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## Document heading

# Client views, perception and satisfaction with immunisation services at Primary Health Care Facilities in Calabar, South–South Nigeria

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## ABSTRACT

**Objective:** To determine the degree of client satisfaction with immunisation services at Primary Health facilities in Calabar, Cross River State, Nigeria. **Method:** 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. Data obtained were analysed using Epi-Info software version 2002. **Results:** The majority of clients were dissatisfied with most aspects of care given at the Health Care Centres including long waiting time, accessibility of immunisation services, poor respect for clients' rights, especially to their dignity, health information and counseling on their medical needs. **Conclusions:** The 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.

## 1. Introduction

Nigeria constitutes about 20% of the African population and thus contributes significantly to the overall regional burden of vaccine preventable diseases. It thus suffices that the immunisation coverage in Nigeria will have a direct effect on the control of vaccine preventable illness in this region<sup>[1,2]</sup>.

Since the introduction of the Expanded Programme on Immunization (EPI) in 1974 (which later became the National Programme on Immunisation in 1997), Nigeria's immunisation program has been faced with several challenges resulting in declining national coverage from 50% of fully immunised children in 1986 to 38% two years later<sup>[3]</sup>. By 1996, less than 30% of eligible children had diphtheria pertusis and tetanus (DPT)<sup>[4]</sup> while in 2003, only 25% of one-year olds were immunized with three doses of DPT and only 45% of newborns were immunized with Bacillus Calmette–Guerin (BCG)<sup>[5]</sup>. This progressive

decline has continued into the new millennium. In 2006, the national coverage survey based on preliminary results reported DPT coverage of 36% and only 18% children were fully immunized<sup>[6]</sup>. The progressive decline in immunization coverage in the country despite the fact that the services are offered free is a cause for concern.

Amongst the interventions for child survival tried across the world, the childhood immunizations have been claimed to be the most appropriate and effective technology. Immunization is in fact the "best buys" in public health<sup>[7]</sup>. It is thus important that qualitative improvement including client satisfaction with immunization services be carefully guided and ensured through periodic audit of the immunization chain.

The most frequent reason provided by caregivers in this area whose children were not immunized during the national immunization coverage survey was lack of vaccines at health facilities (17.9%) followed by vaccination sites that were too far (10.5%) and lack of awareness of need for immunization (9.2%)<sup>[8]</sup>. The fragile primary health care system in the country, suboptimal service delivery at health facilities, gaps in health workers skills as well as weaknesses in data collection and analysis have been identified as some of the challenges that must be overcome

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to achieve acceptable immunization coverage<sup>[9–11]</sup>.

Determination of the degree of client satisfaction will provide evidence as to whether or not the right immunization services are being provided at the right time, in the right place, in the right way and by the right personnel. This will provide baseline data for assessment of quality improvement strategies which will culminate in an increase in immunization coverage in the country.

This study set out to determine the level of client satisfaction with childhood immunization services and to identify causes of client dissatisfaction in primary health facilities in Calabar, Cross River State of Nigeria.

## 2. Materials and methods

This was a cross-sectional descriptive study of the quality of immunization services in primary health facility (PHF) in Calabar. The study targeted clients in all the PHF in the city. It involved caregivers whose children utilized immunisation services at the facilities/centres during the study period. Information about the PHFs was obtained from the State Ministry of Health and the Local Government Area (LGA) Health Authorities.

The sample size was calculated using the formula for single proportion  $N = Z^2 \times p \times (1-p) / d^2$ , where  $Z$  is the standard normal deviate, usually setting at 1.96, which corresponds to a confidence level of 95%;  $d$  is the degree of accuracy desired (0.05 for this study); while  $p$  is the proportion of clients that receive quality service. In order to achieve the maximum sample size for this study, a proportion of 50% was assumed. Thus, the sample size was:  $N = 1.96^2 \times 0.5 \times (1-0.5) / (0.05^2) = 384$ . Allowing for a non-response rate of 10%, the adjusted sample size was 422.4 or approximately 425. This sample size was therefore used in the study.

A semi-structured questionnaire was administered on the 425 caregivers who agreed to respond to the questionnaire, using systemic random sampling method. The questionnaire items focused on reception given to caregivers, attitude of staff at the centres, waiting time before service was provided, length of time spent by the staff with child, cleanliness of the environment and additional services like treatment for malaria. Other areas included respect of caregivers' rights to information, access, safety, confidentiality, dignity, comfort and freedom of speech/self expression. The data were entered into and analysed using Epi-Info software version 2002. Comparisons and associations were determined using relevant statistical tests, such as Chi-square tests for group proportions.

## 3. Results

Four hundred and two caregivers responded to the questionnaire giving a response rate of 94.6%. It showed that 331 (82.4%) caregivers who participated in this study were parents of the children with immunisation. 69 (17.1%)

were siblings of the children while two of the respondents (0.5%) were guardians. Only 47 (11.7%) caregivers were males while the remaining 355 (88.3%) were females. Sixty (14.9%) of the caregivers were housewives, 55 (13.8%) were farmers, 112 (27.9%) were traders, 70 (17.7%) were civil servants while 38 (9.6%) were self-employed and 67 (16.7%) were applicants.

Concerning educational attainment, 61 (15.2%) of the respondents had no formal education, 96 (23.9%) had only primary school education, 212 (52.7%) had secondary school education while 33 (8.2%) had tertiary education.

The result showed that 105 (26.1%) clients were very satisfied with the reception by the health care providers, 92 (22.9%) were satisfied, while 205 (51%) were not satisfied. Concerning the attitude of staff, 50 (12.4%) clients were very satisfied, 102 (25.4%) were satisfied, while 250 (62.2%) were not satisfied.

Seventy-four (18.4%) clients were very satisfied with the waiting time, 123 (30.6%) were satisfied while 205 (51%) were not satisfied. Seven (1.7%) clients were very satisfied with the length of time the health care provider spent with the child during service delivery, 143 (35.6%) were satisfied, while 252 (62.7%) were not satisfied.

One hundred and ten (27.4%) clients were very satisfied with the cleanliness of the facility environment, 124 (30.8%) were satisfied, while 168 (41.8%) were not satisfied. One hundred and eighty two (45.3%) clients were very satisfied with additional services like treatment for malaria while 88 (21.9%) were satisfied and 132 (32.8%) were not satisfied. Two hundred and forty six (61.2%) clients were not aware of their rights while at the healthcare centre, while 156 (38.8%) were aware of their rights as clients in the health facility. Only 26 (16.6%) respondents were very satisfied with the way their right to information was respected, 38 (24.4%) were satisfied, while 92 (59.0%) were not satisfied. Sixty eight (43.6%) of respondents were very satisfied that their right to access services was respected, 59 (37.8%) were satisfied while 18.6% were not satisfied. 76 (48.7%) were very satisfied with their right to safety, 42 (26.9%) were satisfied and 38 (24.4%) were dissatisfied. In terms of respect for their right to dignity, only 52 (33.3%) of respondents were satisfied and the rest (63.7%) were not satisfied. One hundred and four (60.9%) of respondents were not satisfied with the comfort of the service delivery environment, 40 (25.6%) were satisfied, while 21 (13.5%) of respondents were very satisfied. Only 10 (6.4%) respondents felt very satisfied with that their right to freedom of speech/self expression were respected by caregivers, while 102 (65.4%) were not. Sixty (38.5%) clients were very satisfied that their right to confidentiality was respected while 55 (35.3%) were satisfied and 41 (26.2%) were not satisfied.

In 79% of the facilities, the average waiting time was longer than 30 minutes while it was shorter than 30 minutes in only 21% of facilities. Clients spent more time waiting for services than the time spent receiving services. In 68.4% of the facilities clients spent less than 30 minutes with the health care provider, while in 31.6% facilities the reverse

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