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# PERCEPTION OF ATTITUDE OF HEALTH-CARE PROVIDERS, ACCESSIBILITY AND COST OF HEALTHCARE SERVICE ON CLIENT SATISFACTION OF CHILD HEALTHCARE SERVICES IN PHCS IN ALIMOSHO LGA OF LAGOS STATE.

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**Abstract.**
*The objectives of this study was to examine clients' satisfaction with attitude of health-care service providers, accessibility, and cost of child health services in Primary Health-care Centres (PHCs) in Alimosho Local Government Area of Lagos State. Descriptive Cross-sectional survey design was adopted and a sample size of 222 women caregivers were randomly selected in stratified sampling of 6 among the 29 PHCs in Alimosho LGA. The age of the women ranges from 16 to 47, giving a mean age of 33 years, and their children were under-five years old. Three hypotheses were tested, and association between variables was found using Chi square. The results show that though clients were satisfied with attitude of the health-care providers (83.1%; χ2=1.933, P>.05), accessibility (84%; χ2=1.034, P>.05), and cost of child health-care service (83%; χ2=2.516, P>.05), there were no significant association between any of the variables and clients' satisfaction. Based on findings of the study, recommendation was made that Government should continuously train health-care service providers on interpersonal skills to handle their various clients. PHCs should also be built closer to the community so that people can easily access the hospitals within a short distance to their homes.*
***Key words:*** *Client satisfaction, Perception of attitude of health-care providers, Accessibility, Cost of healthcare service, Primary Health-care Centres, Alimosho LGA*.

## Introduction

Client satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product / service's perceived performance or outcome in relation to his or her expectations. If the performance falls short of expectations, the client is dissatisfied. If the performance matches the expectations, client is satisfied. If the performance exceeds expectations, the client is highly satisfied or delighted (Nair, 2005). Those who are highly satisfied or delighted with the hospital are much less ready to shift or go to other places. High satisfaction or delight creates an emotional bond with the hospital in

the mind of the patient, not just rational preference. The result is high patient loyalty, which is what every hospital is looking at, to cut the competition (Nair, 2005).

Literature showed that client satisfaction is a multi-dimensional concept, which includes both technical and interpersonal aspects of care, and facilities of care like an attractive physical environment, convenient location and so on. To this fact, Donabedian pointed out that client's assessment of quality, expressed as satisfaction or dissatisfaction, could be remarkably detailed. This could cover areas such as the settings and amenities of care, aspects of technical management, features of interpersonal care, and to the physiological, physical, psychological or social consequences of care (Donabedian, 1980). He concluded that this subjective summing up and balancing of the detailed judgments would represent overall satisfaction.

Client satisfaction of some of the services was identified as one of the major reasons why patronage of PHC vis a vis equity in health service delivery might be difficult to achieve (Olusimbo & Nwachukwu 2010). Likewise, a study reported that scientists have identified that the level of patient satisfaction is an important determinant of assessment of level of utilization (Haddad and Potvin, 1998; Uzochukwu, Onwujekwe & Akpala, 2004).

Immunization services (immunization shots for pregnant women and infants against such killer diseases as measles, tuberculosis, polio, diphtheria, etc) and maternal and child health services (including regular clinic attendance for antenatal and postnatal care of mothers and children), are about the two most important aspects of primary health care because of the potential for improved health outcomes (Eno, 2011). Children are the hopes of the nation, and no parent really wants his or her child to be sick let alone die. This statement underscores the great concerns of parents and serious pains caregivers go through when their wards are down with illness. This pain is evident in the facial expression of the caregivers when seen in the hospital. When cases are brought to hospital, how caregivers are being attended to right from the reception in terms of swiftness and promptness of attention from receptionists and nurses, length of time it takes to see the doctor, proper diagnosis at the laboratory and adequate recommendation of the doctor(s) would tell if such person will return home being satisfied with the treatment (Nair, 2005). Her level of satisfaction can also predict if she

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will be willing to return to the same hospital next time in case there is another health challenges or her willingness to recommend such hospital to her ailing neighbour.

Of recent, researchers' attention has been drawn to PHCs because it is the closest healthcare system to the people, especially at the communal living where traditional health-care and self-medication appear to be the convention and poverty is rampant (Olusimbo & Nwachukwu 2010; Eno, 2011). It is believed that if such persons find satisfaction with services offered at the PHCs, especially with regards to her children, there will be paradigm shift.

The pyramid of Nigerian population shows that children occupy the heavy bottom at which implication for health gives a cause for concern (Uzochukwu & Onwujekwe 2004). Conner and Nelson also asserts that there is dearth of information on association between client satisfaction and child health service as against adult health service (Conner & Nelson 1999). Moreover, Alimosho being the most populous Local Government in Lagos with 1,277,714 people, there is a need to understand if the coverage of the child health service in the PHCs yields satisfactory outcome among the users or clients. Equally, client satisfaction with services in PHC would determine the level of pressure that will be placed on other levels of health-care systems like the secondary and the tertiary health institutions. Accessibility of health-care service to the immediate needs of the community which these PHCs are expected to provide is also a paramount concern of this study.

As evidenced by researches that patient satisfaction leads to health-care facility utilization, its neglect will therefore obstruct the attainment of health for all. Hence, the focus of this study is to examine perception of attitude of health-care providers, accessibility and cost of health-care service on client satisfaction of child health-care services in PHCs in Alimosho LGA of Lagos State.

Nair contends that one needs to understand the fact that patients do not flock to a hospital just because its services are cheap, but because of its good name and good image due to its quality in service; and that today's customers are in favour of quality

service (Nair, 2005). He also reported that the customer of the hospital, unlike other industries, gets a close look at all areas of service of the hospital. S/he gets a chance to interact with practically everybody from the receptionist, admission staff, doctors, nurses, ward boys, ambulance, personnel, billing staff, among others. Hence, the workings of the hospital are laid bare to the patient and every interaction the patient has with any staff member is a crucial factor in determining whether s/he would choose the same hospital again (Nair, 2005). Studies have found that consumers' satisfaction with health-care services in Africa was one of the most important factors determining the utilisation of services (Haddad and Potvin, 1998).

Previous studies on patient satisfaction and utilisation of health services identified determining factors such as attitude of staff, affordability of cost of care, time spent at the hospital, as well as availability of doctors, drugs, equipment and laboratory facilities. Other factors included location of the health facility and the doctor-patient communication Zaky, Khahab, & Galal, 2007; Ofovwea & Ofili, 2005; Al-Doghaither, Abdelrhman & Saeed, 2000) Varying levels of client dissatisfaction were expressed by Olusimbo and Nwachukwu with specific areas such as waiting time, availability of essential drugs, ease of getting treatment in emergency situations and availability of educational materials (Olusimbo & Nwachukwu 2010). A related study in an assessment of client satisfaction of maternal and child health services in eastern Nigeria also reported that long waiting queues, providers' behaviours and lack of doctors militated against the utilisation of maternal and child health services (Uzochukwu et al, 2004). These reasons have also been previously reported by other Nigerian studies which revealed dissatisfaction with attitude of health workers (Asekun-Olarinmoye, Egbewale & Olajide, 2009; Ehiri, Oyo-Ita, Anyanwu, Meremikwu &Ikpeme, 2005). Sule also conducted a study from southwestern Nigeria which revealed that only 44% of respondents utilized primary health-care facilities. This was attributed to various factors causing dissatisfaction with services rendered at these centres, some which were earlier mentioned (Sule, Ijadunola, Onayade, Fatusi, Soetan, & Connell 2008)

Child health-care services (CHS) are those health-care services provided by a health worker in a health facility or at home targeted at children from five years old and below. They include services like maternal health education and reproductive health, child immunization, intervention on nutritional deficiencies and illnesses, particularly

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malaria, diarrhoeal diseases, acute respiratory infections (ARI), and vaccine preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood (Federal Ministry of Health and World Bank, 2005).

Nigeria's estimated population of 180 million in 2016 (projected from the 2016 National Population Census) makes it the largest country in sub-Saharan Africa and the seventh most populous country worldwide. Currently, about 45 percent of Nigeria's total population is less than age 15, with about 20 percent (24 million) under age five. The sheer numbers involved, therefore, demand that child survival issues be placed in the forefront of the national agenda (Policy Project, 2002).

Haven observed the shortcomings of the early theories on consumer satisfaction, Oliver (1977, 1980; 1993) postulates the expectancy-disconfirmation theory as the most promising theoretical framework for the assessment of client satisfaction. He suggests that customers form expectations of anticipated performance prior to purchase, and that these expectations serve as the baseline for satisfaction assessments. The theory postulates that consumers purchase goods and services with pre-purchase expectations about the anticipated performance. The expectation level then becomes a standard against which the product is judged. Once the product or service has been used, outcomes are compared against expectations. If the outcome matches the expectation, confirmation occurs. If the difference between expectations and outcomes disconfirmation occurs. A customer is either satisfied or dissatisfied as a result of positive or negative difference between expectations and outcome. Therefore, when service performance is better than what the customer had initially expected, there is a positive disconfirmation between expectations and performance which results in satisfaction; but when service performance is as expected, there is a confirmation between expectations and performance which also results in satisfaction. However, when service performance is not as good as what the customer expected, there is a negative disconfirmation between expectations and performance which then causes dissatisfaction.

Therefore if a patient perceives that the performance standard in terms of attitude of staff, cost and accessibility received from a Primary Healthcare Centre is better than what is expected before coming to the hospital, there is positive disconfirmation between his or her expectation and the outcome, and this results in satisfaction; whereas if the patients perceives that the performance of the PHC facility is the same as what s/he expected, then there is a confirmation between his or her expectations and performance, and this also results in satisfaction. But, if perceived performance the PHC is not as good as what the patient expected, there is a negative disconfirmation between his or her expectations and the outcome, and this results in dissatisfaction.

This position is also corroborated by discrepancy and transgression by Fox and Storms (Brawley, 2000) which argued that patients' healthcare orientation determined satisfaction; and that dissatisfaction occurs where there is transgression of relationship between expectation and experience (Donabedian, 1980).

Literature reported that clients prefer a health-care provider who gives a warm welcome, acts friendly and polite, shows respect and treats clients with empathy, acts fair and does not discriminate, is humble, communicates well in a language the client understands, pays attention to the client, expresses or demonstrates a commitment to his or her work and with whom client is assured of confidentiality (Brawley, 2000)

Client-oriented care requires that providers respect clients' point of view, encourage them to discuss their needs, provide them with appropriate medical information and assist them in making decisions rather than telling them what to do (Kim, Putjuk, Basuki & Kol, 2000)

Literature suggests that clients would like to have increased access to health workers. In particular, clients are inter alia looking for a willingness to serve them at any time of the day or night, even if the provider is not on duty, availability of a larger number of health workers or providers, punctuality, and shorter waiting periods at the health facility. Clients often report being frustrated and helpless when they are in emergency situations in the middle of the night and providers did not arrive to assist or arrived late. Hence the importance of staff living close to a health facility to provide service

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whenever needed was cited as one main reason that clients prefer private hospitals (Watson, 2006)

It is a common believe of clients that health services should be provided free or that the fees charged should be reasonably low (Kim et al, 2000). It was reported that clients desire affordable fees, not to be denied services because they cannot pay charges especially for drugs, examination or consultation and unfair charges for beds, drips or medical forms (Kim et al, 2000). Watson found that people were uncertain about exact costs of services because the charges vary on the specific services a client received. Therefore clients complained of numerous informal charges that are paid-over and above the formal established fees (Watson, 2006). Other clients complained that family and friends were flatly denied treatment because of their inability to pay (Bulletin of the World Health Organisation, 2008).

Studies showed that consumers' satisfaction with health care services in Africa was one of the most important factors determining the utilisation of services (Akin & Hutchinson, 1999; Masatu, Klepp & Kvale, 2001; Malata, 2000; Whitworth, Pickering & Mulwanyi, 1999; Newman, Gloyd, Nyangezi, Machobo & Muiser, 1998). For example, determinants of perceptions of quality of services found in Tanzania include perceived time spent to reach the facility, availability of immunizations, availability of Maternal and Child Health services and the ratio of the number of staff to out-patients of the health facilities. The focal point of this study is to examine the clients' satisfaction with attitude of healthcare service providers, Accessibility and Cost of health-care Service of Child Healthcare Services in PHCs in Alimosho LGA of Lagos State.

In a study based on in-depth interview on "explanatory models of influence on construction and expression of user satisfaction" using a sample size of 30 women aged between 25 years to 60 years from a rural district of north east brazil reported that patients found it difficult to gain access to health care facilities like lack of transportation in cases of emergency; in such situation, it was reported that ambulance could hardly be accessed (Atkinson, Medeiros, Oliveira & Almeida, 2000). They noted

that ambulance was critical for health care access but they were usually often out of service, broken down without a repair or being used for other purposes. They also discovered that many people were very dissatisfied about the poor roads, the expertise of private transport and most especially the difficulties in accessing one of the district ambulance (Atkinson & Haran, 2005).

Atkinson et al. (2005) also found out that absenteeism of physicians was another reason for dissatisfaction of the caregivers who have brought their children to the health facility. Many of the clients complained that even after managing to get access to the hospitals, they would seldom find a physician to attend to them accessed (Atkinson et al, 2000). Even when these patients get access to a physician and get prescription, they are unable to access the drugs or medications because of inadequate supplies accessed (Atkinson et al, 2000). From the foregoing, it could be deduced that access to drugs, health care provider, ambulance and waiting time constitutes a major problem in public health care centres.

Rashmi et al (2010) in a study on client satisfaction in rural India for primary health-care used a sample size of 574 patients. They found that 10% of people were dissatisfied with doctors 'unavailability at night and during immunization process. Also, 30% of patients were also found to be dissatisfied with non-availability of health facilities like drugs, syringes etc.

Some studies stressed the importance of health workers-patients interaction improving health outcome vis a vis patients satisfaction (Thiedke, 2007). These studies posited that patients have high expectations when they visit the doctors, and the degree to which these expectations are met determines patients' perception of quality of their experience as well as their level of satisfaction (Jackson, Judith & Kurt, 2009). It was recommended that patients often time visit a health facility in desire of information more than in desire action guide (Nair, 2005). This was revealed in study showing that the antenatal patients were dissatisfied with the health talk labelling it as boring because the talk had inadequate contents (Asekun-Olarinmoye et al, 2009). High satisfaction with health worker-patient interaction is associated with increase adherence, client participation in important treatment decisions, better continuity of care as well as beneficial adjustment. Effective communication determines the

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usefulness and applicability of all other clinical activities including skills and expertise (Abioye, Bello, Olaleye, Ayeni & Amodi, 2010). A study revealed that when Physicians shows less dominance and encourage patience to express their ideas, concerns and expectation, patients were more satisfied with their visits and adhered physicians' advice (Abioye et al, 2010). This study also reported that patient participation in treatment decisions has association with patients' satisfaction.

On competence of health-care providers, studies have found contradictory association between patients satisfaction with physicians 'technical skills. A survey of older patients found a link between patients' satisfaction and better communication skills but not with technical expertise of the physicians (Chang, Hay, Shekelle, Maclean, Solomon, Reuben & Roth, 2006) However, the patients are more concerned with the ability of the physician to make correct diagnosis as well as craft effective treatment; though some were also moved by physical appearance of the physicians.

Lastly, attitude of healthcare provider was also shown to be important in patient satisfaction. In a study in Muhimbili hospital, Tanzania patients were dissatisfied with poor attitude of members of staff; and in particular Nurses were reported as being rude, uncaring and fond of using derogatory words on the patients (Muhondwa, Leshabari, Mwangwu, Mbembati, & Ezikiel, 2008) Similar results were reported by Asekun-Olarinmoye et al. that patients were dissatisfied by high level of negative attitude of the clinical team of the health facilities that were used in the study (Asekun-Olarinmoye et al, 2009). Other studies have also supported the fact that negative attitude of physicians and other healthcare service providers including non-healthcare staff as perceived by patients have led to infrequent visit as well as total boycott of health facilities (Uzochukwu et al, 2004; Asekun-Olarinmoye et al, 2009; Adeniran, Micheal & Adeyemi, 2008).

Uzochukwu et al. in a study done in south-eastern part of Nigeria on maternal and child health services reported that most of the clients rated the service to be at least good hence their overall satisfaction was high (Uzochukwu et al, 2004).

In a cross sectional study to assess the level of clients' satisfaction with care received and the quality of supervision of child health services in selected PHC facilities at Nnewi, four health facilities were selected by simple random sampling technique from a list of 12 public PHC facilities that provide at least three of the range of essential child health services. Using interviewer administered questionnaire, data were collected from 305 caregivers and analyzed. The study reported that the mean age of the mainly female caregivers was 31.9 ± 9.4 years. It was found that majority of the caregivers attended health facilities closest to them but 18.5% of the 65 who do not, said they did not like the health workers. The study also reported that more than 80% of the clients were satisfied with quality of child health services received, yet 41.3% of them felt that the number of service days were inadequate (Adogu, Nnebue, Ebenebe & Ezechukwu, 2012)
In the light of this the following hypotheses were put forward:
1. Perception of attitude of health-care providers and client satisfaction of child health-care services will have a significant association.
2. There will be a significant association between accessibility of PHCs and client satisfaction of child health-care services.
3. Cost of health-care services will significantly be associated with client satisfaction of child health-care services in PHCs.

**Method**

**Participants**

This study focused on caregivers of children under five (5) years old who attended the PHCs in Alimosho Local Government. The study was on Child Health-care Services (CHS) in these PHCs, since these children are minors and may not be fully expressive, therefore the study population was Caregivers who patronize the PHCs in Alimosho LGA because of their children's healthcare on out-patient basis. The inclusion criteria were women caregivers who came to the selected PHCs for child health services, while the exclusion criteria were women who came to the selected PHCs for other purposes other than child health service. This also includes women caregivers who came to the PHCs for the first time. The participants consisted of 222 women caregivers.

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**Sampling Techniques**

Multistage sampling technique was used. At the first stage, Stratified sampling was used in selecting the PHCs of study. The names of twenty-nine (29) PHCs distributed across the six (6) LCDA was written on a piece of paper cut to same shapes and sizes, folded up, and classified into group, and one was randomly drawn for each of the six (6) LCDAs. These include Oke-odo PHC for Agbado-Okeodo LCDA, Council PHC, Igbogila for Ayobo-Ipaja LCDA, Akowonjo PHC for Alimosho LCDA, Ogbomosho-tedo PHC for Egbe-Idimu LCDA, Elf PHC for Igando-Ikotun LCDA, and Mosan PHC for Mosan-Okunola LCDA. Then at the final stage, simple random sampling was used in selecting participants from each PHC. The growth monitoring books for the month of July were used for clinic attendance rate. Each eligible mother at a PHC picked a folded piece of paper from a bowl and was asked to open them. Only those who picked a-Yes were selected and interviewed after they had been attended to by the health-care providers, at the point of exiting the PHC. In all, 250 participants were chosen based on proportionate number of clinic attendant rate in each of the PHCs.

**Instruments**

A 14-item Questionnaire was developed by the researcher. It focuses on overall satisfaction, accessibility of service, cost of service, and interpersonal qualities of the health-care providers (primarily, the attitude of Doctors and Nurses). It was pre-tested using 20 randomly selected clients at Ejigbo Health Centre, which is located at Ejigbo Local Government Area at Ejigbo. Ejigbo is a sub-urban area like the Alimosho LGA. Modifications were made on the questionnaire based on the findings of the pre-test. Difficult items were removed and some re-worded as a result of findings from the pre-test, and only 14 items were left. The instrument was interviewer-administered. They were arranged in sections as follow:

**Section A: Satisfaction Scale:**

The satisfaction scale measures client satisfaction. It has 5 items and its response format involved 5-point Likert-type ranging from very satisfied-5 to very dissatisfied-1. Cronbach alpha coefficient (α) obtained for the scale is 0.70.

**Section B: Attitude Scale:**

The scale measures client's perceived interpersonal skills of health-care providers. It has 2 items and its response format is Yes or No.

**Section C: Accessibility Scale:**

The scale assesses distance of the hospital facility from client's house. It has 2 items based on mode of transportation and travel time to the hospital.

**Section D: Cost of service Scale:**

It is a 5-item scale that measures affordability of drugs and treatment by a client. Its response format involved Yes or No answer. Cronbach alpha coefficient (α) obtained is 0.53.

**Procedure**

After approval has been sought from the authorities in charge of the six (6) PHCs involved and informed consent obtained from the participants, exit-interview was conducted for them. Participants were assured of the confidentiality of the information supplied, and the right to decline from participation at any stage was guaranteed. The questionnaire was Interviewer-administered to the participants, and it took 4 minutes to complete it. The study period spanned three weeks, targeting clinic days only for each PHC. Specifically, the study took 9 days involving Monday, Tuesday and Thursday of the week which were the clinic days. Exit interview strategy was adopted, and out of the administered two hundred and fifty (250), only two hundred and twenty-two (222) questionnaires were found usable for data processing. Others were not properly filled and so were discarded.

**Research Design/ Statistics**

Descriptive cross-sectional design which allows for the study of all the variables at the same time was used. The independent variables are perception of attitude of health-care providers, accessibility and cost of Health-care Service, whereas the dependent variable is client satisfaction. Data analysis was conducted, results were presented in Frequency distribution, percentages and summary statistics. Cross tabulation Chi-

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square ($\chi^2$) was used to find association between variables. Significant difference was taken at the level of $p<0.05$.

**Results**

The first hypothesis which stated that Perception of attitude of health-care providers and client satisfaction of child health-care services will have a significant association was tested with Chi square. The frequency and percentage distribution is presented in tables 1 below:

**Table 1: Frequency and Percentage distribution of Clients' Perception of health-care providers' attitude**

| Variables | Frequency (N=222) | Percentage (%) |
|---|---|---|
| **Interpersonal skill** | | |
| Poor | 70 | 31.5 |
| Fair | 16 | 7.2 |
| Good | 136 | 61.3 |
| **Total** | 222 | 100 |

Approximately 61% of the respondents reported that the attitude of the health-care providers was good, while approximately 32% reported that the attitude of the health-care providers were poor.

Clients' satisfaction with attitude of the health-care providers was further tested with Chi square and the results is shown in table 2:

**Table 2: Summary table of association between Perception of attitude of health-care providers and clients' satisfaction**

| Providers' Attitude | Dissatisfied n(%) | Uncertain n(%) | Satisfied n(%) | Total |
|---|---|---|---|---|
| Poor | 1 (6.3%) | 2 (12.5%) | 13 (81.3%) | 16 |
| Fair | 10 (14.3%) | 5 (7.1%) | 55 (78.6%) | 70 |
| Good | 13 (9.6%) | 10 (7.4%) | 113 (83.1%) | 136 |
| **Total** | 23 (10.8%) | 17 (7.7%) | 181 (81.5%) | 222 |

**p- 0.748 $\chi^2$- 1.933 df- 4**

Higher proportion of respondents who reported that the attitude of the health-care providers was good was satisfied (83.1%) with the child health-care service received.

The difference was however not statistically significant. Therefore, the hypothesis was not confirmed.

The second hypothesis which states that there will be a significant association between accessibility of PHCs and client satisfaction of child health-care services was first presented in frequency and percentage distribution as shown in table 3 below:

**Table 3: Frequency and Percentage distribution of Client accessibility**

| Variables | Frequency (N=222) | Percentage (%) |
|---|---|---|
| **Mode of transportation** | | |
| Tricycle | 29 | 13.1 |
| Bike | 41 | 18.5 |
| Commercial bus | 91 | 41.0 |
| Personal vehicle | 20 | 9.0 |
| Foot (Trekking) | 41 | 18.5 |
| **Total** | 222 | 100 |
| **Travel time to PHC (Minutes)** | | |
| < 15 | 81 | 36.5 |
| 15-29 | 68 | 30.6 |
| 30-59 | 55 | 24.8 |
| 60 & above | 18 | 8.1 |
| **Total** | 222 | 100 |

41% of the respondents conveyed themselves to health Centre with the use of commercial bus, 19% got to the hospital by bike and foot, while 9% used personal vehicles. Travel time for 37% of the respondents was less than 15 minutes.

The association between accessibility of PHC and client satisfaction with CHS was further tested with Chi square and the result is shown in table 4 below:

**Table 4: Summary table of association between accessibility to health-care service and Clients' satisfaction**

| Accessibility of PHC | Dissatisfied n(%) | Uncertain n(%) | Satisfied n(%) | Total |
|---|---|---|---|---|
| Poor | 6 (10.9%) | 4 (7.3%) | 45 (81.8%) | 55 |
| Fair | 9 (12.3%) | 7 (9.6%) | 57 (78.1%) | 73 |
| Good | 9 (9.6%) | 6 (6.4%) | 79 (84.0%) | 94 |
| **Total** | 24 (10.8%) | 17 (7.7%) | 181 (81.5%) | 222 |

**p- 0.905 $\chi^2$- 1.034 df- 4**

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Higher proportion of respondents with good accessibility to child health-care service was satisfied (84%). The difference was however not statistically significant. The hypothesis is hereby not confirmed.

The third hypothesis which states that cost of health-care services will significantly be associated with client satisfaction of child health-care services in PHCs was tested, and the frequency and percentage distribution is shown below:

**Table 5: Frequency and Percentage distribution of Cost of health-care service**

| Variables | Frequency (N=222) | Percentage (%) |
|---|---|---|
| **Affordability Of Drugs** | | |
| Yes | 177 | 79.7 |
| No | 45 | 20.3 |
| **Total** | 222 | 100 |
| | | |
| **Affordability of treatment** | | |
| Yes | 180 | 81.1 |
| No | 42 | 18.9 |
| **Total** | 222 | 100 |

Approximately 80% of the respondents said they could afford to buy recommended drugs, while 20% said they could not. Equally, 81% said they could afford to pay for treatment at the PHC while 19% said they could not.

This result is further tested for significant association with Chi square and the result is presented below:

**Table 6: Summary table of association between Cost of health-care service and Clients' satisfaction**

| Cost of Healthcare | Dissatisfied n(%) | Uncertain n(%) | Satisfied n(%) | Total |
|---|---|---|---|---|
| Poor | 3 (6.0%) | 5 (10.0%) | 42 (84.0%) | 50 |
| Fair | 5 (9.4%) | 4 (7.5%) | 44 (83.0%) | 53 |
| Good | 16 (13.4%) | 8 (6.7%) | 95 (79.8%) | 119 |
| **Total** | 24 (10.8%) | 17 (7.7%) | 181 (81.5%) | 222 |

**p- 0.642 $\chi^2$- 2.516 df- 4**

Higher proportion of respondents who reported that the cost of child health-care service was fair was very satisfied (83%), with the child health-care service received. The difference was however not statistically significant. Therefore, the hypothesis is not confirmed.

## Discussion

From the study, the respondents' perception of the health-care providers' attitude was good. More so, a higher proportion of respondents who reported that the attitude of the healthcare providers was good were very satisfied (83.1%) with the child health-care service they received at the PHCs. However, in a descriptive look at the association between clients' perception of attitude of health-care providers and clients' satisfaction (df=4), there was no statistical significant difference between attitude and client satisfaction. The satisfaction about the attitude of the health-care providers reported by clients in this study may have been due to good interpersonal skill of the providers. This is further supported by Abioye et al (2010) in a study which stated that high satisfaction with health worker-patient interaction is associated with increase adherence, better continuity of care as well as beneficial adjustment. Donabedian (1980) also reported that when there is negative interpersonal relationship, clients would be dissatisfied. The finding of this study is similar to that of a study done in Muhimbili hospital, Tanzania where patients were dissatisfied with poor attitude of members of staff; (Muhondwa et al, 2008; Asekun-Olarinmoye et al, 2009)

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Higher proportion of respondents from this study who reported that they had good access to PHC was satisfied with the child health-care service (84%); though the difference was not statistically significant ($p>0.05$). The results showed that 19% of the respondents went to the health centre on foot, while majority (41%) of the respondents visited the health centre using commercial buses. For the clients to be able to access the PHCs by foot means that the health centres were strategically located in such a way that they are closer to the respondents; and less money is spent on transportation. Travel time for most of the respondents was below 30minutes. Equally so, it was noted during the sampling process of the study that each LCDA in Alimosho LGA has an average of three health centre and this could have enhanced easy access of the clients. This finding is corroborated by a study done in a rural district of north-east Brazil which reported that patients found it difficult to gain access to health care facilities due to distance of location of the facilities and lack of transportation (Atkinson et al, 2000) and that many people were very dissatisfied about the poor roads, and find it difficult to access the health facilities.

On cost of health service, the results showed that approximately 80% of the respondents said that they could afford to pay for the treatment and the drugs on the child health-care service provided by the PHCs in the Local Government. It further showed that higher proportion of the respondents who reported that child health-care service was fair in the PHCs were satisfied though the difference was not statistically significant. An association between cost of health-care service and clients' satisfaction showed that higher proportion of the respondents were satisfied with the cost (84%) of child health service ($df= 4$), but the difference was however not statistically significant ($p>0.05$). Studies showed that clients were satisfied with affordable cost of healthcare services (Kim et al, 2000; Watson, 2006).

## Conclusion

A higher proportion of the respondents (83.1%) who perceived the attitude of the health-care providers to be good were satisfied with the child health services. Clients' satisfaction with healthcare providers was however not statistically significant.

A higher proportion of the clients were satisfied (84%) with the cost of child health-care services in the health centre but this was not statistically significant.

**Limitations**

The major limitation experienced was that some of the respondents felt that the information filled on the questionnaire may be used against the health-care providers which might in turn affect the way they are treated at subsequent visit, hence they were very careful in supplying information, and this could be a source of bias. Secondly, some children of the respondents were very sick and this might have affected their concentration as they fill the questionnaire. Lastly, the study was restricted to six out of the twenty-nine PHCs in the Local Government Area.

**Recommendations**

As recommendation, Government should continuously train health-care service providers on interpersonal skills so as to improve the interpersonal relationship between them and their various clients. PHCs should be built closer to the community so that people can easily access the hospitals within a short distance to their homes. Future studies should also consider a wide area of coverage of PHCs in the Local Government Area.

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