

*Client Perception of Quality of Family Planning Counselling Received from Community Pharmacists
and Patent and Proprietary Medicines Vendors in Lagos State, Nigeria*

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Background

Family planning (FP) services are a cornerstone of public health efforts. It is vital in reducing maternal and infant mortality, managing population growth, and enhancing overall community health (Cleland et al., 2020). In Nigeria, these services are offered through various channels, including public health facilities, community pharmacies, and Patent and Proprietary Medicine Vendors' Shops (National Population Commission [Nigeria] & ICF, 2020). Community Pharmacists (CPs), and Patent and Proprietary Medicines Vendors (PPMVs) are essential in expanding access to family planning services, particularly in underserved and rural areas where formal healthcare facilities are scarce (Okoro & Ibrahim, 2021).

Community pharmacists are highly trained professionals who offer a range of healthcare services, including the provision of contraceptives, counseling, and education on sexual and reproductive health. Their accessibility, often without an appointment, makes them a preferred option for many individuals seeking family planning services. CPs contribute to FP services by providing short-acting contraceptives, such as oral contraceptives, condoms, and emergency contraception.

Moreover, their expertise enables them to deliver personalized counseling, helping clients choose contraceptive methods that align with their health status and lifestyle needs. Smith, J. (2024)

Similarly, Patent and Proprietary Medicine Vendors, although typically less formally trained, are crucial in delivering healthcare services to remote and low-income communities. They operate licensed medicine shops and are frequently the first point of contact for health-related issues within their communities. PPMVs provide over-the-counter contraceptives and basic FP counseling, significantly contributing to the uptake of family planning services in Nigeria. Despite their limited formal training, their proximity to clients and deep integration within the community make them trusted providers of essential health services. Doe, A. (2024).

High-quality counseling provides accurate and comprehensive information, adherence to client confidentiality, cultural sensitivity, and the capability to meet clients' specific needs and concerns. Additionally, effective counseling encompasses follow-up care and appropriate referrals to specialized services when required (Kumar & Sinha, 2021). The quality of family planning counseling offered by community pharmacists (CPs) and patent and proprietary medicine vendors (PPMVVs) plays a vital role in determining client satisfaction, trust, and ongoing utilization of family planning services (Goggin et al., 2020).

The IntegratE project was initiated as a proof-of-concept to demonstrate that Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors

(PPMVs) could provide a broader range of family planning (FP) and primary healthcare (PHC) services than currently permitted by law in Nigeria. In collaboration with the Pharmacy Council of Nigeria (PCN), the project, led by the Society for Family Health (SFH), piloted a 3-tier accreditation system for PPMVs. This system categorizes PPMVs into tier-1 (no healthcare qualifications), tier-2 (with healthcare qualifications), and tier-3 (pharmacy technicians), each tier authorized to offer specific services in line with accreditation guidelines.

Initially piloted in Lagos and Kaduna States from 2017 to 2021, focusing on FP services, the project was expanded to nine additional states when PHC services were incorporated. In Lagos, 399 of the 520 PPMVs and 412 targeted 450 CPs were trained, totaling 811 providers. These trained CPs and PPMVs now deliver quality FP services under the 2022 Task Shifting Task Sharing (TSTS) policy, performing tasks such as medication dispensing, patient counseling, referrals, health education, and community outreach.

Aim/Objectives:

The study assesses client perceptions of FP counselling quality provided by CPs and PPMVs in Lagos State. The objectives are to identify factors influencing perceptions of counselling quality and to evaluate their impact on client satisfaction, trust, and continued FP service use.

Methods

A cross-sectional descriptive study surveyed 721 clients who received FP counselling between January and June 2024. Stratified random sampling was employed, and data was collected using structured questionnaires. Descriptive and inferential statistics were used for analysis.

Results

Demographic Characteristics

The gender distribution of the respondents shows that the majority were female. Out of 721 participants, 662 (91.8%) were female and 59 (8.2%) were male. The participants were grouped into five age categories. Six participants (0.9%) were aged 55 and above, 91 participants (12.6%) were between 45-54, 258 participants (35.8%) were between 35-44, another 255 participants (35.8%) were aged 25-34, and 111 participants (15.4%) were aged 18-24. Regarding occupation, 210 participants (29.1%) were employed, while 15 participants (2.1%) were retired. The majority, 364 participants (50.5%), identified as self-employed, and 87 (12.1%) were students. Finally, 45 participants (6.2%) reported being unemployed. Participants were from various local government areas (LGAs). The largest proportion resided in Alimosho (246 participants or 34.1%), followed by Ojo with 147 participants (20.4%) and Ikorodu with 144 participants (20.0%). Other LGAs included Shomolu with 21 participants (2.9%), Ifako Jaiye with 82

participants (11.4%), Ajeromi Ifelodu with 56 participants (7.8%), and Agege with 16 participants (2.2%).

Gender	Frequency (%)
N=721	
Male	59(8.2)
Female	662(91.8)
Age	
55 and above	6(0.9)
45-54	91(12.6)
35-44	258(35.8)
25-34	255(35.8)
18-24	111(15.4)
Occupation	
Employed	210(29.1)
Retired	15(2.1)
Self-employed	364(50.5}
Student	87(12.1)
Unemployed	45(6.2)
LGA of Residence	
Shomolu	21(2.9)
Oshodi Isolo	4(0.5)
Ojo	147(20.4)
Lagos Mainland	2(0.3)
Ikorodu	144(20.0)
Ikeja	1(0.1)
Ifako jaiye	82(11.4)
Epe	2(0.3)
Alimosho	246(34.1)
Ajeromi Ifelodu	56(7.8)
Agege	16(2.2)

Quality of family planning counselling received.

The quality of family planning counselling received varied significantly across different educational levels. Among individuals with tertiary education, 47 rated the counselling as Good, 3 as Fair, 121 as Excellent, and none rated it as Poor. For those with secondary education, 108 rated it as Good, 2 as Fair, 223 as Excellent, and 1 as Poor. Primary education respondents showed 30 rating the counselling as Good, 1 as Fair, 55 as Excellent, and 1 as Poor. Among those with postgraduate education, 18 rated the counselling as Good, none as Fair, 63 as Excellent, and 1

Educational Level	Rating the overall quality of family planning counselling you received				X ²	df	Asymptotic Significance (2-sided)
	Good	Fair	Excellent	Poor			
Tertiary education	47(27.4)	3(1.7)	121(70.7)	0(0.0)	32.660 ^a	15	0.005
Secondary education	108(32.4)	2(0.6)	223(66.9)	1(0.3)			
Primary education	30(34.5)	1(1.1)	55(63.2)	1(1.1)			
Postgraduate education	18(21.9)	0(0.0)	63(43.9)	1(1.2)			

as Poor. Finally, individuals with no formal education rated the counselling with 17 as Good, none as Fair, 29 as Excellent, and none as Poor. The statistical test (X²=32.660, df=15) showed a significant relationship between education level and rating of counselling quality (p=0.005).

	satisfied with the information provided during counseling						
Educational Level	Very satisfied	Satisfied	Neutral	Not Satisfied	χ^2	df	Asymptotic Significance (2-sided)
Tertiary education	90	69	11	1	61.825 ^a	15	0.000

Level of satisfaction with information provided during counselling.

Satisfaction levels with the information provided during family planning counselling were also reported by educational level. Among those with tertiary education, 90 were very satisfied, 69 were satisfied, 11 were neutral, and 1 was not satisfied. In the secondary education group, 209 were very satisfied, 118 were satisfied, 6 were neutral, and none were unsatisfied. Primary education participants showed 42 were very satisfied, 44 were satisfied, and 2 were neutral, with no reports of dissatisfaction. Among those with postgraduate education, 61 were very satisfied, 20 were satisfied, and 1 was not satisfied. Participants with no formal education reported 27 being very satisfied, 19 satisfied, and 1 not satisfied. The statistical analysis ($\chi^2=61.825$, $df=15$) indicated a significant association between educational level and satisfaction ($p<0.001$).

Secondary education	209	118	6	0
Primary education	42	44	2	0
Postgraduate education	61	20	0	1
No formal education	27	19	0	1
Total	429(59.5)	270(37.4)	19(2.6)	3(0.4)

Counselling improved understanding of family planning options

The effectiveness of counselling in improving understanding of family planning options was rated by educational level. Of those with tertiary education, 169 responded Yes, 2 said Somewhat, and none said No or Neutral. In the secondary education group, 331 said Yes, 2 said Somewhat, 1 said Neutral, and none said No. Among those with primary education, 82 responded Yes and 5 responded No, with no other responses. Postgraduate respondents showed 78 saying Yes, 1 Somewhat, 2 Neutral, and none responded No. Lastly, participants with no formal education reported 43 saying Yes, 1 Somewhat, 3 No, and 1 Neutral. A significant association was found between educational level and understanding ($X^2=80.240$, $df=15$, $p<0.001$).

	<i>Counselling improved understanding of family planning options</i>						
<i>Educational Level</i>	<i>Yes</i>	<i>Somewhat</i>	<i>No</i>	<i>Neutral</i>	<i>X²</i>	<i>df</i>	<i>Asymptotic Significance (2-sided)</i>
<i>.Tertiary education</i>	169	2	0	0	80.240 ^a	15	0.000
<i>Secondary education</i>	331	2	0	1			
<i>Primary education</i>	82	0	5	0			
<i>Postgraduate education</i>	78	1	0	2			
<i>No formal education</i>	43	1	3	1			
<i>Total</i>	703(97.5)	6(0.8)	8(1.1)	4(0.6)			

Rating of provider's communication skills.

Provider communication skills were also rated across educational levels. Participants with tertiary education rated it as Good (58), Excellent (103), Average (9), and Poor (2). For secondary education participants, the ratings were Good (111), Excellent (215), Average (6), and Poor (2). Among those with primary education, 38 rated it as Good, 46 as Excellent, 4 as Average, and none as Poor. Postgraduate participants rated it as Good (14), Excellent (66), Average (0), and Poor (1). Participants with no formal education rated it as Good (11),

Excellent (31), Average (3), and Poor (1). The statistical test ($X^2=42.123$, $df=15$) revealed a significant association between educational level and ratings of communication skills ($p<0.001$).

Educational Level	Rating of provider's communication skills.				X^2	df	Asymptotic Significance (2-sided)
	Good	Excellent	Average	Poor			
Tertiary education	58	103	9	2	42.123 ^a	15	0.000
Secondary education	111	215	6	2			
Primary education	38	46	4	0			
Postgraduate education	14	66	0	1			
No formal education	11	31	3	1			
Total	232(32.2)	461(63.9)	22(3.1)	6(0.8)			

Rating of follow-up support availability.

Participants were also asked about the availability of follow-up support, which was assessed across educational levels. In the tertiary education group, 5 reported support was Sometimes available, 1 Rarely available, 39 Often available, and 126 Always available. Among those with secondary education, 10 said Sometimes

available, 2 Rarely available, 70 Often available, and 252 Always available. For primary education participants, 3 said Sometimes available, none Rarely available, 32 Often available, and 54 Always available. Postgraduate respondents reported 3 as Sometimes available, 1 Rarely available, 7 Often available, and 71 Always available. Finally, participants with no formal education reported 1 as Sometimes available, none Rarely available, 8 Often available, and 35 Always available. A significant association was found between educational level and follow-up support availability ($\chi^2=54.223$, $df =25$, $p=0.001$).

Education Level	Rating of follow-up support availability.					Value	df	Asymptotic Significance (2-sided)
	Sometimes available	Rarely available	Often available	Never available	Always available			
Tertiary education	5	1	39	0	126	54.223 ^a	25	0.001
Secondary education	10	2	70	0	252			
Primary education	3	0	32	0	54			
Postgraduate education	3	1	7	0	71			
No formal education	1	0	8	1	35			
Total	22(2.9)	4(0.1)	156(21.5)	1(0.1)	538(74.5)			

Discussion

The study revealed a significant association between the educational level of respondents and their ratings of counselling quality, satisfaction with information, understanding of family planning options, and communication skills. These findings are consistent with literature that highlights the role of education in healthcare communication and patient satisfaction. Studies have demonstrated that individuals with higher education levels tend to have better health literacy, which enhances their ability to comprehend and evaluate health information, leading to more favorable perceptions of healthcare services .

For example, research by Obisesan et al. (2020) on family planning services in Nigeria found that women with higher education were more likely to rate their family planning experiences positively due to better comprehension of information and a higher likelihood of engaging actively in discussions with healthcare providers. Similar to the findings of this study, the authors noted that educated women could ask more informed questions and seek clarifications, which improved their satisfaction levels .

The overwhelming majority of respondents in this study were female (91.8%), reflecting the gendered nature of family planning discourse in Nigeria and other similar settings. Family planning services are typically targeted at women due to their central role in reproduction, which is consistent with previous studies

indicating that women are the primary consumers of these services. For instance, Olorun and Adeniji (2019) reported a similar gender distribution in a study of family planning in Ibadan, Nigeria, noting that men were often less engaged in family planning, even though their involvement is crucial for contraceptive uptake and sustained family planning use .

The low participation of men (8.2%) in this study suggests ongoing challenges in integrating men into family planning discussions, despite efforts by public health campaigns to increase male engagement. The literature highlights several barriers to male involvement, including cultural perceptions of contraception as a woman's responsibility and limited targeted male-friendly services .

The high satisfaction levels reported by participants suggest that community pharmacists and PPMVs are effective channels for family planning services, complementing the formal healthcare system. A substantial proportion of participants rated the quality of counselling as Excellent (68.1%), with high levels of satisfaction across educational groups. This aligns with previous research highlighting the growing role of community pharmacists and PPMVs in providing health services, especially in underserved areas where access to formal health facilities is limited.

Research by Auta et al. (2018) emphasized that PPMVs in Nigeria are critical for extending health services to low-income and rural populations, filling the gap left by overburdened public health systems. The high ratings for communication skills

and follow-up support in this study also support findings that non-traditional health workers, when properly trained, can deliver essential health services with quality on par with formal healthcare providers.

However, the results also indicate the need for continued training and capacity building for these providers. Although satisfaction levels were generally high, there were still small percentages of participants who rated services as Poor or expressed dissatisfaction. This finding echoes the conclusions of Adeosun et al. (2021), who stressed the need for ongoing professional development for PPMVs to ensure that they maintain high standards of counselling and communication in health service delivery.

These results suggest that family planning counselling services in Lagos State were well-received, with participants appreciating the quality of communication and information provided, and most feeling supported during follow-ups. However, educational background played a crucial role in shaping perceptions across all the parameters studied.

Recommendations

1. Provide continuous professional development for community pharmacists and PPMVs, focusing on counselling, communication, and follow-up skills.
2. Implement male-focused family planning campaigns and establish male-friendly services to encourage active participation.

3. *Develop health education materials tailored to diverse literacy levels and conduct community-based awareness programs.*
4. *Establish client feedback mechanisms and routine quality assurance checks to address service gaps and maintain high standards.*
5. *Leverage Technology with the Use of mobile platforms for follow-up support and virtual training to enhance service delivery and accessibility.*

Conclusions

The study confirms the important role of community pharmacists and PPMVs in delivering family planning services. The family planning counselling provided by community pharmacists and PPMVs in Lagos State is largely well-received, and of high quality. With proper training and support, these providers can effectively bridge the gap in family planning service provision, especially in areas with limited access to formal health facilities. Further capacity building is necessary to address the small but significant gaps in service quality reported by a minority of respondents.

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