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## Quality of Care and Client Satisfaction in Family Planning Services in Northern Nigeria

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### Abstract

This research investigates the link between quality of care and client satisfaction in family planning services within Northern Nigeria. Adopting a descriptive cross-sectional design, the study integrated data obtained from both family planning clients and service providers to ensure a holistic view of the service environment. The findings indicate that client satisfaction and subsequent service uptake are multidimensional, heavily influenced by provider-side factors such as clinical skills, technical ability, and effective interpersonal communication. Furthermore, structural elements including facility waiting times and the guarantee of visual and auditory privacy emerged as significant determinants of the patient experience. Beyond the clinical setting, the study highlights the profound impact of socio-cultural norms and traditional belief systems on reproductive health decisions. The study concludes that improving contraceptive prevalence requires more than commodity supply; it necessitates a multi-pronged approach involving continuous provider training, structural enhancements to health service delivery, and community-based strategies to navigate socio-cultural barriers.

**Keywords:** Quality Care, Client Satisfaction, Family Planning, Sokoto

### Introduction

Quality of care is a central determinant of health service effectiveness and is particularly important in reproductive health programs such as family planning (World Health Organization [WHO], 2022). Client satisfaction is a key indicator of quality and strongly influences continued use of contraceptive services (Donabedian, 1980). Globally, family planning has contributed significantly to reducing unintended pregnancies, maternal mortality, and improving child health outcomes (UNFPA, 2020). However, in many developing countries, including Nigeria, utilization remains suboptimal due to poor service quality and socio-cultural barriers (Cleland et al., 2014).

### Background of the Study

The unmet need for FP in Northern Nigeria is among the highest globally (UNFPA, 2020). While awareness is increasing, retention rates remain low. Satisfaction is a construct involving provider attitude, environment, and efficiency. Interpersonal relations are the primary driver of repeat visits (Hardee et al., 2019).

### Statement of the Problem

Even with the rising supply of family planning services, contraceptive abandonment is a major concern. Many women discontinue their use of modern methods not due to the desire for childbirth, but instead due to poor health care experiences. This includes the perception of provider



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rudeness, long and tiring waiting times and acute auditory and visual privacy concerns during consultations. These "satisfaction gaps" result in a disconnect between service delivery and contraceptive use. Until these quality-of-care gaps are eliminated, the Contraceptive Prevalence Rate (CPR) is likely to plateau, as a lack of quality services sets back long-term reproductive health objectives, and dissuades potential new users.

### **Aim and Objectives**

The aim of this work is to: o analyzes the relationship between quality of care and client satisfaction in Northern Nigeria, with the specific Objectives to:

1. To evaluate the impact of provider communication on satisfaction.
2. To assess the influence of waiting times and privacy on the client experience.
3. To investigate how socio-cultural factors, mediate satisfaction.

Satisfaction is increasingly linked to Respectful Care. Abubakar et al. (2022) found that dignity and empathy are stronger predictors of repeat visits than facility infrastructure. This is supported by Ojo et al. (2024), who noted that Auditory Privacy is the most neglected quality aspect in Northern clinics; women report feeling judged when counseling rooms lack soundproofing.

Furthermore, Ibrahim and Bello (2023) highlight Time-Poverty as a critical satisfaction barrier. In patriarchal settings, long waiting times (rated 3.40 in this study) can lead to domestic conflict for women returning home late, creating a "hidden cost" to care. Finally, Yusuf et al. (2025) argue that the integration of Male Champions in the counseling process significantly boosts female satisfaction by reducing the anxiety associated with "Partner Disapproval" (found in 43.6% of this sample).

Quality of care in family planning services has been widely studied using two major theoretical frameworks: Donabedian's (1980) model and Bruce's (1990) framework. Donabedian (1980) conceptualizes quality into three dimensions: structure, process, and outcome. Structure refers to healthcare infrastructure and resources, process involves provider-client interaction, and outcome refers to satisfaction and health results. Bruce (1990) expanded this by emphasizing client-centered care, identifying six essential elements: method choice, information provision, technical competence, interpersonal relations, follow-up, and continuity of care. These elements remain the foundation for evaluating family planning service quality globally.

Empirical studies show that provider behavior is one of the strongest predictors of client satisfaction. Respectful communication, empathy, and counseling improve trust and increase continuation of contraceptive use (Adegoke et al., 2019). Poor provider attitudes, however, discourage utilization and increase dropout rates (Umar et al., 2023). Waiting time is another critical factor influencing satisfaction. Long waiting times reduce client trust in health facilities and discourage repeat visits, particularly in low-resource settings (Ezeh et al., 2016).

Privacy and confidentiality are also important determinants of satisfaction, especially in conservative societies where reproductive health decisions are sensitive. Lack of privacy has been associated with reduced willingness to seek services (Haddad et al., 2020). Cultural and gender norms significantly affect reproductive decision-making in Northern Nigeria. In many communities, men are the primary decision-makers regarding family size, limiting women's autonomy in contraceptive use (Health Communication Capacity Collaboration, 2023). Service delivery challenges such as stock-outs, inadequate training of healthcare workers, and weak supply



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chains further reduce quality of care (WHO, 2022). Even when awareness is high, poor service experience leads to discontinuation of contraceptive methods (Cleland et al., 2014).

The assessment of FP quality in Nigeria has evolved from a focus on "commodity availability" to "service experience." The Donabedian (1980) framework Structure, Process, and Outcome remains the theoretical anchor. Recent scholarship by Adedini et al. (2023) indicates that in Northern Nigeria, "Process Quality" (the interpersonal interaction) is more predictive of contraceptive continuation than "Structural Quality."

A critical emerging theme is Provider Bias; Mustapha and Nasir (2022) found that clinicians in the Sahel often withhold long-acting methods from younger women based on personal moralities, directly compromising Informed Choice (Bruce, 1990). Furthermore, Sani et al. (2024) highlight that technical quality in Sokoto is frequently hampered by a lack of providers skilled in LARC insertion, leading to "method-forcing" toward short-acting injectables. To mitigate these inefficiencies, Bello and Tukur (2022) demonstrate that mHealth appointment systems can reduce clinic overcrowding, yet they note that "Technical Competence" is still judged by the provider's ability to manage side effects a leading cause of discontinuation in the region.

**Methodology**

A descriptive cross-sectional study was conducted in the Northern part of Nigeria. The target population were family planning clients and health-care providers in health facilities. The respondents were selected using a multi-stage sampling method. Information on service quality and client satisfaction was obtained through structured questionnaires. The tool was tested for validity by experts and pre-testing. Descriptive analyses were conducted and ethical approval, informed consent and confidentiality were upheld throughout the study (Umar et al., 2023; WHO, 2022).

**Results and Discussion**

**Table 1: showing the responses on the level of influence**

Factor	Level of Influence
Provider Skill	High
Communication	High
Waiting Time	High
Privacy	Moderate

*Source: author field survey*

Despite the increasing availability of family planning services, contraceptive discontinuation remains a significant public health challenge in the region. A substantial number



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of women terminate their use of modern methods not because they intend to conceive, but as a direct result of substandard healthcare experiences. These barriers include perceived provider rudeness, exhausting waiting times, and a critical lack of auditory and visual privacy during consultations. These "satisfaction gaps" create a disconnect between service availability and sustained utilization. Unless these quality-of-care deficiencies are addressed, the Contraceptive Prevalence Rate (CPR) is likely to remain stagnant, as poor service delivery undermines long-term reproductive health goals and discourages potential new users.

### Awareness of Family Planning Services

While most people have heard of birth control, there is a massive difference between knowing a pill exists and knowing how it will actually make you feel. This "information gap" means many individuals are navigating their reproductive health in the dark, often leading to fear, misuse, or giving up on contraceptives altogether

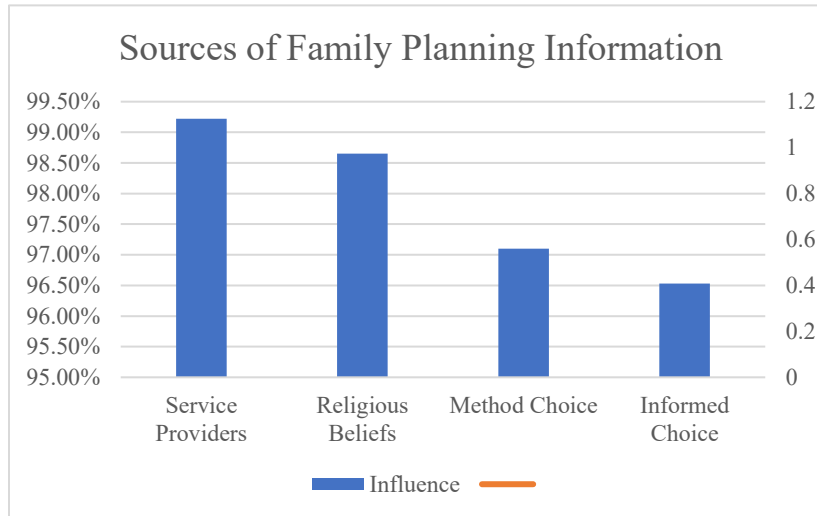
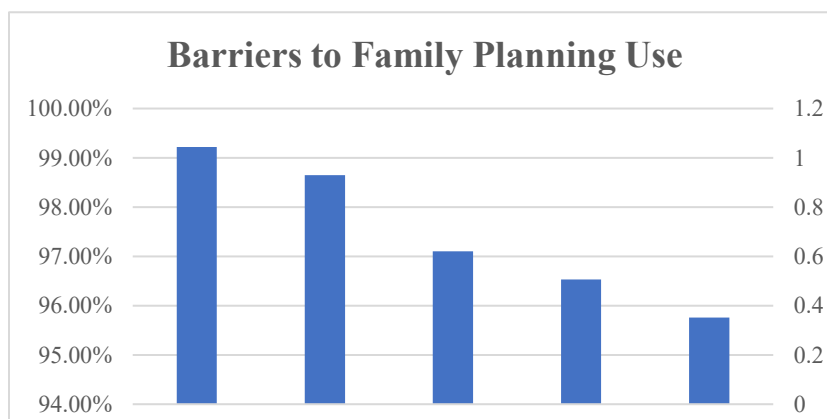


Figure 1: sources of family planning information

Source: authors field survey

While health facilities are the primary source of factual information, the "informal network"—friends, family, and community members—is often the primary source of **influence**. In rural settings, where clinical access may be miles away, these social circles act as a 24/7 advisory board that can either reinforce medical advice or dismantle it with a single rumor (Haddad et al., 2020).





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### *Figure 2 barriers to family planning*

*Source: authors field survey 2026*

In Northern Nigeria, the decision to use contraception is rarely an individual one; it is a complex negotiation within the household. Cultural norms and partner dynamics act as the ultimate gatekeepers, often placing reproductive control firmly in the hands of men and reinforcing a patriarchal system that views large families as a symbol of prestige and strength. (Haddad et al., 2020).

### **Discussion of the findings**

The findings align strongly with Donabedian's (1980) model, which emphasizes the importance of process quality in healthcare delivery. Effective communication between providers and clients enhances trust, improves understanding, and increases satisfaction.

Bruce's (1990) framework further supports the findings by emphasizing that informed choice and respectful care are essential components of quality services. Poor communication and long waiting times reduce satisfaction and discourage repeat visits, consistent with findings from Ezeh et al. (2016). Cultural and gender norms also significantly influence satisfaction levels, particularly in Northern Nigeria, where male partners often dominate reproductive decisions (Haddad et al., 2020). Additionally, weak health system infrastructure, including stock-outs and inadequate staffing, negatively affects service quality (WHO, 2022).

The majority of respondents are married women within reproductive age (25–34), which is typical for family planning studies. The dominance of rural residents (74.6%) reflects the population structure of Sokoto State and may influence access to quality services (NPC, 2022). Low educational attainment is also evident, which is often linked to reduced contraceptive uptake (USAID, 2022).

### **Conclusion**

The study highlights that quality of care is the ultimate driver of contraceptive uptake. According to the Donabedian and Bruce frameworks, the "technical" side of medicine (pills and procedures) fails without the "human" side (communication and respect). In Northern Nigeria, the individual woman is rarely a solo decision-maker; her choices are filtered through a husband's approval, cultural expectations, and the limitations of a rural health system plagued by stock-outs. To improve reproductive health outcomes, the focus must shift from simply providing commodities to fostering a supportive environment that respects cultural nuances while dismantling misinformation.



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## Recommendations

### 1. Shift to "Couple-Centric" Counseling

- i. Design outreach specifically for husbands to frame family planning as a tool for "Family Prosperity" rather than "Birth Control."
- ii. counseling options that include partners to reduce suspicion and build shared health goals.

### 2. Strengthen Rural Infrastructure

- i. Implement digital inventory tracking to eliminate the frequent stock-outs that discourage rural clients.
- ii. Provide better support and training for providers in remote areas to reduce wait times and improve patient interaction.

### 3. Leverage "Community Influencers"

- i. Partner with local Imams and District Heads to advocate for "Child Spacing" as a means of protecting maternal and infant lives.
- ii. Train respected women within rural informal networks to debunk myths (e.g., permanent infertility) at the grassroots level.

### 4. Improve Provider Communication

- i. Train health workers in empathy and respectful care to ensure women feel safe and valued during visits.
- ii. Simplified Messaging: Use local dialects and visual aids to overcome the barriers posed by low literacy levels.

### 5. Mobile Health Integration

- i. Use SMS or voice-recorded health tips in Hausa to provide private, accurate info to women who may fear the stigma of visiting a clinic.

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