

Perception and satisfactory level of beneficiaries regarding female sterilization services through client exit interview at various facilities of Rajkot district

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ABSTRACT

Background: The National Population Policy 2000 and the RCH Programme Phase II emphasize the importance of achieving population stabilization and attaining the goal of replacement-level fertility. Sterilization services are largely being provided through a network of public and private sector facilities. **Objectives:** To study the perception and satisfactory level of beneficiaries regarding female sterilization services at various health facilities of Rajkot district. **Materials and Methods:** An observation-based, cross-sectional study was conducted by Community Medicine department, PDU Government Medical College, Rajkot, during February-March 2015. All health facilities of Rajkot district where laparoscopic tubal ligation (Lap TL) camps were organized including 4 CHCs, 5 SDHs, 1 district hospital, and 1 medical college and hospital were selected for the study. A standard checklist was used for client perception regarding female sterilization services through client exit interview at the time of discharge from the facility. The data entry was done in Microsoft Office Excel 2007 and analysis was done using the same software. **Results:** This study included 42 beneficiaries of Lap TL who had given interview at the time of discharge from the health facility. Approximately one-fourth, i.e., 10 (23.8%) beneficiaries were having age more than 30 years. Nearly 73.81% of the clients received knowledge of sterilization from health workers and 80.95% of clients adopted sterilization by their own choice. Almost 100% of clients said that behavior of staff is polite. Around 50% of beneficiaries perceived that they have adequate privacy at the time of examination and also during surgical procedure. **Conclusion:** Improvement is required through sensitization training of the supportive staff to provide quality service to clients, and more satisfaction can be provided by improving client-provider interactions. Separate space for examination and counseling should be made available to assure privacy at all the health facilities.

KEY WORDS: Perception; Level of Satisfaction; Female Sterilization Services; Client Exit Interview

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INTRODUCTION

The National Population Policy 2000 and the Reproductive and Child Health Programme Phase II emphasize the importance of achieving population stabilization and attaining the goal of replacement-level fertility by 2010. To achieve this objective, it is vital to continue with the

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Community Needs Assessment Approach for identifying unmet needs and for emphasizing the importance of informed contraceptive choice and the need to provide quality services.^[1] Sterilization services are largely being provided through a network of public and private sector facilities. In most states, camps are a major source of sterilization services. Hence, the camp approach is still being followed in several states.^[1]

The Reproductive and Child Health Programme provides a basket of choices of contraceptive methods, including terminal and spacing methods. Despite the general acceptance of sterilization, it is observed that the services being provided currently in the country are not meeting the needs of the people due to various factors, such as the absence of skilled providers and insufficient availability of service centers. As per the National Family Health Survey III (2005-2006) estimates, the unmet need for spacing method was 6.2% and the unmet need for terminal method was 6.6% with wide interstate variations.^[1]

In the year 1952, India was one of the first countries in the world to formulate a family planning program at national level. In the 1980s, the program entered the era of laparoscopic technique of female sterilization, which is simpler and less traumatic than the more common method of tubal ligation (TL) and today almost a two-third of all tubectomies are laparoscopic cases.^[1]

It was very soon realized that client satisfaction depends on both quality and access, which eventually leads to sustainability of any program. These are normally evaluated as service outputs of programs, while client satisfaction and sustainability are evaluated as outcomes. Client satisfaction is the key to client's decisions to use and to continue using services, and it is essential for long-term sustainability.^[2]

Quality of care has emerged as a central organizing principal for family planning program managers and policymakers in developing countries, over the past decade. The provision of high-quality, client-centered services represents an intrinsic objective of most programs.^[3]

This study was conducted to assess client's perception regarding the quality of family planning services and their level of satisfaction regarding the same.

MATERIALS AND METHODS

An observation-based cross-sectional study was conducted by Community Medicine Department, PDU Government Medical College, Rajkot, during February-March 2015. A total of 11 health facilities of Rajkot district including 4 CHCs, 5 SDHs, 1 district hospital, and 1 medical college and hospital were included in this study.

The schedule of visit of all facilities was sent in advance to all taluka health officers (THO) of Rajkot district, all the above-mentioned health facilities and to all empanelled surgeons, who are doing these Lap TL operations. THOs of the concerned health facilities were intimated 1 day in advance about the visit of team from Community Medicine Department, PDU Government Medical College, Rajkot.

Study Tool

A standard checklist recommended by Research Studies & Standards Division, Ministry of Health and Family Welfare, Government of India, October 2006, quality assurance manual for sterilization services, was used for client perception regarding sterilization services through client exit interview.

Data were collected from beneficiaries regarding perception and satisfactory level regarding female sterilization services through client exit interview. The data entry was done in Microsoft Office Excel 2007 and analysis was done using the same software.

RESULTS

The present study was conducted among a total of 42 beneficiaries who gave exit interview for the perception and satisfaction regarding female sterilization services at various health facilities of Rajkot district, Gujarat. Approximately one-fourth, i.e., 10 (23.8%) beneficiaries were having age more than 30 years. About 4 (9.52%) beneficiaries were having age <25 years at the time of sterilization (Table 1). Around 31 (73.81%) clients received knowledge of sterilization from health workers while 34 (80.95%) clients adopted sterilization by their own choice (Table 2). In this study, waiting period from admission to surgery was <7 h among 39 (92.86%) clients, and 16 (38.10%) clients had some experience of discomfort during the whole process. About 42 (100%) clients said that the behavior of staff is polite. However, 34 (80.95%) clients were able to feel free to ask questions. Approximately 50% of beneficiaries perceived that they have adequate privacy at the time of examination and also during surgical procedure (Table 3). Only 24 (57.14%) clients were examined before discharge. About 7 (16.67%) clients told that written instruction on post-operative care

Table 1: Age-wise distribution of beneficiaries of Lap TL

Age (years)	Total n (%)
<25	04 (09.52)
25-30	28 (66.67)
31-35	09 (21.43)
>35	01 (02.38)
Total	42 (100.0)

Lap TL: Laparoscopic tubal ligation

was given. Around 37 (88.10%) clients replied that they know post-operative medicines well. Only 22 (52.38%) clients know well when to resume sexual intercourse after surgery. About 31 (73.81%) clients know well when to resume light and full activity (Table 4).

Table 2: Awareness regarding sterilization operation

Awareness regarding sterilization	Number of clients (n=42)	
	Yes	n (%)
Source of awareness		
1. Health workers	31	(73.81)
2. Friends/relatives	09	(21.43)
3. Any other	02	(04.76)
Sterilization method adopted by		
1. Own choice	34	(80.95)
2. Suggested by someone	08	(19.05)

Table 3: Perception of clients regarding facility at various health centers

Perception of clients regarding facility	Number of clients (n=42)	
	Yes	n (%)
Waiting period between admission and surgery		
<7 h	39	(92.86)
>7 h	03	(07.14)
Any experience of discomfort	16	(38.10)
Behavior of staff at facility		
1. Polite	42	(100.0)
2. Rude	00	(00.00)
3. Indifferent	00	(00.00)
Able to feel free to ask questions	34	(80.95)
Perceived adequate privacy during examination	21	(50.00)
Perceived adequate privacy during procedure	20	(47.62)

Table 4: Client perspectives regarding post-operative care

Post-operative advice	Number of clients (n=42)	
	Yes	n (%)
The doctor examines clients before discharge	24	(57.14)
Written instruction about post-operative care given	07	(16.67)
Medicines during the post-operative period		
1. Knows well	37	(88.10)
2. Does not know	05	(11.90)
Knowledge about when to resume sexual intercourse		
1. Knows well	22	(52.38)
2. Does not know	20	(47.62)
Knowledge about when to resume light activity and full activity		
1. Knows well	31	(73.81)
2. Does not know	11	(26.19)

DISCUSSION

In the present study, one-fourth, i.e., 10 (23.8%) of the 42 beneficiaries were having age more than 30 years. About 31 (73.81%) clients received knowledge of sterilization from health workers and 34 (80.95%) clients adopted sterilization by their own choice. All clients said that behavior of staff is polite. Almost 50% of beneficiaries perceived that they have adequate privacy at the time of examination and also during surgical procedure, and 93.51% of beneficiaries were found to be satisfied regarding privacy during examination and surgical procedure. Approximately one-fourth, i.e., 10 (23.8%) of the 42 beneficiaries were having age more than 30 years in this study while Pal et al.^[4] reported that mean age of women undergoing sterilization was 29.6 years and Mathur et al.^[5] reported a mean age of 25.42 years. About 31 (73.81%) clients received knowledge of sterilization from health workers and 34 (80.95%) clients adopted sterilization by their own choice in this study while Mathur et al.^[5] reported that 92.59% of clients themselves took the decision of undergoing sterilization, and spouses were decision makers in just 5.56% of beneficiaries. In this study, all clients said that behavior of staff is polite and similar finding was also reported in the study by Williams et al.^[6] Nearly 80.95% of clients were able to feel free to ask questions in this study while 85% of clients were able to feel free to ask questions in the study by Williams et al.^[6] Approximately 50% of beneficiaries perceived that they have adequate privacy at the time of examination and also during surgical procedure in this study, while in the study by Mathur et al.,^[5] 93.51% of beneficiaries were found to be satisfied regarding privacy during examination and surgical procedure. Instructions about post-operative care and use of medicines were imparted in 16.67% and 88.10% of beneficiaries in this study, 38.9% and 68.5% in the study by Mathur et al.,^[5] and 36% and 18.3% of beneficiaries in the study by Pal et al.,^[4] respectively. Around 52.38% of clients know well when to resume sexual intercourse after surgery while Mathur et al.^[5] reported that 5.5% clients know when to resume sexual intercourse after surgery.

Strength and Limitations of the Study

A standard checklist recommended by Research Studies & Standards Division, Ministry of Health and Family Welfare, Government of India, October 2006, quality assurance manual for sterilization services, was used for client perception regarding sterilization services through client exit interview which is the strength of the study. Whereas, perception regarding female sterilization services of beneficiaries was a subjective matter that is the limitation of this study.

CONCLUSION

Improvement is required through sensitization training of the supportive staff to provide quality service to clients, and more

satisfaction can be provided by improving client–provider interactions. Separate space for examination and counseling should be made available to assure privacy at all the health facilities.

REFERENCES

1. Quality Assurance Manual. Department of Family Welfare (Research Studies and Standards Division). Ministry of Health and Family Welfare. New Delhi: Government of India; 1996.
2. Bruce J. Fundamental elements of the quality of care: A simple framework. *Stud Fam Plann*. 1990;21(1):61-91.
3. National Population Stabilization Fund. Why is it that Fewer Couples Opt for Male Sterilization? 2007. Available from: <http://www.jsk.gov.in/faq.asp#b24>. [Last accessed on 2013 Apr 23].
4. Pal SR, Singh B, Shakya S. Continuing Concerns: An Assessment of Quality of Care and Consequence of Female Sterilization in Bundi District of Rajasthan in 2009-10. New Delhi, Kattankulathur, TN: CHSJ, SPH, SRM University, UNFPA; 2009-10.
5. Mathur M, Goyal RC, Mudey A. Client's level of satisfaction regarding quality of Family planning sterilization services through exit interviews. *Innov J Med Health Sci*. 2013;3(6):263-5.
6. Williams TW, Schutt-Ainé J, Cuca Y. Measuring family planning service quality through client satisfaction exit interviews. *Int Fam Plan Perspect*. 2000;26(2):63-71.

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