

Health System Responsiveness: An Assessment of Demographics Influence on Clients' Satisfaction in Primary Health Centers in Akwa Ibom State

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Abstract

Responsiveness is one of the goals of a health care system and the World Health Organization highlights responsiveness as one of the three key objectives in assessing the health system performance. This study aimed to assess demographics influence on clients' satisfaction with the Health System Responsiveness in Primary Health Centers, in Akwa Ibom State. A Cross-sectional study conducted from 15th February to 15th March 2024. The study population consisted of males and females, 18 years and above who accessed health services at the OPDs of PHCs within the study period. A multistage sampling technique was adopted to draw a sample size of 367 respondents for the study from four LGAs (Eastern Obolo, Eket, Ika, and Uyo). Five Specific objectives, and hypotheses were formulated to guide the study. WHO standardized Health System Responsiveness questionnaire whose validity is ascertained was adapted and used as an instrument for the study. The questionnaire comprised of two (2) sections. Section A elicited responses on respondents' demographic data. Section B consisted of item questions related

to the study variables. A reliability coefficient of 0.82 was obtained using Cronbach Alpha statistics. Approval of the Akwa Ibom State Health Ethics Committee with HREC No. AKHREC/8/1/24/217 was obtained and participation in the study was voluntary. A Face-to-face method of data collection from the respondents was adopted. Results showed that age, educational level, and location significantly influenced clients' satisfaction with HSR in PHCs, Akwa Ibom State. Most dissatisfaction was recorded for basic amenities, prompt attention, and choice of provider. It can be concluded that age, educational level and location influence client's satisfaction. The researcher recommends provision of age-sensitive interventions and equitable health resources distribution.

Keywords: Client, Demographic, Health-System, Responsiveness, Satisfaction

Introduction:

Consumers of healthcare today are increasingly becoming aware of the type and quality of care they want. The expectations of the healthcare consumers are therefore assumed to be high on both clinical and non-clinical aspects. Health system responsiveness (HSR) is viewed by the WHO as how well the health system meets the legitimate expectations of the population for the non-health-enhancing aspects of the health system (Negash *et al.*, 2022). It is conceptualized by Khan *et al.* (2021) as a feedback loop or interface between the user and the health system. Fifield (2022) indicated that hospital responsiveness has a strong effect on overall patient satisfaction. This statement again highlights the importance of looking beyond the technical aspect of health care services.

It is very important that services provided at the PHCs be responsive to all clients because it is the first contact with the health system. Emami *et al* (2023) pointed out that primary healthcare is expected to operate efficiently, effectively and to promote inter-and intra-sectoral collaboration for the promotion and protection of the health of all the people in a particular community. As mentioned by Markson (2021) PHC's core principles include accessibility, availability, affordability, quality, and effectiveness. According to

the Federal Ministry of Health (2021) in 2016, the National Health Policy was reviewed against the background that the health systems in the country were largely unresponsive. Effort to reposition health system birthed the Primary Health Care Under One Roof (PHCUOR) policy of the Federal Government in 2011. PHCUOR otherwise known as Integrated PHC has eight elements, the fourth is responsibility and accountability which is what responsiveness stands for (Ogunmodede *et al.*, 2024).

Kalaja (2023) suggested that clients' characteristics influenced satisfaction and that satisfaction plays a central role in examining health services. Clients' demographic characteristics such as age, gender, educational levels, and location are often adopted in planning health programs and formulating health policies. These groupings allow the implementation of age-specific interventions, gender-specific interventions as the case may be. According to National Population Commission (2023) understanding demographics gives insights into the health care needs of the people. A responsive PHC should operate in a way to meets the needs of the different groups, this is otherwise known as patient-centered care which improves experiences.

Johfre and Saperstein (2023) see age as an individual characteristic that has numerous associations with many outcomes of interest. According to Shroff (2023), each of these age groups goes with a societal role and expectations. Chronological age is very important since it explains the link between morbidity and mortality. Also, chronological age is viewed as the determinant of health behaviors including satisfaction with health services (Seguy *et al.*, 2022). Ahikari *et al.* (2024) explicitly stated that age group was associated with responsiveness to health services.

Gender is a social construct that varies from one society to the other. Gender influences experiences and accessibility to health care. Where gender inequality exists, it puts the health of women at risk. Geberu *et al.* (2022) opined that satisfaction was affected by female sex. Formal education is provided in levels that run through nursery to tertiary levels. Each of these levels equipped individuals differently to function in society and also influenced their interpretation of phenomena (Tamar, 2020). Raghupathi and Raghupathi (2020)

maintained that those with higher education have better health experiences than those with lower school. The reason is because their level of education offers them greater opportunities than others.

Location is a place of residence or a place where one usually stays. The government makes plans and policies keeping in mind the differences that exist between the rural and urban. As contained in the Ward Minimum Health Care Package 2007, there should be a functional PHC for every 10,000 to 20,000 population (Adeyeye, 2020). This means that PHC has to be responsive wherever it is located. Cultural competency is seen as the ability of health workers to provide services that comply with the client's cultural, social, and religious needs. The consequence of not providing care to meet clients' needs is dissatisfaction (Swihart, 2023). Being sensitive to the spiritual needs of patients and health workers could impact their experiences positively (Diego-Corero *et al.*, 2022). Kapur (2023) indicated that most health facilities in rural communities are not well equipped and some lack access to quality care.

Few studies on demographic influence on patients' satisfaction have been reported in the country. Dauda et al (2022) concluded from a study on moderating the effects of gender equality on responsiveness and patients' satisfaction in the Federal Medical Center Keffi, Nasarawa State that gender did not show a significant moderate correlation between responsiveness and patients' satisfaction. Mobolaji-Olajide et al. (2020) also conducted a study to evaluate the level of satisfaction of in-patients and the determinants factors influencing their satisfaction with nursing care in teaching hospitals, Lagos. The study revealed a significant association between in-patient satisfaction and patients' ethnic group and educational levels. Reviewed literature showed that most of these studies were done on tertiary institution thus the need for this study to fill this gap in literature.

Objectives of the study

This study aimed to determine the influence of demographic characteristics on clients' satisfaction with the Health System Responsiveness domains in Primary Health Centers, in Akwa Ibom State. Specifically, the study sought to;

1. Determine the influence of age on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
2. Determine the influence of gender on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
3. Determine the influence of educational levels on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
4. Determine the influence of location on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.

Research Hypotheses

- Ho₁. There is no significant influence of age on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
- Ho₂. There is no significant influence of gender on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
- Ho₃. There is no significant influence of educational levels on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.
- Ho₄. There is no significant influence of location on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.

Methodology

The researcher adopted an institutional-based cross-sectional descriptive design for the study. The design allows the researcher to collect data and describe the situation as it appears in the field. The setting for this study was the Primary Health Center Operational bases in Akwa Ibom, which is one of the 36

states in Nigeria. The study population was 7500, consisted of all clients (male and female) 18 years and above who accessed health services at the Outpatient Department of Primary Health Centers Operational bases in AKS. This means that those clients who were below the age of 18 years old and those who accessed services in other PHCs were excluded from the study. A multistage sampling technique was used to draw samples for the study. Sample size for the study was calculated using Krejcie and Morgan Table from accessible population of 7500 based on the previous month (1 month preceding the study) outpatient service report and that gives 367. The instrument was a closed-ended interviewer-administered questionnaire adapted from WHO health system responsiveness questionnaire short version as compiled by Valentine, *et al.* (2018). The questionnaire comprised of three (3) sections. Section A elicited responses on respondents' demographic data (age, gender, educational level, religion, and location) while Section B consisted of item questions related to the study. The instrument is a standard questionnaire adapted from the WHO health system responsiveness questionnaire short version compiled by Valentine *et al.* (2018) which has been used in many field studies, thus is valid. However, the instrument was tested in Ibesikpo Asutan LGA not included in the study, and was modified to suit the field experience. The researcher used Cronbach Alpha statistic to test the consistency of the instrument and a reliability coefficient of 0.87 was obtained for the instrument, hence the instrument was found to be highly reliable. A face-to-face method of data collection was used to obtain information from 367 respondents in the four selected Primary Health Care centers; Eastern Obolo, and Eket, following their clinic days. The researchers and the three assistants visited the selected PHCs from the 15th of February to the 15th of March, 2024. Analysis was done using the Statistical Package for Social Science (SPSS) version 23. The data collected from the questionnaire were sorted, coded, scored, and analyzed. Demographic characteristics were analyzed using frequency and percentages and presented in pie charts. Hypotheses were tested using a t-test and Analysis of Variance (ANOVA).

The researchers applied to the State Ministry of Health Ethical Committee for ethical clearance on the 8th of January, 2024 and permission was

granted for the study on the 9th of February, 2024. The approval letter with HREC NO. AKHREC/8/1/24/217 was presented to the Directors of PHCs in the selected LGAs for permission to collect data for the study. Participation in the study was voluntary. The researcher explained the benefits of the study to the clients and pointed out that no risk was involved since the study was not invasive. Oral or written consent was accepted. The researcher ensured anonymity by not requesting respondents' names. Also, all filled questionnaires were collected into a file jacket to ensure those who did not have need did not have access to the data. Processed data was stored in the researcher's flash drive. In this way, the researcher ensured the confidentiality of the data obtained.

Result

Demographic Variables

Research Question 1: What is the influence of age on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State

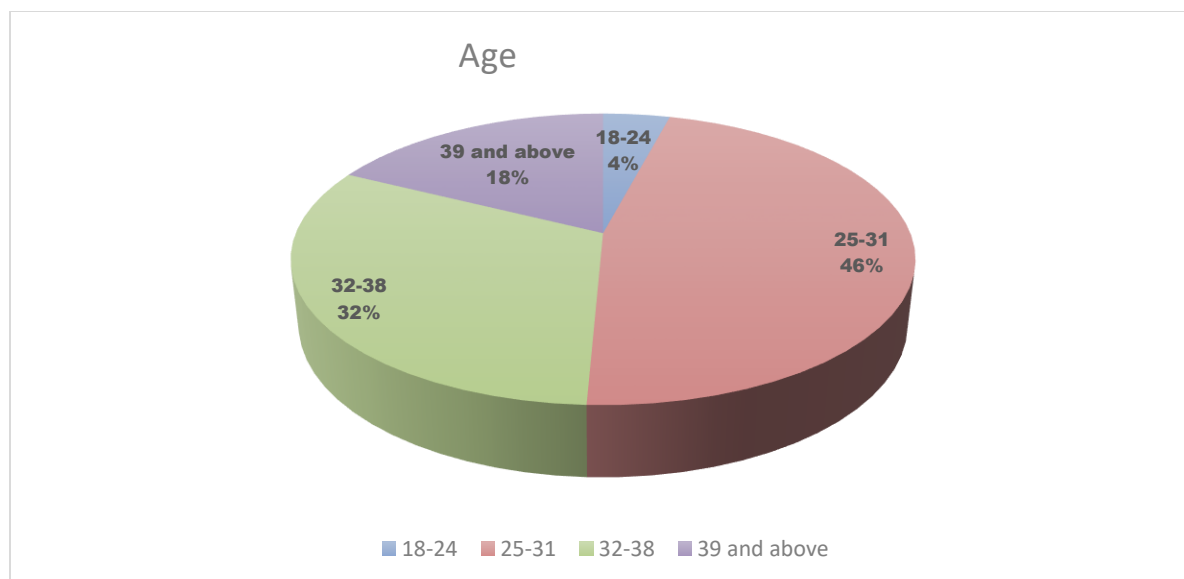


Figure 1: Percentage distribution of client's age.

Results in Figure 1, indicated that the majority of respondents (46%) were within the 25-31 years age bracket, while only (4%) belonged to the 18-24 years old as shown in figure 1. the 32-38 group consisted of (32%) while (18%) represented the 25-31 years old.

Research Question 2: What is the influence of gender on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State

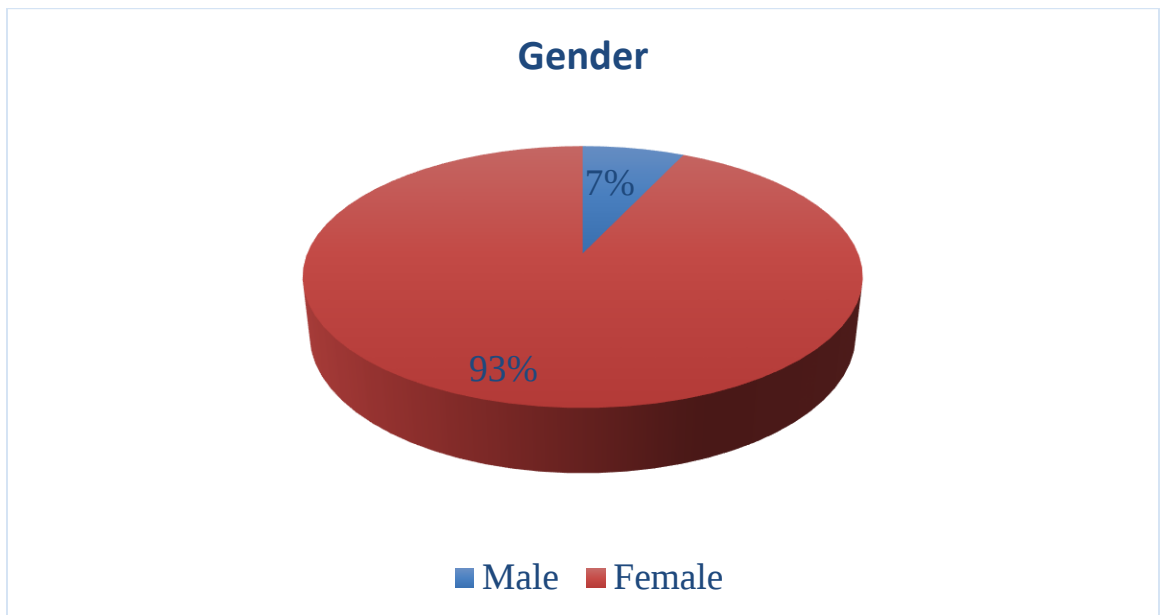


Figure 2: Percentage distribution of clients' gender.

Figure 2, indicated that (93%) of respondents were females, with only (7%) as males (figure 2).

Research Question 3: What is the influence of educational level on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State

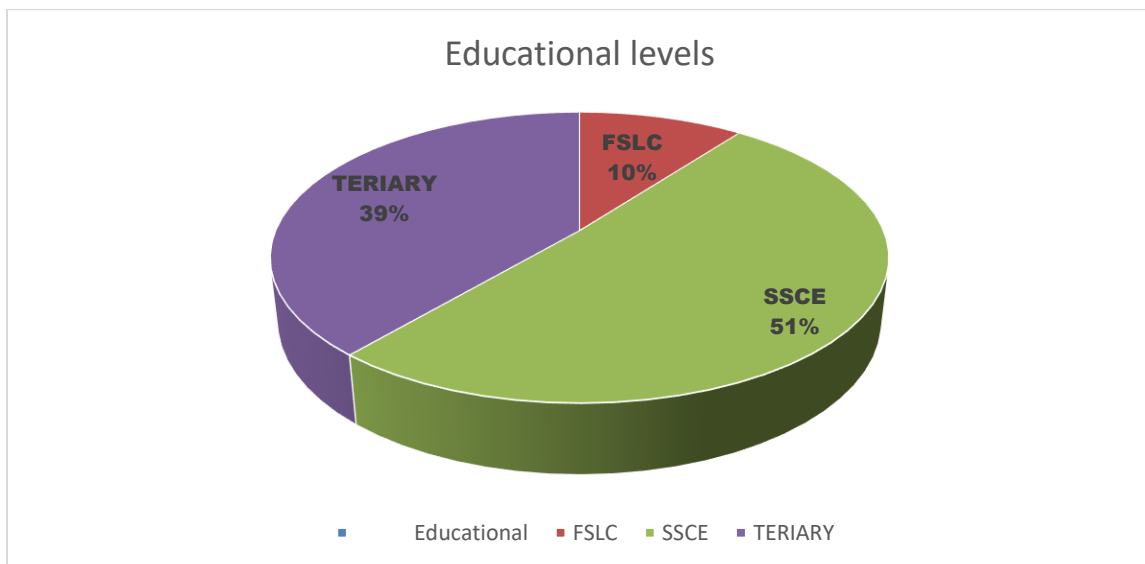


Figure 3: Percentage distribution of clients based on educational level.

In addition, from Figure 3, (51%) of the respondents possessed a Senior Secondary School Certificate, (10%) had a First School Leaving Certificate, and (30%) had completed tertiary education.

Research Question 4: What is the influence of location on clients' satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State

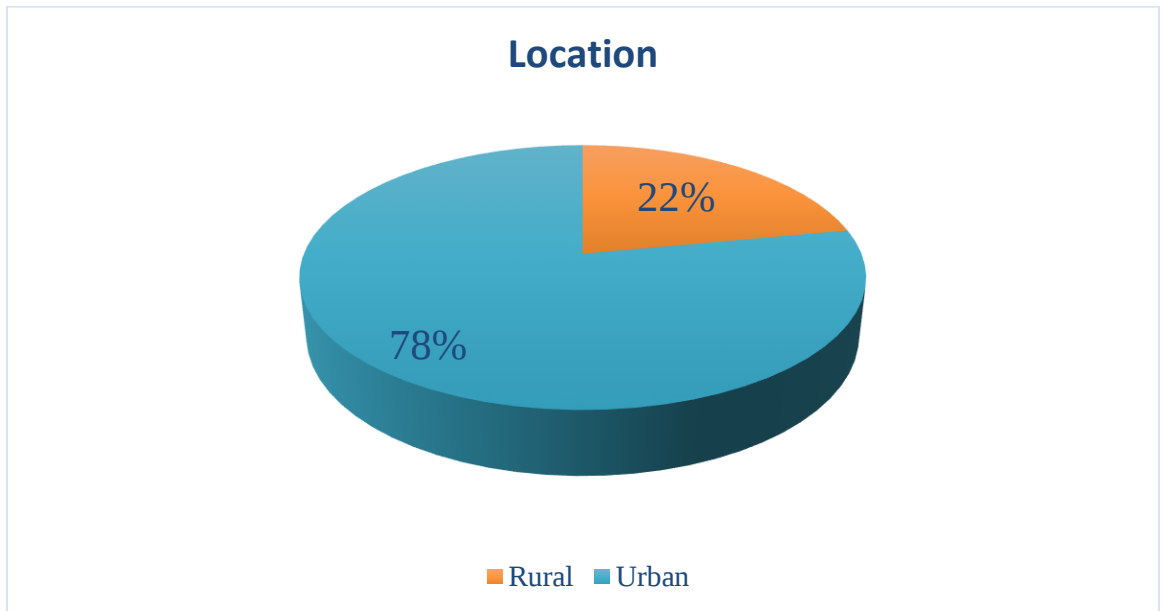


Figure 4: Percentage distribution of clients based on location

Result in figure 4, shows that (78%) of respondents were from urban locations, while only (22%) were from rural locations. This implies that more respondents were from urban locations.

Research Hypotheses Testing

Hypothesis 1: There is no significant influence of age on clients' satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State.

Table 1: Summary of ANOVA on the significant influence of age on clients’ satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State

HSR domains	Age	Sum of Squares	df	Mean Square	F	p-value	Decision
Prompt attention	Between Groups	48.355	3	16.118	31.385	.040	significant
	Within Groups	186.424	363	.514			
	Total	234.779	366				
autonomy	Between Groups	53.308	3	17.769	41.409	.032	significant
	Within Groups	155.771	363	.429			
	Total	209.079	366				
confidentiality	Between Groups	84.284	3	28.095	39.811	.032	significant
	Within Groups	256.172	363	.706			
	Total	340.456	366				
dignity	Between Groups	21.424	3	7.141	17.040	.010	significant
	Within Groups	152.128	363	.419			
	Total	173.552	366				
Choice provider	Between Groups	31.309	3	10.436	27.662	.009	significant
	Within Groups	136.954	363	.377			
	Total	168.263	366				
Basic amenities	Between Groups	163.956	3	54.652	110.380	.011	significant
	Within Groups	179.730	363	.495			
	Total	343.685	366				
communication	Between Groups	91.452	3	30.484	18.771	.030	significant
	Within Groups	589.503	363	1.624			

Total	680.955	366
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Table 1 gives the summary of the one-way analysis of variance on the significant influence of age on clients’ satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State showing prompt attention $p< .040$, Autonomy, $p = < .032$, Confidentiality, $p<=.032$, Dignity $p<=. 010$, Choice of provider $p<= .009$, Basic amenities, $p <=. 010$, and communication, $p< = .030$ respectively. Since the values of the health system responsiveness were lower than the acceptable level of significance of 0.05 level, the null hypothesis which stated that there is no significant influence of age on clients’ satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State was rejected. This implies that there is a significant influence of age on client satisfaction with the health system responsiveness hence, the need to verify the direction of the significance by applying the result to the post hoc test on Table 1.1.

Table 1.1: Summary of Duncan post hoc test of significance influence of age on clients’ satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State.

	age	n	Subset for alpha = 0.05		
			1	2	3
Duncan	18-24	14	3.1333		
	25-31	170		4.7965	
	32-38	118			5.3718
	39andabove	65			5.3730
	Sig.		1.000	1.000	.995

From the result in Table 1.1, it was observed that the significant influence lies between the age range of 18-24 and 25-31 at a 0.05 level of significance. Hence, there is a significant mean influence between age ranges of (18-24) 1, (3.1333), and (25-31) 2, (4.7965).

Hypothesis 2: There is no significant influence of gender on clients’ satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State.

Table 2: Summary of t-test analysis of gender on the influence gender on clients’ satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State.

HSR	Gender	n	$\bar{X}$	df	t-value	p-value	Decision
Prompt attention	Male	27	3.42	365	12.449	.023	significant
	Female	340	4.53				
autonomy	Male	27	4.68	365	.117	.001	significant
	Female	340	4.71				
confidentiality	Male	27	3.61	365	8.577	.124	Not significant
	Female	340	4.62				
Dignity	Male	27	4.03	365	4.992	.124	Not significant
	Female	340	4.74				
Choice provider	Male	27	3.01	365	5.409	.123	Not significant
	Female	340	4.74				

	Female	340	3.72				
Basic amenities	Male	27	3.95	365	5.203	.667	Not significant
	Female	340	4.90				
communication	Male	27	3.42	365	2.905	.001	significant
	Female	340	4.25				

The summary of t-test analysis on the influence of gender on clients' satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State in Table 2 reveals that out of seven health system responsiveness domains, three had significant influence (prompt attention $p < 0.23$, autonomy $p < .001$ and communication $p < 0.001$ at 0.05 level of significant) while four were not significant (confidentiality $p > .124$, Dignity $p > .124$, choice provider $p > .667$ and basic amenities $p > .667$). Since the number of health system responsiveness items with p-values higher than the 0.05 level of significance was more than the items with p-values lower than 0.05 level of significance the null hypothesis which stated that there is no significant influence of gender on clients' satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State is accepted. This implies that gender does not significantly influence satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State.

Hypothesis 3: There is no significant influence of educational level on clients' satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State.

Table 3 Summary of ANOVA of the influence of education level on clients' satisfaction with the Health System responsiveness domains at the PHCs in Akwa Ibom State

HSR domains	Educational levels	Sum of Squares	df	Mean Square	F	p-value	Decision
Prompt attention	Between Groups	38.484	2	19.242	35.682	.020	significant
	Within Groups	196.295	364	.539			
	Total	234.779	366				
autonomy	Between Groups	13.947	2	6.973	13.008	.022	sig
	Within Groups	195.132	364	.536			
	Total	209.079	366				
confidentiality	Between Groups	43.231	2	21.616	26.472	.032	sig
	Within Groups	297.225	364	.817			
	Total	340.456	366				
dignity	Between Groups	26.119	2	13.060	32.243	.041	sig
	Within Groups	147.432	364	.405			
	Total	173.552	366				
Choice provider	Between Groups	21.782	2	10.891	27.064	.019	sig
	Within Groups	146.480	364	.402			
	Total	168.263	366				

Basic amenities	Between Groups	121.628	2	60.814	99.688	.030	sig
	Within Groups	222.057	364	.610			
	Total	343.685	366				
communication	Between Groups	110.920	2	55.460	35.414	.019	sig
	Within Groups	570.036	364	1.566			
	Total	680.955	366				

As indicated above, Table 3 gives the summary of one-way analysis of variance on the significant influence of educational level on clients' satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State. It shows prompt attention $p < .020$, Autonomy, $p < .022$, Confidentiality, $p < .032$, Dignity $P < .041$, Choice of provider $p < .019$, Basic amenities, $p < .030$, and communication, $p < .019$ respectively. Since the values of the health system responsiveness were lower than the acceptable level of significance of 0.05 level, the null hypothesis which stated that there is no significant influence of educational level on clients' satisfaction with the Health System responsiveness at the PHCs in Akwa Ibom State was rejected. This implies that the influence of educational level on clients' satisfaction with the health system responsiveness was significant hence, the need to verify the direction of the significance by applying the result to a post hoc test in Table 3.1.

Table 3.1: Summary of Duncan's post hoc test of the significant influence of educational level on clients’ satisfaction with the Health System Responsiveness domains at the PHCs in Akwa Ibom State

	educational	n	Subset for alpha = 0.05		
			1	2	3
Duncan ^{a,b}	FSLC	38	4.0789		
	SSCE	187		3.9787	
	TERTIARY	142			5.2128
	Sig.		1.000	.700	1.000

From the result in Table 3.1, it was observed that the significant influence lies within those with a secondary level of education at 0.05 level of significance. Hence there is a significant mean influence of, 3.978

Hypothesis 4: There is no significant influence of location on clients’ satisfaction with the health system responsiveness at the PHCs in Akwa Ibom State.

Table 4: Summary of independent t-test of the influence of location on clients’ satisfaction with the Health System responsiveness domains at the PHCs in Akwa Ibom State.

HSR domains	Location	n	df	t-value	p-value	Decision
Prompt attention	Urban	285	365	2.523	.009	significant
	Rural	82				
autonomy	Urban	285	365	7.888	.039	significant
	Rural	82				
confidentiality	Urban	285	365	3.853	.009	significant
	Rural	82				

Dignity	Urban	285	365	3.107	.078	Not significant
	Rural	82				
Choice provider	Urban	285	365	6.494	.315	Not significant
	Rural	82				
Basic amenities	Urban	285	365	7.185	.011	significant
	Urban	285				
communication	Rural	82	365	6.278	.020	significant

Table 4 reveals the summary of the t-test analysis on the influence of location on Client Satisfaction with the Health System Responsiveness at the PHCs in Akwa Ibom State. The result showed that out of seven health system responsiveness domains, five had significant influences (prompt attention $p < .009$, autonomy $p < .039$, confidentiality $p > .009$, basic amenities $p > .011$ and communication $p = .020$ at 0.05 level of significance) while two were not significant with (, Dignity $p > .078$, choice provider $p > .315$). Since the number of health system responsiveness items with p-values lower than the 0.05 level of significance were more than the items with p-values higher than the 0.05 level of significance, the null hypothesis which stated that there is no significant influence of location on clients' satisfaction with the health system responsiveness at the PHCs in Akwa Ibom State is rejected. Deduction from the null hypothesis tested shows that location does significantly influence clients' satisfaction with the Health System Responsiveness at PHCs in Akwa Ibom State.

Discussion of Findings

The result shows that clients within the age ranges of 18-24 and 25-31 were less satisfied with the health system responsiveness than the older ones, especially with the choice of provider and prompt attention domains of health system responsiveness at Primary Health Centers in Akwa Ibom State. This assertion was earlier made by Seguy *et al.* (2022) that chronological age is a determinant of health behaviors including satisfaction with health services.

It goes further to explain that where age-sensitive interventions are not provided it could lead to age-specific morbidity and mortality. The findings of this study agreed with Stamboglis and Jacobs (2020) who concluded from a study in England that older people were more satisfied with health services than younger ones. Also, this is supported by Adhikari *et al.* (2021) who indicated from a study that age was the strongest predictor of satisfaction. Alijaralla *et al.* (2021) who highlighted that younger age groups had higher satisfaction than older ones. The contradiction may be because younger age groups are active, like taking risky adventures which makes them accidents prone. More so, most are in their reproductive years which causes them to make frequent visits to the health facilities.

The study also revealed that gender did not significantly influence clients' satisfaction with Health System Responsiveness at PHCs in AKS as both gender indicated satisfaction for all the studied domains. The possible reason for this finding may be because there have been a lot of campaigns by government, non-governmental agencies, and individuals against gender inequality in health care. These efforts gave both male and female clients opportunities to decide their healthcare needs. This finding is supported by Rahmquist (2024) who highlighted from a study in Sweden that gender did not correlate with patient satisfaction. The result is equally in line with the assertion of Dauda *et al.* (2022) who indicated that gender did not show a significant moderate correlation between responsiveness and patients' satisfaction in Keffi, Nazarawa State. The findings of the present study however contradict Geberu *et al.* (2019) who asserted that satisfaction was affected by female sex. The

difference could be linked to the fact that in our locality females are allowed almost equal rights with males, especially in accessing health care services

The result further revealed that there is a significant influence of educational level on clients' satisfaction with the health system responsiveness in Akwa Ibom state. The significant difference was registered for the choice of provider. Conclusion is drawn from the assertion of Tamar (2020) who maintained that educational levels equipped individuals to function differently in society and influence the interpretation of the phenomenon. This finding aligns with the work of Mobolaji-Olajide et al. (2020) who asserted from a study in a teaching hospital in Lagos, that there is a significant association between in-patient satisfaction and educational level. The present finding is also evident in the research work conducted by Alharbi *et al.* (2022) who concluded from a descriptive in Saudi Arabia that there are significant mean scores differences for satisfaction based on educational levels.

Similarly, result indicated that location has a significant influence on clients' satisfaction with HSR. This finding highlights the presence of disparity and inequitable distribution of health resources which means that the core principles of primary health care; availability, accessibility, affordability, equitable distribution, effectiveness, and efficiency are yet to be achieved after many decades of implementation in Nigeria (Markson, 2021). The present study aligns with Maślach, *et al.* (2020) who reported from a study in Poland that there is some evidence of differences in patient satisfaction by place of residence. Also agrees with Babatola *et al.* (2022) who reported from a study in Ondo State that respondents in the urban were more satisfied than those in the rural. Again, the present study laid credence to the work of Nwankwor *et al.* (2020) who concluded from a study in Enugu state that non-responsiveness was associated with being a rural dweller. However, the findings contradict Baharvand (2019) who highlighted a higher mean score of responsiveness for rural dwellers than the urban dwellers. The possible reason for the difference in this study may be that the majority of the urban dwellers in the present study have higher educational qualifications and are knowledgeable about the quality of care they should expect.

Conclusion

Based on the findings of the study, the researcher concluded that age, educational level, and location significantly influenced clients' satisfaction with the Health system Responsiveness at PHCs in AKS.

Limitations of the Study

The study was limited by the researcher's choice of quantitative data collection method, which may limit the client's in-depth explanation. The number of selected LGAs may also limit the generalizability of the results of the study. However, since all the PHCs in Akwa Ibom State operate under the same PHC operational guidelines and policies, the findings from the study will still be valid.

Recommendations:

Based on the findings the following were recommended;

1. The PHC agency should train and retrain staff on the provision of evidence-based and age-sensitive care which could contribute significantly to client satisfaction.
2. The State Government should distribute resources in terms of infrastructure and manpower equally to both rural and urban communities.

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