenient (AOR=4.73[1.22,18.38]).(20).

According to study conducted in Asella Public Health Institutions (Tesfaye G. 2018)clients who came from urban were 2 times more likely (AOR= 1.93, 95%CI, 1.09, 3.41) satisfied with contraceptive counseling compared with those who came from rural area. Clients who were asked reproductive history were 2 times more likely (AOR=1.92, 95%CI=1.06, 3.47) satisfied with contraceptive counseling compared with their counterparts. Women were more likely to be satisfied when the provider asked about their concerns and worries about family planning methods (OR=2.40, 95%CI= 1.27-4.56) than those who were not asked (21).

With respect to waiting time, the expectations of users were far from reality. Thus, the average waiting time clients would be satisfied with was 10.6 +0.3 min. Half the clients considered 8 min the maximum time they could wait in order to be satisfied, whereas only 25% would accept 512 min. Waiting time expectations did not vary significantly among patients presenting for different services or among fixed and outreach facilities. In addition, individual variables such as sex, marital status, level of education, number of children, and occupation did not have a significant influence.(22).

In summery client satisfaction on family planning services is lower in our country as most of studies show and since it is indicator of quality of care, we need to improve by doing studies and identifying gaps and working on that gap.

There is limited study done at Saint Paul's Hospital and Millennium Medical College on client satisfaction in family planning services. Hence, this study aimed to assess client satisfaction in family planning services in Addis Ababa, focusing in Saint Paul's Hospital and Millennium Medical College.

1.3. Conceptual framework

Conceptual framework based on reviewed literature, client satisfaction with family planning services can be affected by different factors.

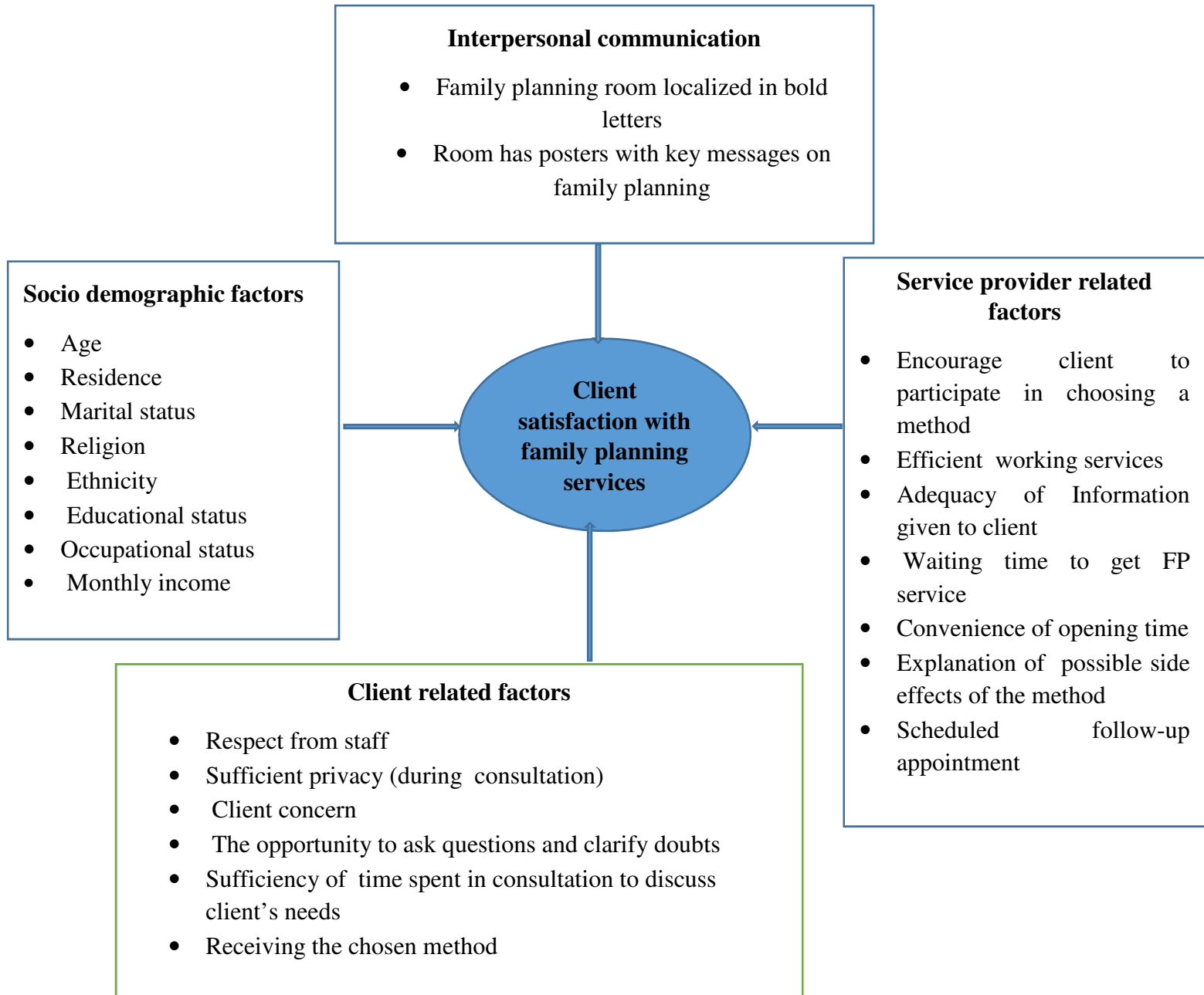


Figure 1: Conceptual framework on assessment of client satisfaction with family planning service and associated factors among women attending family planning services in SPHMMC.

CHAPTER THREE: OBJECTIVES

3.1. General objective

To assess the level of client satisfaction and associated factors with family planning services in Addis Ababa: the case of Saint Paul's Hospital Millennium Medical College.

3.2. Specific objectives

The specific objectives of this study are:

- To assess the level of satisfaction of clients with family planning services
- To identify factors affecting client satisfaction with family planning services

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted from May 2023 to July 2023 at Saint Paul's Hospitals Millennium Medical College (SPHMMC) in Addis Ababa, Ethiopia. SPHMMC is one of the largest public hospitals in the country and provides academic, research and medical services. SPHMMC is the second largest hospital in Ethiopia, and the family planning clinic takes referrals from satellite health centers in Addis Ababa, in addition to rural parts of Ethiopia (17)

SPHMMC is a tertiary teaching hospital and mainly serves as a public referral center (9). The family planning clinic has three stations (Michu clinic, Postnatal ward, and Comprehensive Abortion Care (CAC) unit) and on average 20 women per day are seen in the clinic, which runs from Monday to Friday from 8:30 Am to 5:30 pm. The family planning services are provided by obstetrics and gynecology residents, midwives and nurses.

The college has 4890 clinical, academic, and administrative and support staff that provide medical specialty services to patients who are referred from all over the country, teaching medicine and nursing students and doing basic and applied research. It has a catchment population of more than 5 million. Its mission is to provide comprehensive healthcare services, teach high quality medical education and meet the needs of the communities through an advanced and affordable healthcare system.

(https://en.wikipedia.org/wiki/St._Paul%27s_Hospital_Millennium_Medical_College_viewed on Sep 2023)

4.2. Study Design

An institutional based cross sectional study design was employed to assess level and factors associated with client satisfaction with family planning services.

4.3. Population

4.3.1. Source population

All women of reproductive age (15– 49 years) who came to visit family planning clinic at SPHMMC during the study period from May 1, 2023, to July 30, 2023.

4.3.2. Study population

All women of childbearing age who were come for FP, delivery, and CAC services and provided with family planning method of their choice in the units at SPHMMC during the study period from May 1, 2023 to July 30, 2023.

4.4. Sample size and Sampling technique

The Sample size and sampling an initial sample size was calculated using a single population proportion formula: $N = \frac{Z^2 \times P \times (1 - P)}{d^2} = 384$

$$d^2$$

Assuming 10% non-respondent rates the total sample size was **427** individuals.

Where, N= sample size, Z = confidence interval at 95% that is at Z=1.96; p= proportion of client satisfaction, and d = 5% margin of error. Since no previous study has been done in the setting, the proportion of client satisfaction on family planning was assumed to be 50%. This assumption was used as it will yield the largest sample size possible.(23)

4.5. Data collection procedures

The questionnaire for this study was adopted from published articles with some modification. It was first translated from English to local language (Amharic and Afaan Oromo) and retranslated back to English to assure its consistency and conceptual equivalence. Orientation was given and discussion made by a group of health professionals (midwife, nurse, and public health staff). The questionnaire was pre-tested in order to give the data collectors practical exposure and to get feedback to improve the tool, which will help to assure data quality. Regular supervision, spot checking and reviewing the completed questionnaire was carried out by researchers to monitor the quality of data.

4.6. Study variables

4.6.1. Dependent variable

Client satisfaction with Family planning

4.6.2. Independent variable

The outcome variable was client satisfaction status with family planning services. The explanatory variables include socio-demographic characteristics and client responses with aspects of family planning services.

- Age
- Religion
- Ethnicity
- Marital status
- Educational status
- Occupation
- Monthly income
- Waiting time to get service.
- Address(urban/rural)
- Associated factors whether they are client related, facility related and provider related variables.

4.7.3. Data collection method

Data was collected by means of an exit interview conducted at the family planning clinic by using structured interview questionnaires. In this study, client satisfaction (outcome variable) was assessed using fifteen Likert-scaled question items. Each item of the question had 5-points, one denoting “1” strongly disagree, two “2” disagree, three “3” not sure, four “4” agree and five “5” strongly agree. Finally, the mean was computed, and by classifying to above/equal and below the mean the response was categorized in to “Satisfied (coded as 1)” and “Not-satisfied (coded as 0)”, respectively

4.8. Data quality assurance

The quality of data was assured through careful adaptation and using structured questionnaire, data collectors were trained and close supervision of the data collection procedures was made. The collected data was checked for its accuracy and completeness on a daily basis. In addition, data cleaning and checking was done before analysis.

5.7. Data analysis

The data was entered into Epi Data version 3.1 and imported into SPSS statistical software packages version 26 for data cleaning and analysis. Frequencies was done to describe the different participants' characteristics and to estimate the overall women's satisfaction with respect to the family planning services. A binary logistic regression model was fitted for each of the independent variables. An Odds Ratio (OR) was used as a measure of association and all variables with a p-value <0.05 was considered as statistically significant factors associated with client satisfaction in family planning.

5.8. Operational definitions

Client Satisfaction: clients respond to very satisfied and satisfied are considered to be satisfied. The mean was computed, and by classifying to above/equal and below, the mean response was categorized in to Satisfied and not satisfied, respectively.

Women of childbearing age: all women of reproductive age ranging from 15-49 years.

Waiting time- the time from arrival of patient at the facility up to getting service

4.9. Ethical consideration

Ethical clearance was obtained from the Institutional Review Board (IRB) of Saint Paul's Hospital Millennium Medical College to be compliant with protocol approved by the IRB of SPHMMC. After obtaining permission from the Review Board, participants were provided with information about the objectives and importance of the study and were interviewed upon receiving verbal consent.

4.10. Dissemination plan

This study will be presented to Saint Paul's Hospital Millennium Medical College, department of Obstetrics and Gynecology. Furthermore, efforts will be made to publish at national and international journals.

CHAPTER FIVE: RESULT

5.1. Socio-Demographic Characteristics

From 427 clients, 387 respondents were interviewed at family planning service delivery points with the response rate of 90.6%. The mean age was 29 ± 5.58 SD years old with a range between 19 and 49 years. More than two-third of the participants, 66.7 %, were between 20 and 30 years old. More than one-third, 45.2%, reported completing College and above, and 25.1% reported completing secondary school. Most of the respondents, 85.5%, were married, and only 6.5% were single while the rest were widowed and divorced. (Table 1)

Table 1: Socio demographic characteristics of client satisfaction with family planning services in SPHMMC, 2023(n=387)

Variables	Category	Frequency	Percent
Age of clients	Less than or equal to 19	12	3.1
	20-30	258	66.7
	31-40	109	28.2
	41-49	8	2.1
Religion status	Muslim	103	26.6
	Orthodox	135	34.9
	Protestant	121	31.3
	Catholic	18	4.7
	Others	10	2.6
Educational status	Don't have regular education	30	7.8
	Write and read only	29	7.5
	Primary	56	14.5
	Secondary	97	25.1
	College and above	175	45.2
Marital Status	Single	25	6.5
	Married	331	85.5
	Divorced	27	7.0

	Widowed	4	1.0
Occupation	House wife	141	36.4
	Government employee	96	24.8
	Private employee	63	16.3
	Merchant	71	18.3
	Student	16	4.1
Residence	Urban	254	65.6
	Semi urban	69	17.8
	Rural	65	16.8
Ethnicity	Oromo	152	39.3
	Amhara	129	33.3
	Tigre	22	5.7
	Gurage	62	16.0
	Others	22	5.7
Income level	Low	219	56.6
	Middle	148	38.2
	High	20	5.2

5.2. Client Responses with aspects of Family Planning services

Majority of the respondents (84.8%) reported that opening time of family planning clinic was convenient, and the working service was efficient for 75.5% of them. On the other hand, 86.3% of the study participants responded that their privacy was insured during the procedure while 84.8% of the clients responded that the family planning waiting room had posters with a message about family planning. 83.5% of the study participants responded that the method used was explained to them. As well, majority of the respondents, 85%, responded that their privacy was ensured during consultation (Table 2)

Table 2: Clients Response with aspects of FP Services (n=387)

Variables	Category	Frequency	Percent
Convenient opening time	Yes	328	84.8
	No	59	15.2
Efficient working hours	Yes	293	75.7
	No	94	24.3
Privacy insured during the procedure	Yes	334	86.3
	No	53	13.7
Clean and comfortable clinic	Yes	303	78.3
	No	84	21.7
Quickly attend in the clinic	Yes	175	45.2
	No	212	54.8
Easy to get to the clinic/site	Yes	253	65.4
	No	134	34.6
Was the cost for your service appropriate	Yes	225	58.1
	No	162	41.9
Nonverbal communication and leaflets	Yes	328	84.8
	No	59	15.2
Informed about other contraceptive methods	Yes	290	74.9
	No	97	25.1
Time spent in consultation sufficient to discuss your needs	Yes	307	79.3
	No	80	20.7
Opportunity to ask questions and clarify doubts	Yes	266	68.7
	No	121	31.3
Clearly explained use of the methods	Yes	275	71.1
	No	112	28.9
Privacy ensured during your consultation	Yes	329	85.0
	No	58	15.0
Respect full cooperative staff	Yes	300	77.5

	No	87	22.5
Concern noted	Yes	292	75.5
	No	95	24.5
Clearly explained use of the method	Yes	323	83.5
	No	64	16.5
Given chance for choice	Yes	326	84.2
	No	61	15.8
Adequate information	Yes	318	82.2
	No	69	17.8
Waiting time to get FP service	<30 minute	184	47.5
	>30 minutes	203	52.5
Family planning room localized in bold letters	Yes	305	78.8
	No	82	21.2
Key messages on family planning	Yes	328	84.8
	No	59	15.2
Get description about the side-effect	Yes	315	81.4
	No	72	18.6
Appointed to come before the next visit if complication occurs	Yes	366	94.6
	No	21	5.4

5.3. Client satisfaction on family planning

The client satisfaction overall components in the family planning services indicated that 232(59.95%) were satisfied and 155(40.05%) were not satisfied.

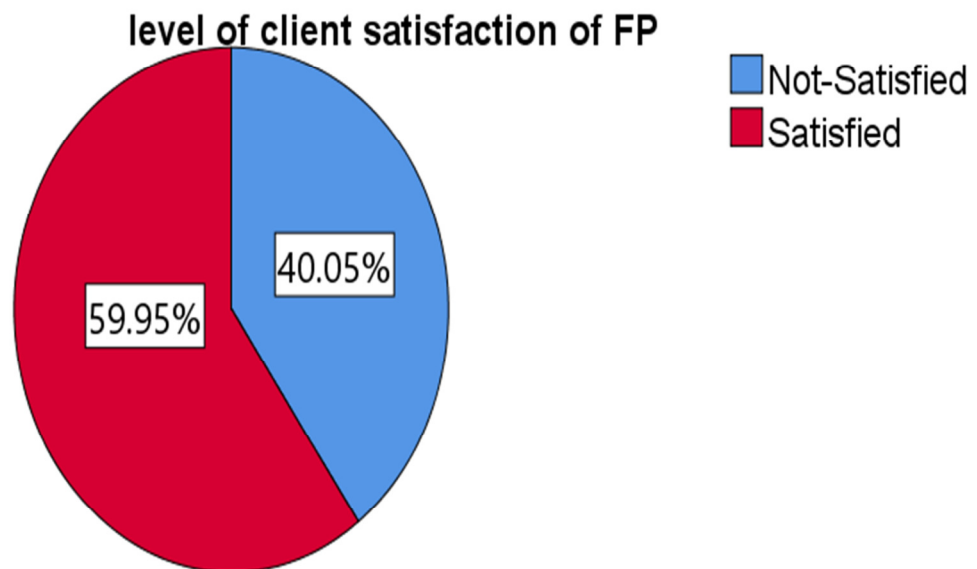


Figure 2 : Level of satisfaction and associated factor among family planning service at SPHMMC 2023 G.C

5.3. Respondents level of satisfaction of family planning service

Client satisfaction with family planning services was assessed using a structured questionnaire containing 11 satisfaction questions and the response was as follows. Most of the respondents (57.4%) were satisfied, (16.1%) were very satisfied while the rest responded very dissatisfied, dissatisfied, or neutral regarding respect from the provider. Most of them (48.3%) were satisfied with health care provider hours of service to provide family planning while less than half of them (42.9%) were satisfied with the sufficiency of information given about the method.

Related to the facility cleanliness, (47%) and (35%) were satisfied and very satisfied respectively while the rest constituted very dissatisfied, dissatisfied, and neutral. More than one-third of the respondents (44.7%) were satisfied and (33.9%) were very satisfied with the privacy maintained during the procedure of family planning services provision. (Table 2)

Table 3: Respondents level of Satisfaction with different components of family planning service

Variable	Frequency (%)				
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Respect from provider	16 (4.1%)	35 (9.0%)	49 (12.7%)	222 (57.4%)	65 (16.8%)
Respect from other staff	12 (3.1%)	48 (12.4%)	33 (8.5%)	188 (48.6%)	106 (27.4%)
Adequacy of information	8 (2.1%)	44 (11.4%)	43 (11.1%)	166 (42.9%)	126 (32.6%)
Privacy maintained	8 (2.1%)	23 (5.9%)	52 (13.4%)	173 (44.7%)	131 (33.9%)
Consultation duration	10 (2.6%)	22 (5.7%)	54 (14.0%)	173 (44.7%)	128 (33.1%)
Confidentiality maintained	12 (3.1%)	41 (10.6%)	50 (12.9%)	161 (41.6%)	123 (31.8%)
Availability of FP methods	7 (1.8%)	17 (4.4%)	29 (7.5%)	165 (42.6%)	169 (43.7%)
Waiting time	19 (4.9%)	64 (16.5%)	35 (9.0%)	173 (44.7%)	96 (24.8%)
Distance of facility site to get	27 (7.0%)	44 (11.4%)	29 (7.5%)	179 (46.3%)	108 (27.9%)
Facility cleanness	11 (2.8%)	25 (6.5%)	30 (7.8%)	182 (47.0%)	139 (35.9%)
Hours of service	19 (4.9%)	35 (9.0%)	27 (7.0%)	187 (48.3%)	119 (30.7%)

5.4. Factors associated with client satisfaction of FP services

Family planning service satisfaction was assessed for its association with socio-demographic variables. Bivariate analysis in the binary logistic regression model showed that Mothers with educational status completed primary school were 3.2 times more satisfied than client with educational status of college level and above (COR=3.160 [95%CI=1.563, 6.389] and clients who live in urban setting were 2.1 times (COR=2.150 [95%CI=1.238, 3.733] more likely satisfied than those of rural residents. clients who found the clinic opening time convenient were 2.7 time (COR=2.749 [95%CI=1.555, 4.859] more satisfied than their counterparts, and those respondents who responded working hours was efficient were, 3.4 times (COR=3.459[95%CI=2.132,5.613] more satisfied than those respondents who responded working hours was not efficient.

72.3 % clients were more satisfied (COR=0.277[95%CL=0.178,0.429]), to clean and comfortable clinic when compared with those respondents who said the clinic was not clean and comfortable, and those clients who responded privacy was ensured during the procedure were 1.2 times (COR=1.021[95%CI=0.565,5.1846]) more satisfied than client whose privacy was not

ensured during the procedure. Clients who responded they were attended quickly in the clinic were 3.6 times (COR=3.614[95%CI=2.329, 5.609]) more satisfied than those clients who were not attended quickly in the clinic services.

Clients who were not informed about other contraceptive methods were 50% (COR=0.450[95%CI=0.282,0.718]) less likely satisfied than those who were informed about other contraceptive methods .Other variables like age, religion, marital status, occupation , ethnicity, appropriateness of cost of services , privacy ensured during the procedure, availability of posters with key messages , appointment to come before the next visit if complication occurs were not significant in bivariate analysis at p-value 0.05(table5).

However, using multivariate analysis, from sociodemographic variables none of them were statistically significant with client satisfaction.

Table 4 : Bivariate factors associated with client satisfaction of FP services at SPHMMC 2023G.C (n=387)

Variable	Category	Not-Satisfied	Satisfied	COR (95% CI)	p. valve
Age of clients	<= 19	2(1.3)	10(4.3)	3.000(0.372,24.171)	0.302
	20-30	106(68.4)	152(65.5)	0.860(0.201,3.678)	0.839
	31-40	44(28.4)	65(28)	0.886(0.201,3.900)	0.873
	41-49	3(1.9)	5(2.2)	1	
Religion	Muslim	29(18.7)	74(31.9)	0.284(0.034,2.339)	24.171
	Orthodox	61(39.4)	74(31.9)	0.135(0.017,1.094)	0.061
	Protestant	54(34.8)	67(28.9)	0.138(0.017,1.122)	0.064
	Catholic	10(6.5)	8(3.4)	0.089(0.009,0.857)	0.036
	Others	1(0.6)	9(3.9)	1	
Educational status	Don't have regular	12(7.7)	18(7.8)	1.293(0.587,2.844)	0.524
	Write and	8(5.2)	21(9.1)	2.262(0.951,5.382)	0.065

		read only				
		Primary	12(7.7)	44(19)	3.160(1.563,6.389)	0.001
		Secondary	42(27.1)	55(23.7)	1.128(0.685,1.860)	0.636
		College and above	81(52.3)	94(40.5)	1	
Marital Status		Single	11(7.1)	14(6)	1.273(0.154,10.530)	0.823
		Married	128(82.6)	203(87.5)	1.586(0.221,11.400)	0.647
		Divorced	14(9)	13(5.6)	0.929(0.114,0.945)	0.945
		Widowed	2(1.3)	2(0.9)	1	
		House wife	54(34.8)	87(37.5)	1.611(0.571,4.545)	0.367
Occupation		Government	31(20)	65(28)	2.097(0.720,6.109)	0.175
		Private	22(14.2)	41(17.7)	1.864(0.615,5.646)	0.271
		Merchant	40(25.8)	31(13.4)	0.775(0.26,2.29)	0.646
		Student	8(5.2)	8(3.4)	1	
Residence		Urban	89(57.4)	164(70.7)	2.150(1.238,3.733)	0.007
		Semi urban	31(20)	38(16.4)	1.430(0.724,2.824)	0.303
		Rural	35(22.6)	30(12.9)	1	
Ethnicity		Oromo	54(34.8)	98(42.2)	1.512(0.61,3.72)	0.369
		Amhara	53(34.2)	76(32.8)	1.195(0.481,2.967)	0.701
		Tigre	7(4.5)	15(6.5)	1.786(0.523,6.100)	0.355
		Gurage	31(20)	31(13.4)	0.833(0.314,2.211)	0.714
		Others	10	12	1	
Income level		Low	82	137	3.898(1.44,10.541)	0.007
		Middle	59(38.1)	89(38.4)	3.520(1.280,9.677)	0.015
		High	14(9)	6(2.6)		
Easy to get to the clinic/site		Yes	76(49)	177(763)	3.345(2.162,5.177)	0.000
		No	79(51)	55(23.7)	1	
Appropriate cost service		Yes	82(52.9)	143(61.6)	0.699(0.463,1.055)	0.088
		No	73(47.1)	89(38.4)	1	
Opening time convenient		Yes	119(76.8)	209(90.1)	2.749(1.555,4.859)	0.001
		No	36(23.2)	23(9.9)	1	

Efficient working hours	Yes	96(61.9)	197(84.9)	3.459(2.132,5.613)	0.000
	No	59(38.1)	35(15.1)	1	
Privacy ensured during the procedure	Yes	134(86.5)	200(86.2)	1.021(0.565,1.846)	0.945
	No	21(13.5)	32(13.8)	1	
Clean and comfortable clinic	Yes	112(72.3)	191(82.3)	1.789(1.099,2.912)	0.019
	No	43(27.7)	41(17.7)	1	
Quickly attended in the clinic	Yes	42(27.1)	133(57.3)	3.614(2.329,5.609)	0.000
	No	113(72.9)	99(42.7)	1	
Nonverbal communication and leaflets	Yes	116(74.8)	212(91.4)	0.281(0.156,0.503)	0.000
	No	39(25.2)	20(8.6)	1	
Informed about other contraceptive methods	Yes	102(65.8)	188(81)	0.450(0.282,0.718)	0.001
	No	53(34.2)	44(19)	1	
Time spent in consultation sufficient to discuss your needs	Yes	110(71)	197(84.9)	0.434(0.264,0.716)	0.001
	No	45(29)	35(15.1)	1	
Opportunity to ask questions and clarify doubts	Yes	83(53.5)	183(78.9)	0.309(0.198,0.482)	0.000
	No	72(46.5)	49(21.1)	1	
Explain clearly use of methods	Yes	87(56.1)	188(81)	0.299(0.190,0.473)	0.000
	No	68(43.9)	44(19)	1	
Privacy ensured during your consultation	Yes	115(74.2)	214(92.2)	0.242(0.133,0.441)	0.000
	No	40(25.8)	18(7.8)	1	
Respect full cooperative staff	Yes	100(64.5)	200(86.2)	0.291(0.177,0.478)	0.000
	No	55(35.5)	32(13.8)	1	

Concern noted on services	Yes	99(63.9)	193(83.2)	0.357(0.222,0.575)	0.000
	No	56(36.1)	39(16.8)	1	
Informed about other contraceptive methods	Yes	102(65.8%)	188(81%)	0.663(0.387,1.137)	0.136
	No	53(34.2%)	44(19%)	1	
Given chance for choice	Yes	120(77.4)	206(88.8)	0.433(0.248,0.754)	0.003
	No	35(22.6)	26(11.2)	1	
Adequate information	Yes	104(67.1)	214(92.2)	0.172(0.095,0.308)	0.000
	No	51(32.9)	18(7.8)	1	
Waiting time to get FP service	< 30minute	44(28.4)	140(60.3)	0.260(0.168,0.403)	0.000
	>30 minute	111(71.6)	92(39.7)	1	
Family planning room localized in bold letters	Yes	116(74.8)	189(81.5)	0.677(0.414,1.106)	0.119
	No	39(25.2)	43(18.5)	1	
Key messages posters posted FP room	Yes	125(80.6)	203(87.5)	0.595(0.341,1.039)	0.068
	No	30(19.4)	29(12.5)	1	
Side-effect	Yes	120(77.4)	195(84.1)	0.651(0.389,1.089)	0.102
	No	35(22.6)	37(15.9)	1	
Appointed to come before the next visit if complication occurs	Yes	144(92.9)	222(95.7)	0.5900.(244,1.424)	0.240
	No	11(7.1)	10(4.3)	1	

(1* reference)

5.5. Factors Associated with Family Planning Services

Both the bivariate and multiple logistic regression methods were used in the analysis of predictors of the dependent variables. The bivariate logistic regression analysis was carried out to examine the associations between each of the independent variables and the outcome variables

and the adjusted odds ratios of the associations and the 95% confidence intervals of each independent variable with the outcome variable were obtained. In order to identify factors associated with client satisfaction of family planning services logistic regression with enter method was used with 95% CI and p value < 5%, all variables regardless of their significance entered to multiple-logistic regression and final independent predictor of client satisfaction of family planning services were identified.

Results for multivariate logistic regression show that the likelihood of having client satisfaction of family planning services was associated with client's residence, efficient working hours, easy to get to the clinic/site, privacy ensured during consultation, availability of nonverbal communication and adequacy of information.

Being an urban resident was significantly associated with client satisfaction with family planning services compared to rural. Clients who come from urban were three times (AOR =2.602, [CI:1.3355.073] more likely satisfied with family planning service compared with those who came from rural area, and clients who came from semi urban were also four times more likely (AOR= 3.942, [95%CI, 1.592,9.762]) satisfied with family planning service compared with those who came from rural area.

Those Clients who responded working hours was efficient, were satisfied two times more likely with family planning services compared with those who responded working hours was not efficient, AOR=1.999, [95%CI:1.067,3.743]), and who got easy access to clinic/site were 2.5time more likely satisfied compared to those who couldn't access the clinic easily, AOR=2.530[95%CI:1.462,4.378], and clients those responded nonverbal communication was available were two time more likely satisfied compared to their counter parts AOR=2.201[95%CI:1.045,4.637].

Table 5: Association of selected variables with client satisfaction with family planning services in bivariate and multivariate analysis in SPHMMC 2023 (n=387)

Variable	Categ ory	Not- Satisfied	Satisfied	COR (95% CI)	p. value	AOR (95% CI)
Residence	Urban	89(57.4)	164(70.7)	2.150(1.238,3.733)	0.007	2.602(1.335,5.073) *

	Rural	31(20)	38(16.4)	1.430(0.724,2.824)	0.303	3.942(1.592,9.762) *
	Semi urban	35(22.6)	30(12.9)	1		1
Income level	Low	82	137	3.898(1.44,10.541)	0.007	1.746(0.429,7.109)
	Middle	59(38.1)	89(38.4)	3.520(1.280,9.677)	0.015	1.614(0.387,6.731)
	High	14(9)	6(2.6)	1		1
Convenient opening time	Yes	119(76.8)	209(90.1)	2.749(1.555,4.859)	0.001	1.397(0.679,2.873)
	No	36(23.2)	23(9.9)	1		1
Efficient working hours	Yes	96(61.9)	197(84.9)	3.459(2.132,5.613)	0.000	1.999(1.067,3.743) *
	No	59(38.1)	35(15.1)	1		1
Clean and comfortable clinic	Yes	112(72.3)	191(82.3)	1.789(1.099,2.912)	0.019	0.632(0.317,1.257)
	No	43(27.7)	41(17.7)	1		1
Quickly attended in the clinic	Yes	42(27.1)	133(57.3)	3.614(2.329,5.609)	0.000	0.871(0.293,2.589)
	No	113(72.9)	99(42.7)	1		1
Easy to get to the clinic/site	Yes	76(49)	177(76.3)	3.345(2.162,5.177)	0.000	2.530(1.462,4.378) *
	No	79(51)	55(23.7)	1		1
Nonverbal communication availability	Yes	116(74.8)	212(91.4)	0.281(0.156,0.503)	0.000	2.201(1.045,4.637) *
	No	39(25.2)	20(8.6)	1		1
Informed about other contraceptive methods	Yes	102(65.8)	188(81)	0.450(0.282,0.718)	0.001	0.653(0.335,1.272)
	No	53(34.2)	44(19)	1		1
Time spent in consultation	Yes	110(71)	197(84.9)	0.434(0.264,0.716)	0.001	1.696(0.877,3.282)
	No	45(29)	35(15.1)	1		1

sufficient						
Opportunity to ask questions and clarify doubts	Yes	83(53.5)	183(78.9)	0.309(0.198,0.482)	0.000	1.311(0.672,2.555)
		72(46.5)	49(21.1)			1
	No			1		
The use of the method(s) explained clearly to you	Yes	87(56.1)	188(81)	0.299(0.190,0.473)	0.000	0.556(0.295,1.046)
		68(43.9)	44(19)			1
	No			1		
Concern noted on services	Yes	99(63.9)	193(83.2)	0.357(0.222,0.575)		0.920(0.481,1.760)
		56(36.1)	39(16.8)			
	No			1		
Privacy ensured during consultation	Yes	115(74.2)	214(92.2)	0.242(0.133,0.441)	0.000	1.696(0.877,3.282) *
		40(25.8)	18(7.8)			1
	No			1		
Respectful and cooperative staff	Yes	100(64.5)	200(86.2)	0.291(0.177,0.478)	0.000	1.277(0.638,2.556)
		55(35.5)	32(13.8)			1
	No			1		
Chance given for choice	Yes	120(77.4)	206(88.8)	0.433(0.248,0.754)	0.003	0.672(0.303,1.488)
	No	35(22.6)	26(11.2)	1		1
Adequacy of information given on side effects	Yes	104(67.1)	214(92.2)	0.172(0.095,0.308)	0.000	3.847(1.774,8.343) *
		51(32.9)	18(7.8)			1
	No			1		
Waiting time to get FP service	<30min	44(28.4)	140(60.3)	0.260(0.168,0.403)	0.000	2.494(0.870,7.145)
	>30 minute	111(71.6)	92(39.7)	1		1
						(1* reference)

6. DISCUSSION

6.1. Client satisfaction with family planning services

In this study more than half of the respondents (59.95%) were satisfied with family planning services. Moreover, residence, convenience of opening time and clinic hours, easy access to the clinic/site, waiting time, availability of effective nonverbal communications, assurance of sufficient privacy during consultation, and adequacy of information given on side effects of contraceptive methods had strong association with client satisfaction.

Findings in overall satisfaction of clients are in line and consistent with several studies conducted in Ethiopia. FP users in central Ethiopia (62.6%) (11), Bahirdar (66.1%) (12) and Bangladesh (66.1%)(24) Showed slightly higher but comparable satisfaction rates than this study. But the satisfaction rate among FP users in Nigeria, Mozambique, and Tanzania accounts 81%, 86%, and 91% of all respondents respectively. (14),(20) ,(25). The most plausible reason for these discrepancies might be the difference in socio-cultural context in the study area, since personal preferences and values are adopted from socio-cultural variables.

In contrast to the above studies, similar researches conducted in Ethiopia showed lower rate of client satisfaction among FP users at public health facilities of Jigjiga town (41.7%), Tembaro District in Southern Ethiopia (46 %) (6) and Wonji in Oromia region (45%) (14). This lower level of client satisfaction may be related to the low quality and inconsistent FP service provision. In addition, these studies didn't include private and non-governmental health facilities which had an active role in FP service coverage in previous studies. Another credible reason for the discrepancies among the studies might be due to socio-demographic differences including educational background and economic status.

In this study, urban residents were three times more likely satisfied as compared to clients from semi urban residents, and four times more likely satisfied as compared to client from rural residents; AOR=2.602 [95%CI:1.335,5.073] and AOR 3.942 [95%CI 1.592,9.762] respectively. The similarity of these findings might be explained by the fact that most literature suggest that the majority of urban resident users have a high level of understanding and easy access for family planning services, and the rural residents had the lowest level of satisfaction due to lack

of financial and social support. Low expectation for their outcome, misconception on FP methods and fertility preference also contribute to the dissatisfaction.

This study revealed that clients who found efficient working hours were almost two times more likely satisfied (AOR=1.9999, [95% CI 1.067,3.743]) than their counterparts. This finding is supported by a study conducted in Bangladesh (24) and Kenya (27). The plausible reason for this result can be due to well prepared and efficient centers having an effect on utilization and mobilization of resources which decrease the waiting time and inconvenience for the users.

Easy access to the clinic/site and minimal time elapsed to reach the facility also show strong association to more likely satisfy clients (AOR=2.530, [95%CI=1.462, 4.378]) than those who had difficulties to access. This finding is in line with a study conducted in Hosanna town public health facility (20) and Gondar town (28).

This study shows that clients who had access to nonverbal communication were two times more satisfied (AOR=2.201 [95%CI 1.045, 4.637]) when compared to clients who had verbal communication as a sole medium of interaction. The possible reason might be due to the fact that nonverbal communication builds trust, eases client-provider interaction and conveys adequate information on various methods of FP services.

Clients whose privacy was maintained and ensured during consultation, received satisfying quality services (AOR=1.696, [95%CI 0.877, 3.282]) as compared to clients with loose confidentiality because family planning is a very personal subject and people do not like to openly discuss their problems. Therefore, privacy is crucial in providing effective family planning services. Clients feel more comfortable if providers respect their confidentiality during individual and group counseling sessions. This evidence was supported by numerous studies in North West Ethiopia (12), Asella Oromia regional state (21), and Bangladesh (24).

This study showed that clients who come for family planning service and had adequate information on side effects of contraceptives (AOR=3.84,[95% CI 1.774,8.343]) were four times more likely to be satisfied as compared to clients with no or minimal information on various FP side effects . This can be due to common misconceptions and myths held by many users which affect adherence and proper usage of contraceptives. Finally, this study is consistently supported by similar studies conducted in Tembaro district southern Ethiopia (6), Northwest Region of Ethiopia (12), Tanzania (19), and Asella, Oromia regional state (21).

7. Strength and Limitation of the study

This study design consists of continuous variable assessment which is the strength of my study. On the other hand, it is a single institution-based study conducted at SPHMMC without mixed study design that could be considered as a limitation of the study.

The client's satisfaction could be impressed by the respondent's own emotional attitude, their egoistic characteristics, and also the level of knowledge of Family Planning services. Therefore, the reported view about their satisfaction might not be consistent with the real-world status. Response bias due to social desirability of responses or having a kind of preservation in answering the scale questions (causing a ceiling effect in the scale's score) or having pessimistic taught about professional ethics (causing a floor effect) may not be ruled out completely.

In addition, these study designs (cross-sectional) which measure the exposure and outcome at the same time not adequate for measuring direction of associations found, and this study may be subject to several unmeasured, potential confounders. Because of the nature of the study, recall and interviewer bias were also potential limitations at the time of the data collection.

8. CONCLUSION

Based on the findings of this study, 59.95% of clients who came for family planning services were satisfied with family planning service. Being urban and semi urban resident, efficient working service, easy accesses to get clinic site, nonverbal communication availability, privacy ensured during consultation, and provision of adequate information on contraceptives side effects were significantly associated with satisfaction of clients with family planning services.

9. RECOMMENDATIONS

As per the findings of this study, the following recommendations were made:

For Saint Paul's hospital millennium medical college:

- The hospital shall prepare separate room for family planning service so that client's privacy and confidentiality will be maintained
- Health care providers should get regular and updated training.

- Increase man power to decrease clients waiting time and improve efficient working services.
- Family planning services are better provided using national guideline so that client's satisfaction will be improved.
- Providers should properly describe possible side effects of all contraceptive methods.

Researcher

- Should conduct further studies using both qualitative and quantitative research methods to get the better satisfaction level with family planning services.
- Undertaking community based cross sectional study for better representativeness.

ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research thesis and for provision of required progress reports as per terms and conditions of the St Paul's Hospital and Millennium Medical College in effect at the time of grant is forwarded as the result of this application.

Name of the student: _____

Date. _____ Signature _____

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor: _____

Date. _____ Signature _____

10. REFERENCES

1. Federal Democratic Republic of Ethiopia [Internet]. 2019. Available from: www.DHS program.com.
2. UNDESA. World Family Planning 2017 Highlights. Econ Soc Aff [Internet]. 2017;1–43. Available from: https://www.un.org/en/development/desa/population/publications/pdf/family/WFP2017_Highlights.pdf
3. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. Vol. 368, Lancet. Elsevier B.V.; 2006. p. 1810–27.
4. Ethiopia Demographic and Health Survey. 2016.
5. Federal Democratic Republic of Ethiopia Ministry of Health Third Edition National Guideline for Family Planning Services in Ethiopia Third Edition. 2020.
6. Wogu D, Lolaso T, Meskele M. <p>Client Satisfaction with Family Planning Services and Associated Factors in Tembaro District, Southern Ethiopia</p>. Open Access J Contracept. 2020 Jul; Volume 11:69–76.
7. Kabra R. WHO family planning guidelines Family Planning-A global handbook for providers.
8. Gebreyesus A. Determinants of client satisfaction with family planning services in public health facilities of Jigjiga town, Eastern Ethiopia. BMC Health Serv Res. 2019 Sep 2;19(1).
9. Mechal N, Negash M, Bizuneh H, Abubaker FA. Unmet need for contraception and associated factors among women with cardiovascular disease having follow-up at Saint Paul’s Hospital Millennium Medical College, Addis Ababa, Ethiopia: a cross-sectional study. Contracept Reprod Med. 2022 Dec;7(1).

10. Slater AM, Estrada F, Suarez-Lopez L, De La Vara-Salazar E, Campero L. Overall user satisfaction with family planning services and associated quality care factors: A cross-sectional analysis. *Reprod Health*. 2018 Oct 12;15(1).
11. Birhanu Z, Assefa T, Woldie M, Morankar S. Determinants of satisfaction with health care provider interactions at health centers in central Ethiopia: A cross sectional study. *BMC Health Serv Res*. 2010;10.
12. Asrat W, Mekonnen T, Bedimo M. Assessment of women's satisfaction with family planning service at public health facilities in Northwest Region of Ethiopia: a cross sectional study. *Contracept Reprod Med*. 2018 Dec;3(1).
13. Abera L, Ejigu E, Hailu M, Tadesse D, Omer A. Quality of family planning services and associated factors among reproductive age women attending family planning unit at public health facilities in Dire Dawa, Eastern Ethiopia, 2021. *Contracept Reprod Med*. 2023 May 23;8(1).
14. BA W. Assessment of Client Satisfaction on Family Planning Services Utilization in Wonji Hospital, Ethiopia, 2016. *JBR Journal of Clinical Diagnosis and Research*. 2017;05(01).
15. Tessema GA. Public Health), MPH (Reproductive and Child Health). 2018.
16. MOH Ministry of health. Management Protocol on Selected Obstetrics Topics for Hospitals. *Moh*. 2020;(December):1–209.
17. Teshome A, Birara M, Rominski SD. Quality of family planning counseling among women attending prenatal care at a hospital in Addis Ababa, Ethiopia. *International Journal of Gynecology and Obstetrics*. 2017 May 1;137(2):174–9.
18. Chavane L, Dgedge M, Bailey P, Loquiha O, Aerts M, Temmerman M. Assessing women's satisfaction with family planning services in Mozambique. *Journal of Family Planning and Reproductive Health Care*. 2017 Jul 1;43(3):222–8.

19. Bintabara D, Ntwenya J, Maro II, Kibusi S, Gunda DW, Mpondo BCT. Client satisfaction with family planning services in the area of high unmet need: Evidence from Tanzania Service Provision Assessment Survey, 2014-2015. *Reprod Health*. 2018 Jul 16;15(1).
20. Gebre Argago T, Hajito KW, Kitila SB. International Journal of Nursing and Midwifery 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. 2015;7(5):74–83. Available from: <http://www.academicjournals.org/IJNM>
21. Tesfaye G. School Of Nursing And Midwifery Postgraduate Program Assessment Of Client Satisfaction With Contraceptive Counseling And Associated Factors Among Women Attending Family Planning Clinics In Asella Public Health Institutions, Oromia Reginal State, 2018.
22. Shokry Abd Allah E, Elsayed Mohamed Elsabagh E, El Awady S. Mother's Satisfaction with the Quality Care of Maternal & Child Health Services At Maternal and Child Health Centers in Zagazig City [Internet]. Vol. 9, Life Science Journal. 2012. Available from: <http://www.lifesciencesite.com><http://www.lifesciencesite.com>.210
23. CPM-3 (2008) / REPORT APPENDIX 5 ISPM No. 31 (2008) Methodologies for sampling of consignments international standards for phytosanitary measures ispm no. 31 methodologies for sampling of consignments. 2008.
24. Mendoza Aldana J, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh.
25. Kaoje U, Oche M, Isah B, Sambo M, Saad A, Raji M. Determinants of client satisfaction with family planning services in government health facilities in Sokoto, Northern Nigeria. *Sahel Medical Journal*. 2015;18(1):20.
26. Amentie M. Utilization of Family Planning Services and Influencing Factors Among Women of Child Bearing Age in Assosa District, Benishangul

Gumuz Regional State, West Ethiopia. *Science Journal of Clinical Medicine*. 2015;4(3):52.

27. Agha S, Do M. The quality of family planning services and client satisfaction in the public and private sectors in Kenya. *International Journal for Quality in Health Care*. 2009;21(2):87–96.
28. Berta M, Feleke A, Abate T, Worku T, Gebrecherkos T. Utilization and Associated Factors of Modern Contraceptives During Extended Postpartum Period among Women Who Gave Birth in the Last 12 Months in Gondar Town, Northwest Ethiopia. *Ethiop J Health Sci*. 2018 Mar 1;28(2):207–16.
29. Client Satisfaction Exit Interviews.

11. ANNEXES

10.1 Consent form

Dear participants!

My name is -----, I am currently a member of data collectors for research which is conducted by Dr. Burgudi Yigezu who is a registered as a resident in the department of Obstetrics and Gynecology at SPHMMC. The research team is conducting a study on women who presented for Family planning services. The aim of the study is to assess level of client satisfaction and associated factors with family planning services in Addis Ababa; the case of Saint Paul's Hospital and Millennium Medical College. You have been chosen to participate in this study.

I would like to request your participation in this study and before you do so I would like for you to fully understand what your participation entails.

- All information gathered from you and your file was confidential and utilized only for the study and publishing purposes.
- All information gathered will not contain names, file number, contact details or any other information/autonomy that can identify you as the participant.
- If you participate in this research project, there may not be direct benefit to you but your participation is likely help us to meet the research objective.
- At any time that you feel you no longer wish to proceed/withdraw with the study please feel free to inform me and I will stop.
- I would like your permission to look at your file for information.

This research project was reviewed and approved by the IRB SPHMMC. If you have any question, you can contact the following individual and you may ask any time you want.

Person to contact:

Dr. Burgudi Yigezu (MD, OBGYN RESIDENT)

Tell: +251934292141

Email: burgudiyigezu94@gmail.com

Informed consent

I, _____, hereby confirm that I understand the contents of this document and the nature of the research project and acknowledge my informed consent to partake in this study and give the researcher permission to use all information gathered from my participation. I understand that I am at autonomy to withdraw from the project at any time.

A. I agree

B. I disagree

Participant Signature: _____ Date: _____

11.2. Questionnaire

Socio-economic Characteristics of the respondents (Write ☒ Mark in front of your answer)

T.L	Variables					
	1. Age	✓	2. Religion	✓	3. Educational status	✓
	≤19		Muslim		Don't have regular education	
	20-30		Orthodox		Write and read only	
	31-40		Protestant		Primary Education (1-8)	
	41-49		Catholic		Secondary Education (9-12)	
			Others		Tertiary Education	
					• Diploma	
					• Degree	
					• MSc/MA/Specialty	
					• PhD/Sub-specialty	
	4. Marital Status	✓	5. Occupation	✓	6. Residence	✓
	Single		House wife		Urban	
	Married		Government employee		Rural	
	Divorced		Private employee		Semi-urban	
	Widowed		Merchant			
			Student			
			Others			
	7. Ethnicity	✓	8. Monthly Income level			
	Oromo					
	Amhara					

	Tigre					
	Gurage					
	Others(specify)					

I. Client Responses with aspects of Family Planning services

9. Is opening time convenient? Yes ☐ No ☐
10. Efficient working services? Yes ☐ No ☐
11. Is your privacy insured during the procedure? Yes ☐ No ☐
12. Are you comfortable with the cleanliness of the clinic? Yes ☐ No ☐
13. Were you attended to quickly? Yes ☐ No ☐
14. Was it easy to get to the clinic/site? Yes ☐ No ☐
15. Was the cost for your service appropriate? Yes ☐ No ☐
16. Nonverbal communication and leaflets? Yes ☐ No ☐
17. Were you informed about other contraceptive methods? Yes ☐ No ☐
18. Was the time spent in consultation sufficient to discuss your needs? Yes ☐ No ☐
19. Did you feel you had the opportunity to ask questions and clarify doubts? Yes ☐ No ☐
20. Was the use of the method(s) explained clearly to you? Yes ☐ No ☐
21. Did you have sufficient privacy (during your consultation)? Yes ☐ No ☐
22. Were you treated in a friendly and respectful way? Yes ☐ No ☐
23. Have you got respect from staff? Yes ☐ No ☐
24. Is your concern noted? Yes ☐ No ☐
25. Is the method used explained to you? Yes ☐ No ☐
26. Was the chance given for choice? Yes ☐ No ☐
27. Was the Information given to you adequate? Yes ☐ No ☐
28. What is the waiting time to get FP service? $\leq 30\text{min}$ ☐ $\geq 30\text{min}$ ☐
29. Family planning room localized in bold letters. Yes ☐ No ☐
30. Room has posters with key messages on family planning. Yes ☐ No ☐
31. Get description about the side-effect. Yes ☐ No ☐
32. Appointed to come before the next visit if complication occurs. Yes ☐ No ☐

II. Respondents level of Satisfaction with different components of family planning service

SN	Variables	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
33	Respect from provider					
34	Respect from other staff					
35	Adequacy of information					
36	Privacy maintained					
37	Consultation duration					
38	Confidentiality maintained					
39	Availability of FP methods					
40	Waiting time					
41	Distance of facility site to get					
42	Facility cleanness					
43	Hours of service					

10.1 የስምምነት ቅጽ

ውድ ተሳታፊዎች!

ስሜ ----- በአሁኑ ጊዜ የመረጃ ሰብሳቢዎች አባል ነኝ በየቅዱስ ጳውሎስ ሆስፒታል እና ሚሊኒየም ሕክምና ኮሌጅ የጽንሰና ማህፀን ሕክምና ክፍል **ረዝደንት** ሆና በተመዘገበችው በዶክተር ቡርጉዲ ይገዙ ለሚካሄደው ጥናት። የምርምር ቡድኑ ለቤተሰብ እቅድ አገልግሎት በቀረቡ ሴቶች ላይ ጥናት እያካሄደ ነው። የጥናቱ አላማ የደንበኛ እርካታ ደረጃ እና ከአዲስ አበባ የቤተሰብ እቅድ አገልግሎት ጋር ተያያዥነት ያላቸውን ሁኔታዎች ለመገምገም ነው። የቅዱስ ጳውሎስ ሆስፒታል እና ሚሊኒየም ሕክምና ኮሌጅ ለዚህ ጥናት ተመርጠዋል።

በዚህ ጥናት ውስጥ እንድሳተፉ እጠይቃለሁ እና ይህን ከማድረግዎ በፊት ተሳትፎዎ ምን እንደሚጨምር በደንብ እንዲረዱት እፈልጋለሁ።

- ከእርስዎ እና ከማህደርዎ የተሰበሰቡት ሁሉም መረጃዎች ሚስጥራዊ እና ለጥናት እና ለህትመት ዓላማዎች ብቻ የሚያገለግሉ ናቸው።

- ሁሉም የሚሰበሰበው መረጃ ስም፣ የፋይል ቁጥር፣ የአድራሻ ዝርዝሮች ወይም ሌላ ማንኛውም መረጃ እርስዎን እንደ ተሳታፊ የሚለይ አይይዝም።

- በዚህ የምርምር ፕሮጀክት ላይ ከተሳተፉ፣ ለእርስዎ ቀጥተኛ ጥቅም ላይኖር ይችላል፣ነገር ግን የእርስዎ ተሳትፎ የምርምር አላማውን ለማሳካት ሊረዳን ይችላል።

- በማንኛውም ጊዜ በጥናቱ መቀጠል/መውጣት እንደማይፈልጉ በተሰማዎት ጊዜ እባክዎን በነፃነት ይንገሩኝ እና አቆማለሁ።

- መረጃ ለማግኘት የእርስዎን ፋይል ለማየት ፈቃድዎን እፈልጋለሁ።

ይህ የምርምር ፕሮጀክት በቅዱስ ጳውሎስ ሆስፒታል እና ሚሊኒየም ሕክምና ኮሌጅ **የውስጥ ገምጋም ቦርድ** ተገምግሞ ጸድቋል። ማንኛውም ጥያቄ ካለዎት የሚከተለውን ግለሰብ ማነጋገር ይችላሉ እና በፈለጉት ጊዜ መጠየቅ ይችላሉ።

ለማነጋገር ከፈለጉ፡

ዶ/ር ቡርጉዲ ይገዙ (ጠቅላላ ሕክምና የጽንሰና ማህፀን ረዝደንት)

ስልክ +251934292141

ኢሜል: burgudiyigezu94@gmail.com

በመረጃ የተደገፈ ስምምነት

እኔ _____ በዚህ ሰነድ ውስጥ ያለውን ይዘት እና የምርምር ፕሮጀክቱን ምንነት እንደተረዳሁ አረጋግጣለሁ እናም በዚህ ጥናት ለመካፈል በመረጃ ላይ የተመሰረተ ስምምነትን አምናለሁ እናም ተመራማሪው ከተሳትፎ የተሰበሰበውን ሁሉንም መረጃ እንዲጠቀም ፍቃድ ሰጠሁ። በማንኛውም ጊዜ ከፕሮጀክቱ ለመውጣት በራስ ገዝ መሆኔን ተረድቻለሁ።

ሀ. አስማማለሁ

ቤ. አልሰማማም።

የተሳታፊ ፊርማ: _____ ቀን: _____

10.2. መጠይቅ

I. የመልስ ሰጪዎች ማህበራዊና ኢኮኖሚያዊ ባህሪያት (ከመልስዎ ፊት ☒ ምልክት ይፃፉ)

ተ.ቁ	ተለዋዋጮች					
	1. ዕድሜ	✓	2. ሃይማኖት	✓	3. የትምህርት ደረጃ	✓
	≤19		ሙስሊም		መደበኛ ትምህርት የለለው/ላት	
	20-30		ኦርቶዶክስ		መጻፍ እና ማንበብ ብቻ	
	31-40		ፕሮቴስታንት		የመጀመሪያ ደረጃ ትምህርት (1-8)	
	41-49		ካቶሊክ		የሁለተኛ ደረጃ ትምህርት (9-12)	
			ሌሎች		ሦስተኛ ደረጃ ትምህርት:	
					• ዲፕሎማ	
					• ዲግሪ	
					• ሁለተኛ/ሦስተኛ ዲግሪ	
	4. የትዳር ሁኔታ	✓	5. ሥራ	✓	6. የመኖሪያ ቦታ	✓
	ነጠላ/(ያላገባ/ች)		የቤት እመቤት		ከተማ	
	ያገባ/ች		የመንግስት ሰራተኛ		ገጠር	
	የተፋታ/ች		የግል ሰራተኛ		ከፊል-ከተማ	
	ባል የሞተባት		ነጋዴ			
			ተማሪ			
			ሌሎች			
	7. ጎሳ	✓	8. ወርሃዊ የገቢ ደረጃ			
	እርሞ					
	አማራ					
	ትግሬ					
	ጉራጌ					
	ሌሎች (ይጥቀሱ)					

II. ከቤተሰብ እቅድ አገልግሎቶች ገጽታዎች ጋር የደንበኛ ምላሾች

9. የመከፈቻ ጊዜ ምቹ ነው? አዎ ☐ አይደለም ☐
10. ውጤታማ የሥራ አገልግሎቶች አሉ? አዎ ☐ አይደለም ☐
11. በሂደቱ ወቅት ግላዊነትዎ ተጠብቀዋል? አዎ ☐ አይደለም ☐
12. የክሊኒክ ንፅህና ተመችቶሃል/ሻል? አዎ ☐ አይደለም ☐
13. በፍጥነት ተስተናግደው ነበር? አዎ ☐ አይደለም ☐
14. ወደ ክሊኒክ/ጣቢያው መድረስ ቀላል ነበር? አዎ ☐ አይደለም ☐
15. ለአገልግሎትዎ የሚወጣው ወጪ ተገቢ ነበር? አዎ ☐ አይደለም ☐
16. የቃል ያልሆነ ግንኙነት እና በራሪ ወረቀቶች አሉ? አዎ ☐ አይደለም ☐
17. ስለሌሎች የእርግዝና መከላከያ ዘዴዎች ተነግሮዎታል? አዎ ☐ አይደለም ☐
18. በመመካከር ያሳለፉት ጊዜ ፍላጎቶችዎን ለመወያየት በቂ ነበር? አዎ ☐ አይደለም ☐
19. ጥያቄዎችን ለመጠየቅ እና ጥርጣሬዎችን ለማብራራት እድል እንዳገኙ ተሰምቷችኋል? አዎ ☐ አይደለም ☐
20. የዘዴው(ዎች) አጠቃቀም በግልፅ ተብራርቶልዎታል? አዎ ☐ አይደለም ☐
21. በቂ ግላዊነት አልዎት (በምክርድ ወቅት)? አዎ ☐ አይደለም ☐
22. በወዳጅነት እና በአክብሮት ተይዘው ነበር? አዎ ☐ አይደለም ☐
23. ከሰራተኞች ክብር አግኝተዋል? አዎ ☐ አይደለም ☐
24. ስጋትዎ ተስተውሏል/ ታውቋል? አዎ ☐ አይደለም ☐
25. ጥቅም ላይ የዋለው ዘዴ ለእርስዎ ተብራርቷል? አዎ ☐ አይደለም ☐
26. ለምርጫ እድሉ ተሰጥቷል? አዎ ☐ አይደለም ☐
27. የተሰጠዎት መረጃ በቂ ነበር? አዎ ☐ አይደለም ☐
28. የቤተሰብ እቅድ አገልግሎት ለማግኘት የጥበቃ ጊዜ ምን ያህል ነበር? ≤ 30 ደቂቃ ☐ ≥ 30 ደቂቃ ☐
29. የቤተሰብ እቅድ ክፍል በደማቅ ፊደላት ነው የተለየው? አዎ ☐ አይደለም ☐
30. በቤተሰብ እቅድ ክፍል ላይ ቁልፍ መልእክት ያላቸው ፖስተሮች አሉት? አዎ ☐ አይደለም ☐
31. ስለ የጎንዮሽ ጉዳት መግለጫ አግኝተዋል? አዎ ☐ አይደለም ☐
32. ውስብስብነት ከተከሰተ ከሚቀጥለው ጉብኝት በፊት እንዲመጡ ተቀጥረዋል? አዎ ☐ አይደለም ☐

III. ምላሽ ሰጪዎች በተለያዩ የቤተሰብ እቅድ አገልግሎት አሰጣጥ አካላት የእርካታ ደረጃ

ተ.ቁ	ተለዋዋጮች	በጣም አልረካሁም	አልረካሁም	ገለልተኛ	ረክቻለሁ	በጣም ረክቻለሁ
33	በአገልጋዩ አክብሮት					
34	በሌሎች ሰራተኞች አክብሮት					
35	በመረጃ በቂነት					
36	በግላዊነት አጠባበቅ					
37	በምክክር ጊዜ ቆይታ					
38	በምስጢራዊነት ተጠብቆ መቆየት					
39	በቤተሰብ እቅድ ዘዴዎች መገኘት					
40	በመጠበቂያ ጊዜ					
41	የመገልገ ቦታን ለማግኘት ባለው ርቀት					
42	በክሊኒክ ንፅህና					
43	በአገልግሎት ሰዓቶች					

10.2.2. Gaaffii

I. Amaloota hawaas-dinagdee deebii kennitootaa (Deebii kee fuulduratti Mallattoo

✓ barreessi)

TL	Jijjiiramtoota					
	1. Umurii	✓	2. Amantii	✓	3. Haala barnootaa	✓
	≤19		Muslimaa		Barnoota idilee kan hin qabne	
	20-30		Ortodoksii		Barreessuu fi dubbisuu qofa	
	31-40		Protestaantii		Barnoota sadarkaa tokkoffaa (1-8)	
	41-49		Kaatolikii		Barnoota sadarkaa lammaffaa (9-12)	
			Kanneen biroo		Barnoota sadarkaa olaanaa	
					• Dippiloomaa	
					• Digirii	
					• Digirii 2ffaa	
					• Digirii 3ffaa/ Ispeshaalitii xiqqaa	
	4. Haala Gaa'ela	✓	5. Hojii	✓	6. Mana jireenyaa	✓
	Kan hin fuudhiin/ Hin heerumiin		Haadha manaa		Magaalaa	
	Kan Gaa'ela godhate/tte		Hojjetaa mootummaa		Baadiyyaa	
	Kan wal Hiikan		Hojjetaa dhuunfaa		Gamisiin Magaalaa	
	Kan Abbaan manaa irraa du'e		Daldalaa			

			Barataa			
			Kanneen biroo			
	7. Sabummaa	✓	8. Sadarkaa Galii Ji'aa			
	Oromoo					
	Amaaraa					
	Tigree					
	Gurage					
	Kanneen biroo(ibsi)					

II. Deebii Maamilaa gama tajaajila Karoora Maatii waliin walqabatee

9. Yeroon banamuu Kilinikichaa mijataadhaa? Eeyyee ☐ Lakki ☐
10. Tajaajilli kennamu gahumsa qabaa? Eeyyee ☐ Lakki ☐
11. Yeroo adeemsa hojiitti iccitii keessan mirkanaa'eera? Eeyyee ☐ Lakki ☐
12. Qulqullinni mana yaalaa sitti toleeraa ? Eeyyee ☐ Lakki ☐
13. Daftee tajaajila argattee turtee? Eeyyee ☐ Lakki ☐
14. Kilinika/bakka sana gahuun salphaa turee? Eeyyee ☐ Lakki ☐
15. Baasii tajaajila keessaniif bahu sirrii turee? Eeyyee ☐ Lakki ☐
16. Walqunnamtii afaaniin ala ta'ee fi barruulee jira turee? Eeyyee ☐ Lakki ☐
17. Waa'ee mala ittisa ulfaa biroo isinitti himamee? Eeyyee ☐ Lakki ☐
18. Yeroon marii irratti dabarsitan fedhii keessan irratti mari'achuuf gahaa turee? Eeyyee ☐ Lakki ☐
19. Gaaffii gaafachuu fi shakkii qulqulleessuuf carraa akka argatte sitti dhaga'amee? Eeyyee ☐ Lakki ☐
20. Fayyadamni mala (malawwan) sanaa ifatti siif ibsamee? Eeyyee ☐ Lakki ☐
21. Iccitii gahaa qabdaa turtee (yeroo marii keessanitti)? Eeyyee ☐ Lakki ☐
22. Karaa michoomaa fi kabajaa qabuun ilaalamaa turtee? Eeyyee ☐ Lakki ☐
23. Hojjettoota irraa kabaja argatteetaa? Eeyyee ☐ Lakki ☐
24. Yaaddoon keessan hubatameeraa? Eeyyee ☐ Lakki ☐
25. Malli itti fayyadamte siif ibsamee jiraa? Eeyyee ☐ Lakki ☐

26. Carraan filannoof siif kennameeraa? Eeyyee ☐ Lakki ☐
27. Odeeffannoon isiniif kenname gahaa turee? Eeyyee ☐ Lakki ☐
28. Tajaajila Karoora Maatii argachuuf yeroon eegde hagam? daqiiqaa 30 gadi ☐
daqiiqaa 30 fi isaa oli ☐
29. Kutaan karoora maatii qubee jajjaboodhaa fi kan naannootti qophaa'een adda baheeraa? Eeyyee ☐ Lakki ☐
30. Kutaan poostaroota ergaawwan ijoo karoora maatii irratti barreeffaman qabaa? Eeyyee ☐ Lakki ☐
31. Waa'ee miidhaa cinaa isaa ibsa argateetaa? Eeyyee ☐ Lakki ☐
32. Yoo rakkoon uumame daawwannaa itti aanu dura akka dhufu dandeessu sitti himameeraa? Eeyyee ☐ Lakki ☐

II. Qabiyyee adda addaa tajaajila karoora maatii irratti Sadarkaa Itti quufinsa deebii kennitootaa

TL	Jijjiiramtoota	Baay'ee itti hin quufne	Itti hin quufne	Gidduu galeessa	Itti quufeera	Baay'ee itti quufeera
33	Kabaja tajaajiltoota irraa					
34	Kabaja hojjettoota biroo irraa					
35	Odeeffannoon gahaa ta'uu					
36	Dahoon iccitiin eegamee jira					
37	Turtii marii					
38	Iccitiin eegamee jira					
39	Maleen Karoora Maatii					

	jiraachuu					
40	Yeroo eeggitee					
41	Fageenya bakka dhaabbatichaa argachuufi					
42	Qullqullinni dhaabbatichaa					
43	Sa'aatii tajaajilaa					