CLIENTS' PERCEPTION OF REPRODUCTIVE HEALTH SERVICES PROVIDED IN SELECTED CLINICS IN LEBANON

2001

Study Conducted by

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Foreword

During the 2000-2002 period, the United Nations Population Fund (UNFPA) supported the Government of Lebanon, through the Ministry of Public Health and the Ministry of Social Affairs, in the undertaking of several studies related to Reproductive Health in Lebanon, covering situation analysis, needs assessment and socio-cultural research. This publication represents one of the following eight studies:

- Review of Reproductive Health Concepts in Medical and Paramedical curricula in Lebanon. 2000
- Mapping of Primary Health Care Centers in Lebanon. 2000
- Review of Reproductive Health Research in Lebanon. 2000-2002
- Situation Analysis of Reproductive Heath in Lebanon. 2001
- Information, Education, and Communication Priorities in Reproductive Health in Lebanon. 2001
- Clients' Perception of Reproductive Health Services Provided in Selected Clinics in Lebanon. 2001
- Situation Analysis on Occupational Hazards and their Impact on Reproductive Health in Lebanon: A Survey for Policy Development. 2001
- Equipment Utilization Review Study in Reproductive Health Settings. 2002

The aim of these studies is to make available substantive information and data on the current situation in reproductive health at the levels of services, human resources, awareness and information dissemination, commodities, clients' satisfaction, research, and policy development. The findings and recommendations of these studies constitute key inputs to address needs and gaps, to improve the quality of services and of information, and to formulate policies and strategies.

Undertaken by national experts, the studies also benefited from substantive contributions from a number of people and institutions whose assistance is gratefully acknowledged. Particular appreciation is expressed to the Reproductive Health teams at the Ministry of Public Health (MOPH) under the leadership of the Director General Dr Walid Ammar, and at the Ministry of Social Affairs (MOSA) under the leadership of the Director General Ms Nimat Kanaan. Special thanks also go to the World Health Organization (WHO) for its technical input, to the International Labor Organization (ILO) for its technical and financial contribution, and to the United Nations Foundation (UNF) for its financial support.

Yves de San
UNFPA Representative, Lebanon
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Note: The views and opinions expressed in these reports are those of the authors and institutions, and do not necessarily reflect those of the United Nations Population Fund (UNFPA) and/or relevant funding, implementing and executing partners.

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List of Acronyms

CP.....Country Programme
CPR.....Contraceptive Prevalence Rate
IMR..... Infant Mortality Rate
IUD.....Intra Uterine Device
MMR.....Maternal Mortality Ratio
MOPH..... Ministry of Public Health
MOSA..... Ministry of Social Affairs
NGOs..... Non Governmental Organizations
PI.....Principal Investigator
RA..... Research Assistant
RH..... Reproductive Health
STI..... Sexually Transmitted Infections
TFR.....Total Fertility Rate
UNFPA..... United Nations Population Fund

I. Introduction

The Reproductive Health programme (RH) was initiated in Lebanon in January of 1998 by a joint collaboration between the United Nations Population Fund (UNFPA) and the government of Lebanon. Based on earlier research it was noted that Lebanon is in deer need of reproductive health services when most health care services were neglected especially in rural areas of Lebanon and where client education was non-existent after a long period of war especially in the area of reproductive health.

The purpose of the RH programme was to maximize access to quality services for people in different regions of the country and to integrate comprehensive and sustainable reproductive health services such as family planning and sexual health care in the primary health care system (final report up the midterm review meeting of the country programme , UNFPA, 2000).

The specific goals of the RH sub-programme are to reduce maternal mortality ratio (MMR) to 64 per 100.000 live births, to lower infant mortality rate (IMR) to less than 24 per 1000 births, and to lower under age 5 mortality rate to below 30 per 1000 live births. The RH sub-programme also aims to reduce the total fertility rate (TFR) from 2.5 to 2.2 children per women, and to increase the use of modern contraceptive methods to 47 per cent while increasing contraceptive choice to both men and women (Lebanon Country Programme, 1997 and Midterm Report, UNFPA, 2000).

The focus of this study is to assess whether the latter three aims have been achieved. To date the RH programme has provided services in 427 centers in all regions of Lebanon including rural areas and it has developed training and education to more than 400 health providers. The programme has procured medical equipment and supplies, audio-visual materials, data processing equipment, contraceptives and vehicles as well as teaching materials for consumers such. However, since its development no studies have assessed the actual impact of these activities on the recipients nor has any systematic evaluation been conducted related to the services provided in the past three years.

A review of the literature has confirmed that few studies have actually evaluated the effectiveness of RH education on recipients especially in developing countries (Hiller & Griffith, 2000; Abou-Zahr & Vaughan, 2000). Most of what is available in the literature are studies describing the need to assess reproductive health behaviors (Mbizvo,1996) or to assess risk factors in the reproductive period (Christian et al., 2000; Shawky & Milaat, 2001). The few studies that have been conducted have at best provided information about contraceptive use. One study found that postpartum education about contraceptive use in the countries of Nepal, Lebanon, and Peru, resulted in better use of contraception in women. However, other measurements of patient satisfaction were not assessed. The authors of this latter study concluded, that more research studies are needed to assess the effectiveness of contraceptive education (Millers & Griffith 2000). Another study found that women who received contraceptive education were three times as likely as women who did not receive such an education to use contraception although other measures of reproductive health were not influenced by the education (Raine, Harper & Darney, 2000). A review of studies related to reproductive health in Lebanon by el-Kak (2000) also noted that most studies have been descriptive in nature and recommends that "research should also focus on measuring programme impact by selecting priority areas for study to assess efficiency, examine utilization pattern of current services as well as to determine satisfaction levels of service users" (p. 42). No studies to date have reported information on the ability of the service to provide quality care to clients or on the accessibility and availability of programs (Fisher, 1993). Thus, it is the intention of this study to assess the satisfaction of clients with the services provided and to document whether the RH program had any impact on users.

II. 0bjective

This study aims to assess the impact of the reproductive health (RH) programme in Lebanon. The specific aim of the study is to get a better understanding on how the programme is perceived by the recipients. The actual delivery of services will not be assessed in this study since it has been done in an earlier study (first quarterly report by RH project, Ministry of Public Health, 2001).

III. Methodology

III.1. The Subjects

Based on finding a statistical significance of more than .05 and based on the variables of the study, an ideal sample of 400 men and women would be needed. However, since due to the difficulty in finding participants and the time constraints of the study, a total sample of 317 was interviewed. The participants were mostly women 97% and although it was the intention of the study to only interview clients who were coming to the clinics for Reproductive Health concerns, approximately 15% of respondents had come to the clinic for other health concerns such as dentistry (7%), pediatrics (15%) and other specialties (6%). This latter was done due to the fact that although the centers would inform the research assistant (RA) that there were a certain number of clients scheduled for the RH clinic, when the RA arrived at the clinic, often two hours away form the city, none of the such scheduled clients showed up. Thus the RA had to interview the available clients and more so than often, she traveled to the centers more than two or three times to interview the RH clients. Furthermore although it was expected to interview men for RH issues from the whole sample 317 subjects only 4 were men.

The participants were from 16 different clinics in the four regions of Lebanon. Four clinics were chosen from each district, with the busiest and the slowest clinics as sites for the study. The age range for subjects varied between 18 and 64 with a mean of 34 years. The majority of subjects were married (98%) and the mean number of children for all areas was 3.73 per family. The women in the North and the South had significantly more children than women in the Bekaa Valley and Beirut. The average year of education was 8.2 with a yearly mean income of $2,300 (it should be noted that most respondents did not specify their income).

III.2. The Assessment Tools

Subjects were interviewed by research assistants using the questionnaire (Appendix A) translated into Arabic. The questionnaire was designed by the principal investigator (PI) with the input from the UNFPA and related RH project staff to assess how the clients perceive the program. The first section of the questionnaire deals with the satisfaction of clients with health care provider and is answered on a three point likert scale of “always”, “sometimes” and “never”. The second section assesses the clients’ satisfaction with the health center and the third section assesses how clients perceive the actual physical examination, both answered on a likert scale of “always to never”. The fourth section deals with the general satisfaction of clients with services provided and is answered on “yes” and “no’ basis. The fifth section focuses on how clients who are receiving reproductive health services for more than a year have benefited form the program and how they perceived the program. This latter section was answered on a “yes’ and “no” basis.

It was the second goal of the study to asses how RH was actually provided to clients by direct observation of teaching and during the physical examination by the physician. However, that

latter objective could not be realized since the RA did not encounter any teaching sessions during her visits nor was she allowed to be present during the physical examination of the clients by the health care providers.

III.3. The Centers

The 16 centers were selected from four regions of Lebanon (4 centers in each region). The centers were selected based on input from the district coordinators (of the RH project with the Ministry of Public Health) as to which centers see the most number of clients and the willingness of the centers to participate and collaborate in the research. From the North, 76 clients participated in the study, from the Bekaa region 81 participated, from the South, 78 participated and from Beirut, 82 participated.

III.4. The Data collection

A research assistant (RA) was hired solely for the purposes of this study. She visited the sixteen centers to interview clients on different occasions. The questionnaire used to obtain the information was based on the actual services provided by the health care providers (e.g. physicians, nurses, midwives) in the centers as well as measurement criteria used in earlier research studies (e.g. Miller et al, 1997). The questionnaire was obtained by direct interview with both men and women.

IV. Results

There was a significant correlation between years of education of women and the number of children ($r = -19$, $p < .005$) and the women in the South and the North districts of Lebanon had significantly more children than women in the Bekaa Valley ($p < .001$).

IV.1. Client Satisfaction and the Provider

The first section relates to the satisfaction of clients with the health care provider. Eighty five percent (85%) of the respondents indicted that they "always" received adequate information from the health care provider, 90.8% indicated that the health care provider was responsive to their needs, 82.2% indicated that they were "always" given enough time to discuss their health concerns and 60.1% indicated that they were always able to discuss their personal concerns with the health care provider. In relation to the services provided, 34.8% indicated that they "always" could not find the services they needed at the center, however 54.4% said they were "always" referred to another health center. Ninety three percent (93%) of the respondents indicated that they were "always given necessary and clear instructions related to follow up visits."

IV.2. Client Satisfaction and the Health Center

The second section of the questionnaire deals with the satisfaction of clients with the health center itself. Seventy eight percent (78%) indicated that the waiting room was "always" comfortable, 62.5% said that the waiting period was "always" reasonable, 96.5 indicated that the registration was "always" clear. The participants thought that the their questions were "always' answered clearly (87.6%) and that the results of the physical exam and lab

tests were "always' explained to them (85.2%). Almost 89% of all respondents indicated that they were "always" satisfied with the services provided at the center.

IV.3. Client Satisfaction and the Physical Examination

The third section of the questionnaire deals with the satisfaction of the clients with the physical examination. With the exception of "feeling comfortable asking questions" where only 50.8% of the respondents indicated that they felt at ease asking questions during the physical examination, the majority of the respondents felt that their privacy was respected during the exam (94.2%), their personal dignity respected (95.6%), their questions adequately addressed (82.5%) and that they were allowed to bring a friend or relative to the exam room (89.4%).

Table 1. Methods of Education Most Beneficial

Centers	Books/Booklets		Posters		Consultation		Teaching Sessions	
	Yes%	No%	Yes%	No%	Yes%	No%	Yes%	No%
North	18.4%	81.6%	9.2%	90.8%	14.5%	85.5%	6.6%	93.4
Bekaa	16.05%	83.9%	8.6%	91.4%	28.4%	71.6%	11.1%	88.9%
South	20.3%	79.8%	6.3%	93.7%	15.2%	84.8%	6.3%	93.7%
Beirut	18.1%	81.9%	22.9%	77.1%	30.1%	69.9%	13.3%	86.7%

IV.4. Client Satisfaction and the Clinic

The fourth section of the questionnaire is related to the satisfaction of clients with the clinic in general. Most of the respondents 89.6% and 91.6% indicated that the clinic hours were adequate related to their hours of work and that the hours were sufficient to meet their needs respectively. The clinic could be reached easily (85.3%), and that they would recommend the clinic to family and friends (93.2%). In relation to which method of teaching was most beneficial to them, table 1 reflects those findings. Personal consultation appeared to be the most beneficial form of education provided in Bekka and Beirut, while books/booklets were preferred in the North and the South. Eighty seven percent (87%) of the respondents indicated that the money they had paid for the services rendered were reasonable.

IV.5. Client Satisfaction of Reproductive Health Services

The last part of the questionnaire was catered to clients who have received RH services for more than one year, that sample included 202 clients. Thirty six percent (36%) of respondents indicated that before coming to the clinic they had had an unwanted pregnancy and since joining the clinic that percentage had dropped to 22.7%. Of the respondents, 78.8% indicated that they were currently using a birth control measure and 46.6% indicated that they had changed the method of birth control since joining the clinic. Table 2 reflects the methods that the respondents were currently using. Except for the clients from the Bekaa whose method of choice was the pill, the Intra Uterine Device (IUD) seemed to be the most common form of birth control used by respondents since coming to the clinic.

Table 2. Method of Contraception Changed Since Attending the Clinic

Centers	IUD		Injection		Birth Control Pills		Condom	
	Yes%	No%	Yes%	No%	Yes%	No%	Yes%	No%
North	15.8%	84.2%	6.6%	93.4%	14.5%	85.5%	9.2%	90.8%
Bekaa	6.2%	93.8%	2.5%	97.5%	9.9%	90.1%	2.5%	97.5%
South	8.9%	91.1%	0.0%	100.0%	6.3%	93.7%	2.5%	97.5%
Beirut	12.1%	87.9%	1.2%	98.8%	7.2%	92.8%	6.0%	94%

In relation to the information given about birth control methods, 62.3% of respondents indicated that they were given necessary information related to the different birth control methods and 61% indicated that they were provided with information related to the side effects of the different birth control methods. Only 55.4% of the respondents felt that they could come to the clinic with questions related to birth control issues.

An alarming 27.2% indicated that they had had an abortion and 18.1% indicated that they had unprotected intercourse in the past month. The incidence of premature birth was 16.9% and is quite high. Mothers indicated that they breast feed longer since coming to the clinic (19.2%) and 16.9% reported having a premature birth. A mere 41.2% of the clients reported having heard a session related to sexually transmitted diseases and only 48.6% indicated having heard a session related to preventive health such as a mammogram or a pap smear, Table 3 reflects these findings by centers.

Table 3. Teaching Sessions Offered Related to Reproductive Health

Centers	Preventive Health		Sexually Trasmitted Infections	
	Yes%	No%	Yes%	No%
North	12.6%	83.4%	13.9%	86.1%
Bekaa	8.0%	92.0%	11.5%	88.5%
South	9.2%	90.8%	10.0%	90.5%
Beirut	11.4%	88.6%	13.7%	86.30%

Almost 60 percent of respondents agreed that the spacing of children was ideal for the health of a nation economically and socially. However, only 27.65% of the respondents indicated that the services at the clinic provided them with sufficient information related to prenatal and postnatal care. Table 4 indicates which methods of care were most beneficial for the clients. Surprisingly, booklets rather than teaching sessions or home visits appear to be the most beneficial form of education.

Table 4. Which Program Helped in Prenatal/Postnatal Care

Centers	Teaching Sessions		Home Visits		Booklets	
	Yes%	No%	Yes%	No%	Yes%	No%
North	15.8%	84.2%	7.9%	92.1%	17.1%	82.9%
Bekaa	9.9%	90.1%	7.4%	92.6%	21.9%	95.1%
South	3.8%	96.2%	1.3%	98.7%	15.2%	84.8%
Beirut	1.2%	98.8%	2.4%	97.6%	2.5%	97.6%

Centers were then compared to assess whether there were significant differences between centers in patient satisfaction and in terms of the services rendered, and only questions, deemed relevant were compared. In terms of client satisfaction with health care providers in general, all respondents in the four centers were similarly satisfied with the care received, all respondents indicated that they were treated with respect and that there privacy was honored.

The clients in Beirut indicated more significantly than others that there were services not available to them in the centers they frequented ($p < .001$) and that they were less likely to recommend the clinic to their friends and relatives ($p < .001$). Clients in the North and the Bekaa were less satisfied with the services in general than those in the South and in Beirut ($p < .05$). Respondents from Beirut were less satisfied with the hours of operation of the clinic ($p < .05$).

When comparing the RH services provided, although the majority of the respondents indicated that they were not given appropriate instructions related to the different birth control methods or their side effects, the respondents in Beirut indicated that they were least likely to be given information ($p < .01$) and ($p < .005$) respectively.

The respondents in the North were significantly more likely to have an unwanted pregnancy ($p < .01$) and more likely to have an abortion ($p < .05$). Likewise the clients in the North were the most likely to have intercourse without protection ($p < .001$) than the other respondents in the other centers.

V. Discussion

The findings that the more educated a woman is, the less number of children she is likely to have is well supported in the literature (Castro, 1995; Sadik, 1997). The finding that the Bekaa has an average of 2.95 children, which is close to that of Beirut (2.76, SD = 1.86) is rather surprising. The North and the South had almost similar birth rates. However, our findings are not consistent with the earlier reports of the Country Programme (CP) in 1997 indicating a total adjusted fertility rate of 2.9 child per woman in Lebanon (this study reports a 3.73 total fertility rate). The discrepancy in findings could be explained by several arguments. First our sample was a self-selected sample mostly women coming to the clinics for RH services. This sample does not represent the total population in Lebanon. Second the Country Programme (CP) counts were in 1996 and over the last 5 years there may have been a change in fertility rates. Thirdly, the data on fertility rates are very

inconsistent in Lebanon and one does not know which source is the most accurate for example a study by Tannouri (1998) estimated a total fertility of 4.49 in the Bekaa while a study by Rizkallallah and colleagues (1997) of 4600 households quoted a 2.5 fertility rate in Lebanon. Whatever the argument, it is obvious that the goal of the RH sub-programme to reduce fertility to 2.2 by the year 2001 has not been achieved based on the results of this study.

From the results of this study it is apparent that the majority of the respondents that were interviewed for the purposes of the study were satisfied with the care they received in the centers and with the services provided. The respondents from Beirut seem to claim less satisfaction with the hours of service and with the specialties provided and they were less likely to recommend the clinic to others. This could be explained by the fact that the clients in Beirut are more learned and sophisticated which allows them to express less satisfaction. Most studies on client satisfaction agree that the more educated or learned a person is the less likely they are to be satisfied with services provided (Zahr & El-Hadad, 1990). On the other hand the clients in the other three areas were more likely to be happy with the services they received, probably the only services available to them in the area.

In terms of the modern use of contraceptives our results noted that 46.6% of the respondents had changed their method of contraception since frequenting the clinic. The most commonly used method of birth control that was being used was the IUD in all centers except the Bekaa where the method of choice was the pill. This finding could reflect the providers of care who could influence the clients in the choice of one method over another. The use of condoms was rather low considering its cost. However, that could be explained by the culture of men in the Middle East who often regard reproduction as wholly the women's responsibility as well as the responsibility of contraception.

The very low percentage of men who participated in this study is a further reflection of the cultural bias on placing the responsibility of reproduction on the shoulders of women. The Contraceptive Prevalence Rate (CPR) of 46.6 is closer to the findings of Tannouri (1998) in her study of the Bekaa area where a 52% CPR was reported but again not consistent with CP findings of 37.2% modern contraceptive prevalence. The goal of the National RH programme was to increase the CPR to 47% which is not achieved based on the findings of this study, albeit close to the findings of Tannouri in 1998.

Almost 40% of all respondents indicated that they were not given proper instructions related to the use of contraceptives or their side effects. This percentage is quite high considering that the study was assessing a new programme aiming at providing adequate RH services to women. The respondents in Beirut were significantly more likely than their counterparts in the Bekaa, the North and the South to indicate that the proper use of contraceptives and information about their side effects were not offered. Again this finding may reflect the women in Beirut were more educated and thus more likely to expect more out of the centers.

Of the most disturbing findings of this study is the high numbers of unwanted pregnancies and abortions. The 22.7% prevalence of unwanted pregnancy and a 27.1% abortion rate is grave and reflects that women are still in desperate need for adequate RH services. Although women's incidence of unwanted pregnancies dropped from 36.1% to 22.7% a significant drop, there remains much to be desired. The clients from the North seem to have the highest incidence of unwanted pregnancies and abortions and it is recommended that efforts should begin there to reduce that prevalence.

The high rate of abortion noted in this study is supported by the findings of Tannouri (1998) who also found an average loss of one baby per mother. If RH is to be effective, the incidence of abortion should drop dramatically considering the risks associated with abortions especially those performed by non-medical personnel. The rather high incidence of premature birth should also be considered if the RH aims to reduce the infant mortality rate

in Lebanon. It is well documented in the literature that the higher the rate of premature birth, the higher the rate of mortality.

Another unexpected finding was the low incidence of teaching sessions reported by respondents, only 41.2% indicated that they had heard a teaching session related to Sexually Transmitted Infections (STIs), and 48.6% reported attending a teaching session related to preventive health. This low prevalence of teaching in all centers especially in the North and the South strongly suggests that more efforts should be made to promote RH education in all centers.

Finally the majority of mothers (72.4%) indicated that the clinic did not help them in terms of prenatal, or postnatal care and none of the methods such as teaching sessions, home visits or booklets were of particular help although surprisingly the booklets were noted to be of more help than the other two methods (ie teaching sessions and home visits). It behooves health providers to assess this finding and again make major efforts to support mothers during pregnancy and after childbirth. A programme cannot be effective if mothers who are receiving the care indicate that they are not receiving the help they need during that period.

VI. Limitations

The major limitation of this study was that the sample is self selected, therefore findings cannot be generalized nationally, especially in terms of fertility rates, abortions etc. This in addition to the fact that most of the sample was from a low socio-economic group which is also no reflective of the whole nation.

Nevertheless, this is the first study to look at how recipients of RH services view the services provided to them and the results should be used to further modify the RH programme in Lebanon. Some studies have been achieved and future studies are recommended with larger samples to support the findings of this study. It is also strongly suggested that future studies assess the actual quality of care provided in the health centers in order to quantify the impact of the programme from the providers' point of view.

VII. Conclusion and Recommendations

This study is the first of its type trying to assess client satisfaction in relation to RH services offered under the umbrella of the RH sub-programme. It captures some of the clients' attitude regarding certain RH services. Although the study revealed an overall satisfaction with the services offered, but this was not translated to specific services as clients were not content with the health education, antenatal care, and other RH choices like planned pregnancy and birth control.

More precisely, the study indicates the lack of client participation and consideration in the process of RH service delivery as can be theorized from certain indicators in the study. The finding of the overall satisfaction reported is broad and non-specific as it is probably related to the fact that certain RH services are being offered.

Despite some of the limitations of this study, several recommendations can be suggested at national level:

❒ Additional efforts towards client counseling and guidance should be exercised. In this regard, RH providers should be sensitized and attentive to women's demands regarding full understanding of the determinants of RH problems. It is not sufficient to depend solely on classical tools of health promotion, but a change in attitude and behavior should be targeted.

❒ The RH sub-programme should maximize its efforts and collaborations to increase the CPR of modern methods, as it seems to be stable over the past few years. Although this is one of the targets of the sub-programme, this target is expected to receive adequate attention in the upcoming cycle.

❒ Special work-plan dealing with the alarming findings of unwanted pregnancies and abortions should be initiated soon, in close cooperation with the private sector and the Non Governmental Organizations (NGOs). Efforts to enhance preconception counseling, family planning methods, and outreach client education are demanded. This is not only related to the availability of the family planning methods, but also is closely related to the attitude of using family planning methods.

❒ Development of more educational material and planning of more seminars should be undertaken, in collaboration with the Ministry of Social Affairs. A type of seminars that are focused and interactive, which is followed by assessment of the impact of attitude and behavior change occurring in both males and females.

❒ Providers and clients should be more involved in the process of RH service planning and execution.

❒ Further larger and in-depth studies can be carried to include provider and clients' perception of RH service delivery.

The RH sub-programme, through all its partners, is already involved in working on most of the above-mentioned recommendations. It remains that efforts should be more coordinated and followed up to try to meet the existing and future needs, by considering the participation of a wide range of parties in the process of RH service delivery.

Appendix A

Study on Clients' Perception of Reproductive Health services/information
National Reproductive Health Programme

Questionnaire

Please provide us with the information below

Name :_____
Age :_____
Sex :_____
Education (number of years) :_____
Approximate income per month :_____
Years married :_____
Number of living children :_____

The following questions pertain to your feelings in relation with the health care provider such as the nurse, physician, midwife, social worker.

	Always	Sometimes	Never
1. Were you provided with sufficient information			
2. Did you feel the health care provider was sensitive/supportive to your needs			
3. Were you given enough time to explain your needs and problems			
4. Were you allowed to express your personal problems/concerns social, financial, others)			
5. Were there any services that you required which was unavailable in the center			
6. Were you given specific information on where to seek alternative medical assistance			
7. Were you given any information on follow up system to related services			
8. Were the information given to you on follow up system sufficient and clear			

The following questions pertain to your satisfaction with the Reproductive Health Center.

	Always	Sometimes	Never
1. Was the waiting room comfortable?			
2. Was the waiting time within average (not too long)?			
3. Was the registration form adequate and clear in terms of the questions asked?			
4. Were you given clear responses to your questions			
5. Did the provider explain the results of the examination and test?			
6. Are you satisfied with the services in the clinic			

The following questions pertain to the actual physical and clinical examination.

	Always	Sometimes	Never
1. Did you feel your dignity was respected during the exam?			
2. Were you given full privacy during the exam such as closing the doors, undressing, covering			
3. Were you given adequate explanation during each step of the exam?			
4. Did you feel you could ask questions without being intimidated/embarrassed?			
5. Were you allowed to have a relative with you during the exam?			

The following questions pertain to your satisfaction with the Services.

	Yes	No
1. Were the clinic hours reasonable considering your working hours or household responses		
2. Was the clinic hours sufficient to meet your needs? 3. Was the clinic within reasonable reach to you?		
4. Would you recommend the clinic services to your relatives or friends?		
5. Which of the following teaching materials were most useful to you? ❒ Booklet/leaflet ❒ Poster ❒ Individual teaching/counseling ❒ Group discussion		
6. Do you think the services provided at the center are worth paying for them?		

The following questions target end users benefiting from the family planning services for more than one year.

	Yes	No
1. Prior to visiting the center, have you had any unwanted pregnancies ?		
2. Do you currently use any contraceptives. **Please specify.**		
3. For how long have you been using contraceptives. **Please specify**.		
4. Since you started visiting the center, have you used a modern contraceptive more consistently?		
Please specify the method: ❑ IUD ❑ Injectables ❑ Oral contraceptives ❑ Condoms		
5. Were you given sufficient information on all contraceptives?		
6. Were you given instructions on the use of each type of contraceptives?		
7. Were you informed regarding the side effects and/or complications of each type of contraceptives?		
8. Did you feel you could come to the center for any questions/counseling related to contraception?		
9. Since you first visited the center, have you had any unwanted pregnancy?		
10. Have you had any miscarriages?		
11. How many times have you had unprotected sex last month		
12. If you had a baby since visiting the center, did you breast feed longer than other babies you had before?		
13. Since visiting the center over the past 12 months, have you had a premature baby?		
14. During the past 12 months, were any of the following topics addressed through awareness/health education sessions: ❑ Sexually transmitted infections ❑ Reproductive Health prevention		

	Yes	No
15. Do you believe that family planning in terms of spacing is one means for improving the health, social and economic situation?		
16. a. Did this Reproductive Health programme help you to obtain information about: ❑ Prenatal care ❑ Postnatal care b. What was the most useful way: ❑ Health education sessions ❑ Home visits ❑ Booklets/pamphlets/brochures		

Interviewer's Observation Guide

1. Did the provider ask or did the client mention any of the following:
   a. Wanting more children
   b. Breastfeeding
   c. Having more than one sexual partner
   d. Any health concerns
   e. Questions or concerns about HIV/AIDS/STI
2. Did the provider ask or did the client mention use of contraception?
3. Did the client decide to use a modern contraception or change the one used?
4. Was the client dispensed with the type of contraception he wanted?
5. Was the client given an appointment for a return/follow up visit?

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