

A STUDY ON THE LEVEL OF SATISFACTION OF WOMEN ON THE PERFORMANCE OF PRIMARY HEALTHCARE CENTRES IN COIMBATORE DISTRICT

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ABSTRACT

In India most of the people are living in rural area. They are not able to spend more money for their health development. So the government of India has launched many initiatives like National rural Health Mission (NRHM), Accredited Social Health Activist (ASHA), community Health Centres (CHC) and Primary healthcare centres (PHC). The major government initiative for helping rural women is government primary healthcare centres. This study attempts to study the level of satisfaction of women about the performance of PHC in Coimbatore, and also to find out the relationship between the features of PHC and the frequency of visiting the PHC. Totally 940 samples are selected through simple random sampling method for this study. This study identifies that 75% of the respondents are going to government primary health centres when they need the treatment. The reason for choosing primary health centres are because of free of cost for the treatment. The reason for refusing to avail the treatment of PHC is because of poor sanitary facilities and impurity of the campus. This study recommended that the government should pay more attention to their patient's opinions and improve patient's satisfaction level to achieving main goals.

Keywords: Coimbatore, Primary healthcare centre, rural women, and satisfaction.

INTRODUCTION:

The basic unit of society is a woman. As woman makes a family, family makes a home and homes make a society. So we should never think that a society would come into existence without the contribution of women. We all know that without education, no development is possible. Here we have forgotten that the very first and best school of a child is its mother's lap. A good healthy society doesn't automatically emerge on its own and stands firm but it needs to be emerged and for its emergence women play a pivotal role. From birth to health education women have their hands in. it's a woman who teaches how to behave, how to speak and how to deal with different classes of people. These all are the basic fundamentals of a good society and women are the main contributors in building up a strong society.

Health and health related issues have been a major problem everywhere in India. The conditions are more or less same. There are lot of facilities provided by the Government but some areas where improvement is solicited.

Primary healthcare centre (PHC) can be considered the first contact between the patient and the health care system; it includes all the basic health care services to be provided to the community in rural area. Thus, PHC is more essential for conquering an acceptable level of health for the public. It is also a fundamental and critical component of the health care system of any country. Therefore, PHC services should be accessible and available to the entire population, regardless of their economic or social class and geographical location.

REVIEW OF LITERATURE:

Khursheed H (2017) states that the primary health centres are gaining more importance in delivering the health services in the rural areas. In this research a cross sectional study was done to analyse the functioning of the primary health centres of Kulgam district. This study finds that each PHC received 22.5% of its required medicine supply. But Patients received only 6% of the 22.5% medicine supply available in these health centres. So this study concludes that the Primary Health Centres focus more on the curative healthcare and ignore preventive and promotive components of primary healthcare.

P. Mohanraj (2015) studied about the assessment of primary health centre services and client's satisfaction. The main objective of this study is to assessing the satisfaction level of patients among health care services provided by various primary health centres in erode district, Tamilnadu. The primary data was collected from 300 respondents through structured questionnaire. Simple random sampling method is used for selecting the respondents for this study. The result indicated that the facility '24 hours medical care service' is found to be the most satisfactory item among the various services and facilities offered by the primary health centres. This study concluded that the policy makers should take necessary steps to rectify the problems of patients with providing more satisfaction and to retain them with primary health centre.

Sarath Chandran and Pankaj Roy (2014) studied about primary health centres and patients satisfaction level in Haripad community development block of Kerala, India. The main objective of this study is to show the spatial distribution of primary health centres in Kerala and to investigate the patient's perception regarding the services provided by the Primary health centres. Lottery method of simple random sampling technique was used for this study. This study finds that the main factors affecting the utilization of primary healthcare services were easy accessibility, availability of medicine etc. And also this study finds that the major problems of PHC's were the less number of doctors, absence of doctors from services, the lack of sanitary facilities and other infrastructure such as inpatient's room, lab, bed, etc.

Alia Almoajel et al (2014) studied about Patient Satisfaction with Primary Health Care in Jubail City, Saudi Arabia. This study mainly aims to assess the patient's satisfaction level with different aspects of primary health care services. The sample size is 200 patients who came for services to the primary healthcare centre in Jubail. The respondents are selected through simple random sampling. Data were collected through a predesigned questionnaire. This study

identified that patients are generally fluctuated positively towards the level of general practice care; however some aspects of clinical behaviour and organization of care need to be improved. SveaClosser, Kelly Cox et al (2014) evaluated the impact of polio eradication activities on routine immunization (RI) and primary healthcare services (PHC). This study assessed the effects of polio eradication campaigns on routine immunization and maternal healthcare coverage. This study concluded that Polio eradication activities can provide support for RI and PHC, but many opportunities are missed by the policy makers. Increased commitment to scaling up best practices could lead to major positive impacts.

Abhiruchi Galhotra, Sandeep Singh Sarpal, Sorab Gupta et al (2013) studied about cross-sectional study on patient satisfaction toward services received at rural health centre, Chandigarh, North India. This study attempts to assess patient satisfaction of the PHC services provided by a rural health training centre. The main objective of the study is to measure the satisfaction of OPD (Out Patient Department) patients at a rural health centre, and also to know the relationships between the various determinants and OPD patient's satisfaction and to correlate patient satisfaction with the socio demographic profile. The results of this study showed that although the overall satisfaction was high, some aspects of services indicated some degree of dissatisfaction. These gaps may overcome by generating awareness among community by holding meetings and extensive IEC programs, inviting opinions and suggestions from clients and encouraging enhanced community participation. Simultaneously, measures are to be taken by policy makers and hospital administrators to increase the patient satisfaction at public health facilities. Efforts are needed to strengthen infrastructure and human resources at a lower level of health facilities. The findings of this study can be utilized to improve the services at public health facilities of the state resulting in more satisfaction of patients availing such public health facilities.

N Rasheed, S Arya, A Acharya, J khandekar (2012) attempt to assess the utilization of health services and client satisfaction for services provided by a Primary Health Centre (PHC) at Delhi, India. 400 respondents were selected and collected the primary data using exit interview method. In this study most respondents rated the services to be of good quality on various parameters of health delivery. 98% of the people preferred PHC for treatment seeking in comparison to other healthcare facilities in the area. The main reason for utilization of primary health care services provided by the government were easy accessibility, low cost, less waiting time, and presence of co-operative health personnel. This study conclude that Provision of quality primary healthcare services to patients can result in better utilization of services at the primary level, thereby reducing the unnecessary burden of secondary and tertiary level facilities in addition to improving the health status of the community.

Rima M Albalushi et al (2010) studied about the satisfaction of clients on primary health care in Muscat. They concluded that the primary healthcare was accepted as a suitable strategy for providing healthcare to the patients of urban health centres of Muscat and also they recommended that use of primary health care as a choice for better healthcare provision.

Udonwa NE et al (2010) studied that Client views, perception and satisfaction with immunisation services at Primary Health Care Facilities in Calabar, South-South Nigeria. In this study a semi-structured questionnaire was administered on 402 caregivers who were selected using systematic random sampling from four primary health centres. The four centres were randomly selected from the 19 health centres using the table of random numbers. This study indicates the majority of clients were dissatisfied with most aspects of care given at the Health Care Centres like long waiting time, accessibility of immunisation services, poor respect for clients' rights, especially to their dignity, health information and counselling on their medical needs. This study concludes that client satisfaction with immunization service in Calabar was low due to poor attitude of health care providers, long waiting time and lack of respect for clients' rights.

There are numerous studies conducted on the level of satisfaction about primary healthcare centres. From the above literature review it could be inferred that there are only a few studies that examine the satisfaction level of primary healthcare centres. There is no study conducted

for rural women in Coimbatore. Hence this study focuses on the satisfaction level of rural women on the performance of government primary health centres in Coimbatore district.

OBJECTIVES:

- To identify the personal profile of the women respondents who is availing government healthcare programmes.
- To study the level of satisfaction about the performance of primary healthcare centres for women in Coimbatore.
- To find out the relationship between frequency of visiting to the primary healthcare centres and the features of Primary healthcare centres in Coimbatore.

A Hypothesis was framed in this study to achieve this objective.

The proposed hypothesis is

H1: Frequency of visiting habit to the primary healthcare centre will have significant relationship with the features of primary healthcare centres.

METHODS:

Sources of data:

This study was based on primary and secondary data. The primary data was collected from the women in the rural areas in Coimbatore. For this purpose a questionnaire was prepared to collect the required details. The respondents were contacted personally and data were collected. The secondary data was collected from the journals, Magazines; and also collected from the general hospitals, State run Health departments, Primary Healthcare Centres and other Service providers in the selected rural areas in Coimbatore.

Sampling Unit:

Data were collected from a representative sample of household women in the rural areas in Coimbatore. The target age group of the women respondents were between 25-60 years.

Sampling Procedure:

The territory of rural Coimbatore has been divided in to four regions- North, South, East and West. The sampling area selection was made based on the strength of the population higher than 5000.

Sample Size:

From the rural Coimbatore ten villages were selected for the study by using simple random sampling method. Questionnaire was circulated to 1000 respondents out of which 60 questionnaires were rejected due to insufficiency and inaccuracy and therefore the researcher has selected 940 respondents through simple random sampling method.

Table 1: Place of the respondents

| S. No | Place | No of Respondents | Percent (%) |
|--------------|------------------|--------------------------|--------------------|
| 1 | Irumborai | 96 | 10.2 |
| 2 | Myleripalayam | 96 | 10.2 |
| 3 | Veerapandi | 93 | 9.9 |
| 4 | Vellamadai | 94 | 10.0 |
| 5 | Pooluvapatti | 90 | 9.6 |
| 6 | Selakkarichal | 95 | 10.1 |
| 7 | Sokkanoor | 95 | 10.1 |
| 8 | Ramapattanam | 94 | 10.0 |
| 9 | Vadakkalur | 94 | 10.0 |
| 10 | Semmandampalayam | 93 | 9.9 |
| Total | | 940 | 100.0 |

Tools of Analysis:

The data analysis like Simple percentage analysis, Weighted average analysis and Chi-square analysis were carried out using SPSS. The demographic profile of the respondents was analysed using simple percentage analysis. Weighted average analysis was used to find the level of satisfaction about the performance of primary healthcare centres for women in Coimbatore. The hypotheses related to the relationship between frequency of visiting to the primary healthcare centres and the features of Primary healthcare centres in Coimbatore were tested using Chi-square Analysis. The results of the analysis were tabulated and interpreted as shown below.

ANALYSIS AND INTERPRETATION:

Simple percentage analysis:

Percentage analysis is the method to represent the collected data as a percentage for better understanding; this analysis done for the demographic factors of the respondents.

The respondents were asked about their demographic details like age, marital status, type of family, education, occupation, income and frequently visiting to primary healthcare centres. The distribution of respondents on the basis of demographic profile was tabulated below.

Table 2: Demographic profiles of the respondents

| S. No | Demographic variable | Group | No of respondents | Percentage of respondents |
|-------|-----------------------|------------------|-------------------|---------------------------|
| 1 | Age | 25-30 years | 291 | 31.0 |
| | | 30-35 years | 235 | 25.0 |
| | | 35-40 years | 165 | 17.6 |
| | | 40-45 years | 116 | 12.3 |
| | | 45-50 years | 78 | 8.3 |
| | | Above 50 years | 55 | 5.9 |
| | | Total | 940 | 100 |
| 2 | Marital status | Single | 143 | 15.2 |
| | | Married | 759 | 80.7 |
| | | Divorced | 17 | 1.8 |
| | | Widow | 21 | 2.2 |
| | | Total | 940 | 100 |
| 3 | Type of family | Joint | 317 | 33.7 |
| | | Nuclear | 623 | 66.3 |
| | | Total | 940 | 100 |
| 4 | Education | Illiterate | 298 | 31.7 |
| | | Primary | 94 | 10.0 |
| | | Middle | 145 | 15.4 |
| | | Higher secondary | 216 | 23.0 |
| | | Graduation | 134 | 14.3 |
| | | Post-graduation | 48 | 5.1 |
| | | Others | 5 | .5 |
| | | Total | 940 | 100 |
| 5 | Occupation | Employed | 313 | 33.3 |
| | | Self employed | 62 | 6.6 |
| | | Labour | 120 | 12.8 |
| | | Housewife | 381 | 40.5 |
| | | Professional | 44 | 4.7 |
| | | Family business | 15 | 1.6 |
| | | Retired | 5 | .5 |
| | | Total | 940 | 100 |
| 6 | Family monthly income | Less than 5000 | 53 | 5.6 |
| | | 5001-10000 | 501 | 53.3 |

| S. No | Demographic variable | Group | No of respondents | Percentage of respondents |
|-------|-------------------------------|------------------|-------------------|---------------------------|
| | | 10001-15000 | 308 | 32.8 |
| | | 15001-20000 | 45 | 4.8 |
| | | Above 20000 | 33 | 3.5 |
| | | Total | 940 | 100 |
| 7 | Frequency of visit to the PHC | Once in a week | 35 | 3.7 |
| | | Once in a month | 143 | 15.2 |
| | | Twice in a month | 57 | 6.1 |
| | | When need | 705 | 75.0 |
| | | Total | 940 | 100 |

The above table shows that the majority (i.e. 31%) of respondents are in the age group of 25-30 years, the majority (i.e. 80.7%) of the respondents selected for this study is married women, the majority (66.3%) of the respondents are from nuclear family, the majority (i.e. 31.7%) of respondents selected for this study is illiterate, the majority (i.e. 40.5%) of the respondents are housewife category, the majority (i.e. 53.3%) of the respondents fall under the income group of 5001-10000. And the majority (i.e. 75%) of the respondents are visiting the primary health centres when they need the treatment.

Table 3: Level of satisfaction of the women on the features of Primary healthcare centres

| S N | Features of Primary healthcare Centre's | No of respondents & Percentages (%) | | | | |
|-----|---|-------------------------------------|---------------|---------------|---------------|-------------|
| | | HS | S | N | DS | HDS |
| 1 | Level of cooperation on the program coordinator | 152 (16.2) | 537 (57.1) | 185 (19.7) | 58 (6.2) | 8 (0.9) |
| 2 | Level of communication with the doctors | 370 (39.4) | 416 (44.3) | 141 (15) | 6 (0.6) | 7 (0.7) |
| 3 | Treatment of Primary Healthcare Centres | 264 (28.1) | 478 (50.9) | 186 (19.8) | 7 (0.7) | 5 (0.5) |
| 4 | Paramedical | 135 (14.4) | 421 (44.8) | 316 (33.6) | 63 (6.7) | 5 (0.5) |
| 5 | Infrastructure facilities of Primary Healthcare centres | 124 (13.2) | 320 (34) | 423 (45) | 64 (6.8) | 9 (1) |
| 6 | Free of cost for treatment | 386 (41.1) | 447 (47.6) | 101 (10.7) | 4 (0.4) | 2 (0.2) |
| 7 | Crowd free | 66 (7) | 100 (19.1) | 453 (42.9) | 279 (29.7) | 42 (1.3) |
| 8 | Free of cost for medicines | 282 (30) | 513 (54.6) | 114 (12.1) | 20 (2.1) | 11 (1.2) |
| 9 | Treatment for all diseases | 266 (28.3) | 447 (47.6) | 190 (20.2) | 31 (3.3) | 6 (0.6) |
| 10 | Cleanliness in hospital campus | 55 (5.9) | 131 (13.9) | 255 (27.1) | 440 (46.8) | 59 (6.3) |
| 11 | Doctors Availability | 85 (9) | 483 (51.4) | 322 (34.3) | 44 (4.7) | 6 (0.6) |
| 12 | Proper Guidance about the diseases and Treatment | 108 (11.5) | 314 (33.4) | 416 (44.3) | 91 (9.7) | 11 (1.2) |
| 13 | Financial support | 163 (17.3) | 445 (47.3) | 269 (28.6) | 55 (5.9) | 8 (0.9) |
| 14 | Schemes | 58 (6.2) | 288 (30.6) | 382 (40.6) | 205 (21.8) | 7 (0.7) |
| 15 | Transport facility | 135 (14.4) | 581 (61.8) | 199 (21.2) | 18 (1.9) | 7 (0.7) |

The above simple percentage analysis shows that the majority (41.1%) of the respondents are highly satisfied about transport facilities, majority (61.8%) of the respondents are satisfied about the level of communication of the doctors with the patients, and majority (45%) of the respondents are not satisfied nor dis satisfied about the category of good infrastructure in the hospital campus, the majority (46.8%) of the respondents are dissatisfied about the cleanliness in the hospital campus. Finally the majority (6.3%) of the respondents are highly dissatisfied about cleanliness in the government hospital campus.

Weighted Average Analysis:

Table 4: Weighted Average Analysis

| SN | Features | Total Score | Rank |
|-----------|---|-------------|-----------|
| 1 | Cooperation of the program coordinator | 3587 | 7 |
| 2 | Level of communication with the doctors | 3956 | 2 |
| 3 | Treatment of Primary Healthcare Centres | 3809 | 4 |
| 4 | Paramedical | 3438 | 9 |
| 5 | Infrastructure facilities of Primary Healthcare centres | 3306 | 11 |
| 6 | Free of cost for treatment | 4031 | 1 |
| 7 | Crowd free | 2689 | 14 |
| 8 | Free of cost for medicines | 3855 | 3 |
| 9 | Treatment for all diseases | 3756 | 5 |
| 10 | Cleanliness in hospital campus | 2503 | 15 |
| 11 | Doctors Availability | 3417 | 10 |
| 12 | Proper Guidance about the diseases and Treatment | 3237 | 12 |
| 13 | Financial support | 3520 | 8 |
| 14 | Schemes | 3005 | 13 |
| 15 | Transport facility | 3639 | 6 |

The above weighted average analysis shows that respondents have given first rank to free of cost for treatment and last rank to cleanliness in hospital campus.

Chi Square Analysis:

Table 5: Relationship between frequencies of visiting to Primary health centres and the features of PHC

| Dependent variable | Independent variable | Chi –square Value | P value | Result |
|----------------------------|---|-------------------|---------|-----------------|
| Cooperation | Frequency of visiting to primary health centres | 32.63 | 0.001 | Significant |
| Communication | | 12.89 | 0.3 | Not Significant |
| Quality of treatment | | 28.93 | 0.016 | Significant |
| Paramedical | | 26.91 | 0.008 | Significant |
| Infrastructure | | 20.16 | 0.064 | Not Significant |
| Free treatment | | 21.05 | 0.049 | Significant |
| Crowd free | | 39.98 | 0.006 | Significant |
| Free medicine | | 42.29 | 0.000 | Significant |
| Treatment for all diseases | | 13.03 | 0.367 | Not Significant |
| Cleanliness | | 25.72 | 0.012 | Significant |
| Doctors availability | | 11.68 | 0.472 | Not Significant |
| Guidance | | 11.00 | 0.529 | Not Significant |
| Finance | | 49.52 | 0.000 | Significant |
| Schemes | | 16.58 | 0.166 | Not Significant |
| Transport facilities | | 14.33 | 0.280 | Not Significant |

From the above chi-square analysis the features of primary healthcare centres like cooperation of program coordinator, quality of treatment, paramedical facilities, free treatment, crowd free

in the campus, free of cost for medicine, cleanliness of the campus and finance facilities have a significant relationship with women's frequency of visiting habit to the government primary healthcare centres but communication level of doctors, infrastructure facilities, treatment for all disease, availability of doctors, proper guidance about the diseases, newly updated healthcare schemes and transport facilities was not having any relationship with women's frequency of visiting habit to the government primary healthcare centres.

FINDINGS AND SUGGESTIONS:

This study indicates that 75% of the respondents are visiting to the government primary healthcare centres when they need the treatment. So the Government should motivate and encourage the people to avail the treatment and the healthcare facilities and financial assistance provided by government primary healthcare centres. In this study only 29.7% of the respondents are dissatisfied about the crowd available in the government primary healthcare centres. So the Government should recruit the large number of experienced doctors and dedicated nurses to every government hospitals and primary healthcare centres for better service and avoid time delay. (Dr. Andrew Agius, 2006; Campbell PC et al., 2010). In this study only 6.2% of the respondents are highly satisfied about the healthcare schemes. So the government should appoint more volunteers like Non-Government Organizations (NGO) and Social welfare associations to promote the updated government healthcare schemes to create awareness about all the schemes for fully utilization. In this study, infrastructure facilities, treatment for all disease, availability of doctors, proper guidance about the diseases, newly updated healthcare schemes and transport facilities were not having any relationship with women's frequency of visiting habit to the government primary healthcare centres. Additionally the Government have to follow the government hospital to check whether all the facilities are available or not. Government hospitals have to tie up with private hospitals for emergency major surgeries. Government should increase the free ambulance facilities for the needy people in the interior places. In this study most of the respondents provide last rank to cleanliness in government hospital campus and primary healthcare centres. So the Government should keep the wash rooms and toilets very clean for avoid vector borne diseases. And also the government should create the awareness about cleanliness in public places. (Alia Almoajel, Ebtisam Fetohi and Amani Alshamrani., 2014). This study also suggest the government have to appoint one chief mentor to manage the Cleanliness of ward, bed, bed sheets and pillow covers in time at each primary health centre in rural area. (P. Mohan raj, 2015). Finally the Government of India have to appoint one commission for inspecting the activities of every village related to government healthcare centres for effective services.

CONCLUSION:

In India, there is a gross inequality in the distribution of health services. While there are many public and private agencies that provide health care, there is inequity in the way the services are distributed. The rural poor people still need to depend on services provided by impostors for basic health care. Therefore, the government of India providing facilities for preventive and curative health care delivered at the doorstep of the people, it is important to discover the level of utilization and reasons for non-utilization. These have to be addressed and looked into in order to improve utilization. This study is conducted with the aim of finding the level of satisfaction about the performance of government Primary healthcare centres for women in Coimbatore and also to identify the personal profile of the women respondents who is availing government healthcare programmes. And to find the relationship between features of primary healthcare centres and frequency of visit to the primary healthcare centres by women in Coimbatore. This study concluded that rural women were generally rated positively the level of general practice care. However some aspects of clinical behaviour and organization of care need to be improved. The features of primary healthcare centres like cooperation of program coordinator, quality of treatment, paramedical facilities, free treatment, crowd available in the

campus, free of cost for medicine, cleanliness of the campus and finance facilities have a significant relationship with women's frequency of visiting habit to the government primary healthcare centres. Finally this study recommended that the Government should pay more attention to their patient's opinions and introduce patient's satisfaction and suggestion study for quality care improvement towards achieving main goals of primary health care centres.

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