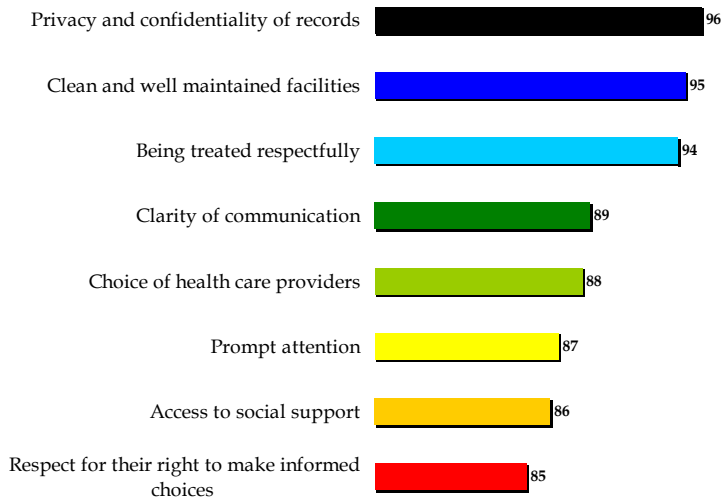
SAMPLE REPORT

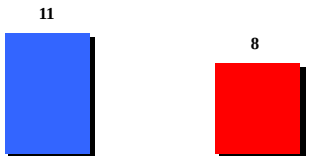
90% of people using health services report good responsiveness

Percentage of patients reporting..



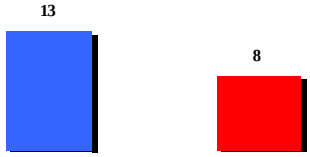
10% of people using health services report poor responsiveness

Percentage rating responsiveness as poor, by sex

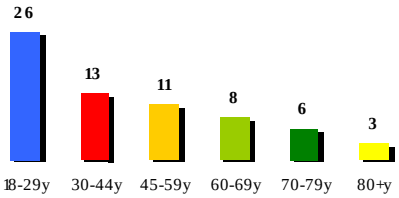


74% of respondents used health services in the last 12 months

Percentage rating responsiveness as poor, by self-assessed health



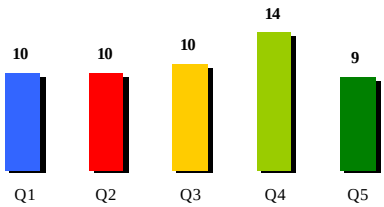
Percentage rating responsiveness as poor, by age group



10% of respondents did not seek care due to unaffordability

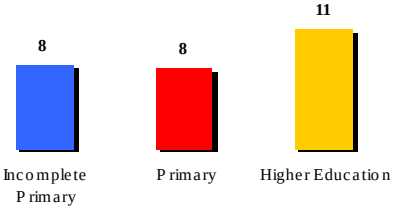
10% of respondents waited 6 days or more for test results

Percentage rating responsiveness as poor, by income quintile



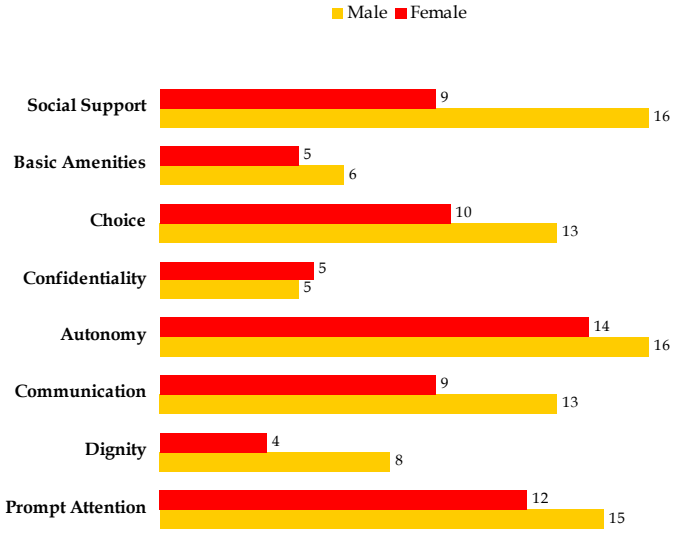
14% of respondents reported discrimination during their last visit

Percentage rating responsiveness as poor, by education level

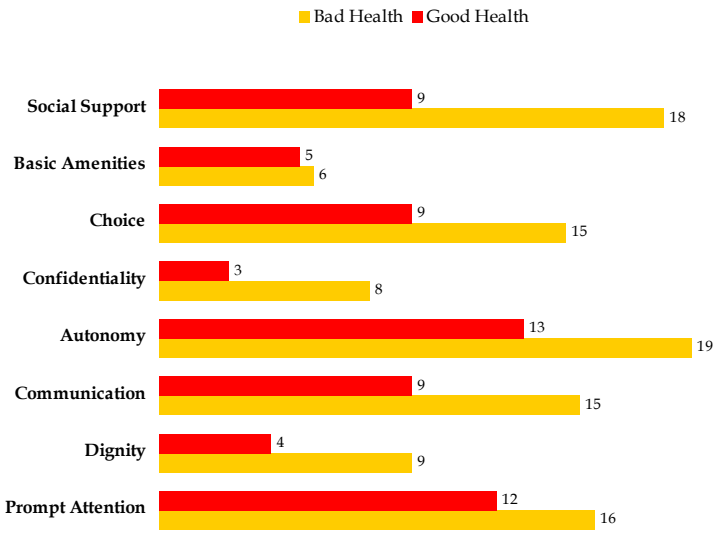


Overall Experiences

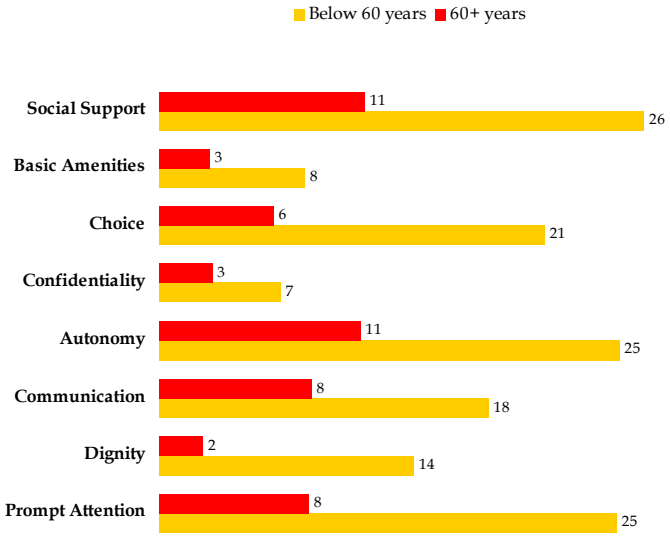
Percentage rating overall responsiveness as poor, by sex



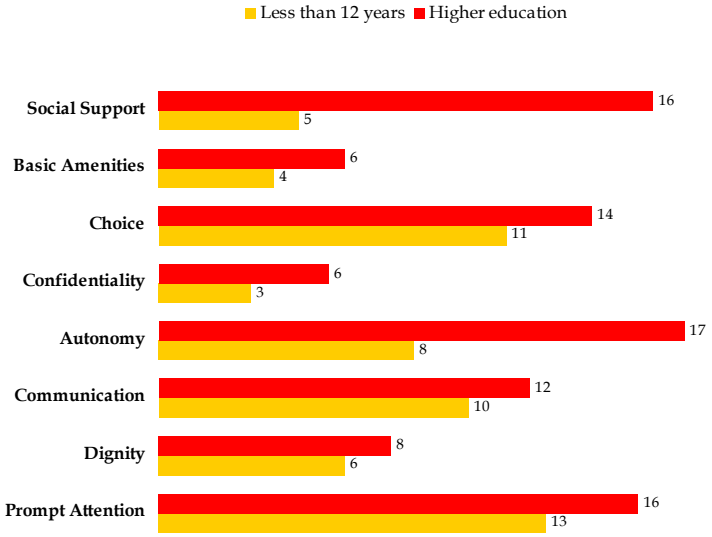
Percentage rating overall responsiveness as poor, by self-assessed health



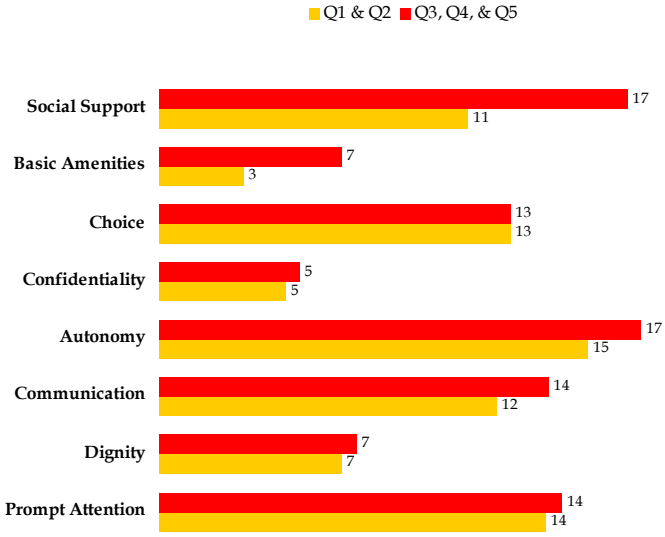
Percentage rating overall responsiveness as poor, by age groups



Percentage rating overall responsiveness as poor, by education levels



Percentage rating overall responsiveness as poor, by income groups



4.3 Overall Responsiveness: Summarizing Responsiveness in Ambulatory Care and Hospital Inpatient Care

One tenth of surveyed patients reported poor health system responsiveness. From Table 4.1, it can be seen that older people are less likely to report poor responsiveness than younger people. Females are less likely than males to report poor overall responsiveness. People in bad health are more likely to perceive responsiveness as poor than those in good health.

Table 4.1 *Overall responsiveness: percentage rating service as poor*

Percentage rating overall responsiveness as poor	Sex		Income quintile				
	Male	Female	Q1	Q2	Q3	Q4	Q5
	11	8	10	10	10	14	9
10	**Age group**						
	18-29y	30-44y	45-59y	60-69y	70-79y	80+y	
	26	13	11	8	6	3	
	Self-assessed health[1]		**Education years**				
	Bad health	Good health	0	0-5	6-11	12+	
	13	8		8	8	11	

Best performing domains: Patients are most likely to report good overall responsiveness for the domains of confidentiality of records (96%) and the quality basic amenities (95%).

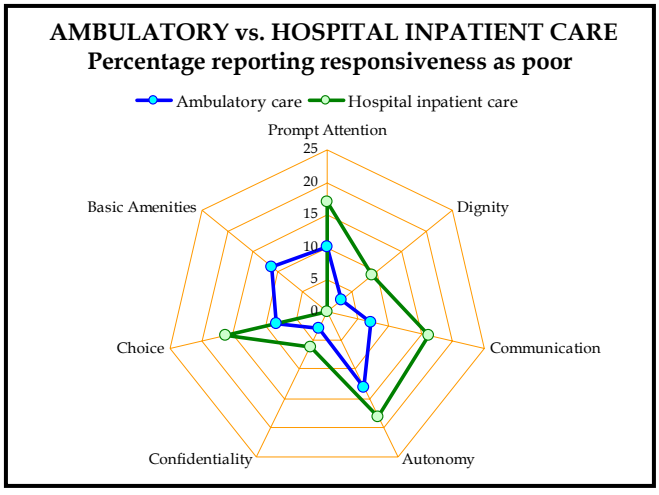
Worst performing domains: Patients are most likely to report poor responsiveness for autonomy in decision-making (15%), access to social support (14%), and delays in provision of care (13%).

Comparing Responsiveness in Ambulatory Care and Hospital Inpatient Care

Of all surveyed patients, 8% reported poor health system responsiveness in ambulatory care compared to 12% in hospital inpatient care.

From the Figure on the right, we can see that hospital inpatient care responsiveness was rated worse than ambulatory care for all domains except for basic amenities.

Differences in experience between hospital inpatient care and ambulatory care were greatest for the domains of quality basic amenities (11%), communication (9%), and choice (8%).

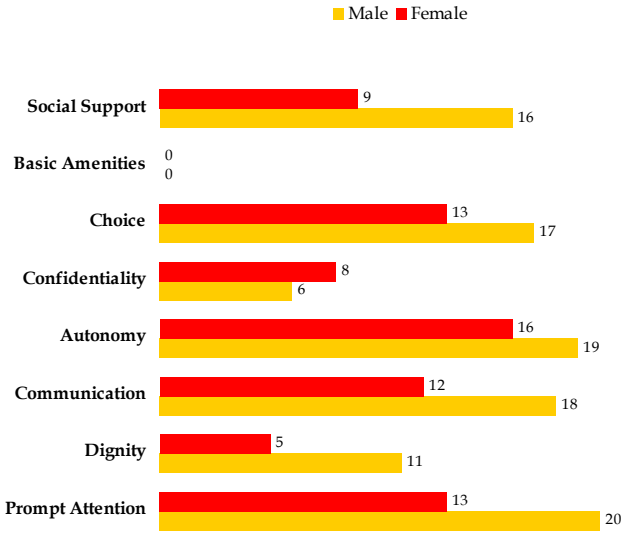


In addition, there is greater variation, on average, in the responsiveness experience of sub-groups of population for hospital inpatient care than in ambulatory care.

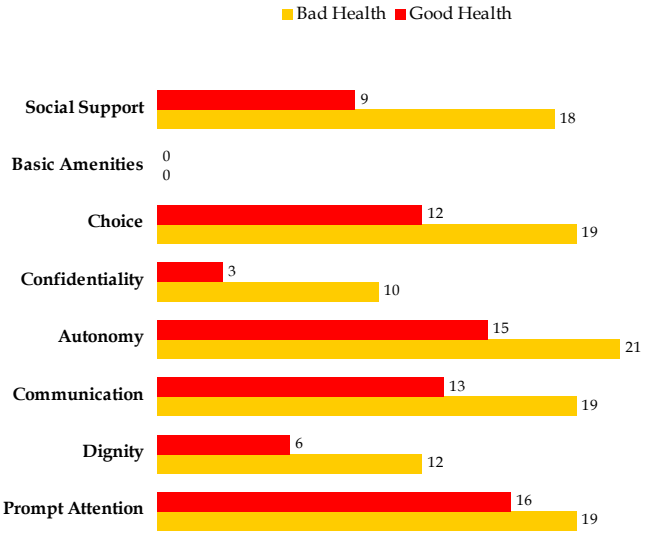
[1] Self-assessed health has been grouped into two categories: "Bad health" represents people who reported "Very bad", "Bad", or "Moderate" health, while "Good health" represents those who reported "Good" or "Very good" when asked the question "In general, how would rate your health today?".

Hospital Inpatient Care Experiences

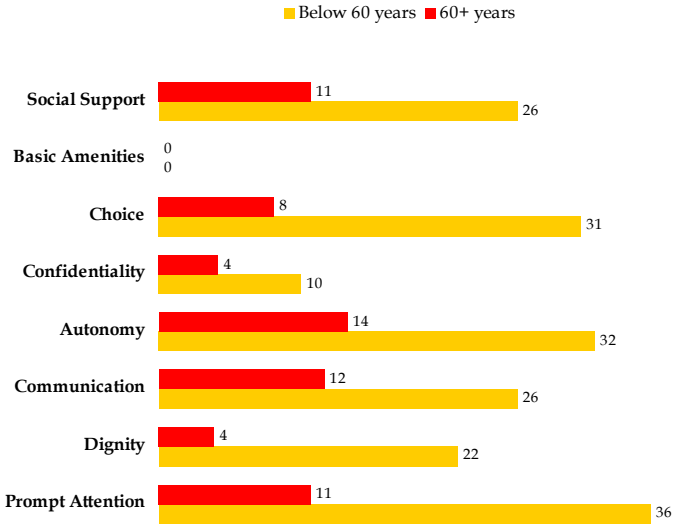
Percentage rating hospital inpatient care responsiveness as poor, by sex



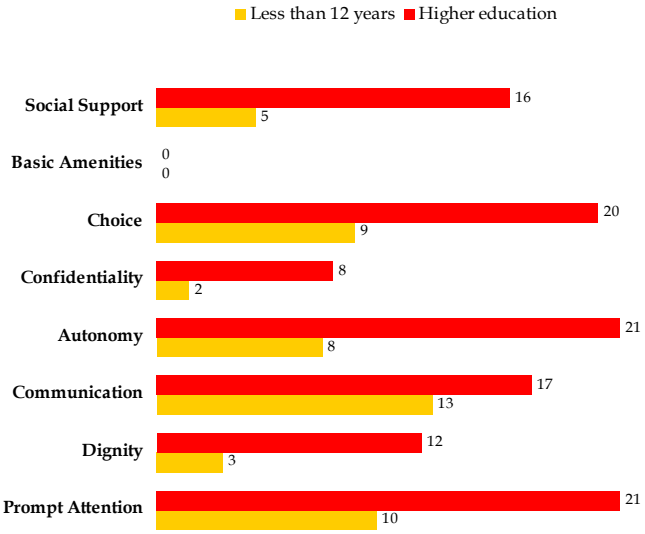
Percentage rating hospital inpatient care responsiveness as poor, by self-assessed health



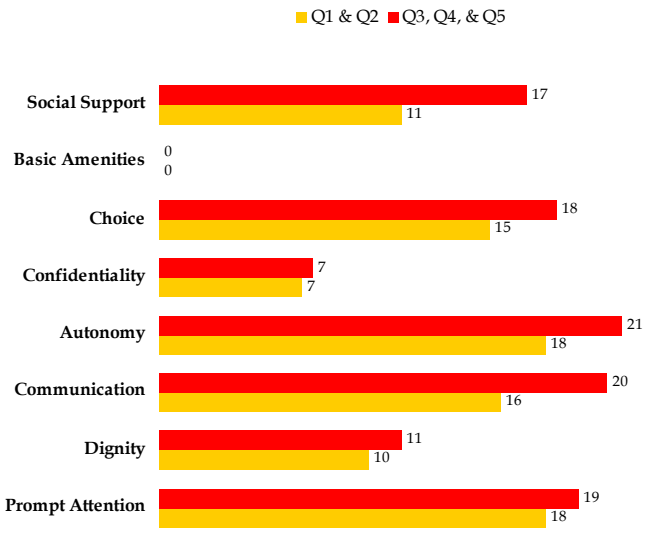
Percentage rating hospital inpatient care responsiveness as poor, by age groups

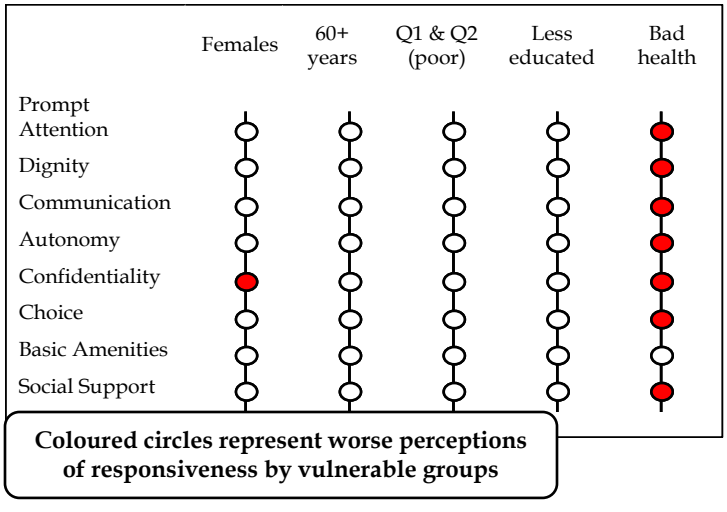


Percentage rating hospital inpatient care responsiveness as poor, by education levels



Percentage rating hospital inpatient care responsiveness as poor, by income groups



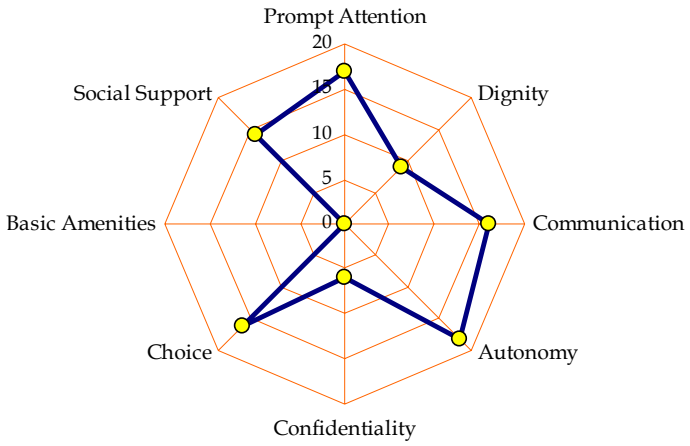


Coloured circles represent worse perceptions of responsiveness by vulnerable groups

4.4 Perceptions of Hospital Inpatient Care Responsiveness

Of all respondents who sought hospital inpatient care, 12% reported poor responsiveness. This was a higher proportion than that reporting poor ambulatory care responsiveness (8%).

Percentage of respondents rating hospital inpatient care responsiveness as poor



Best performing domains: In hospital inpatient care services, patients are most likely to report good responsiveness for quality basic amenities (100%) and confidentiality (97%).

Worst performing domains: Patients report poor responsiveness most often for the domains of autonomy (18%), communication (16%) and choice (16%).

Responsiveness perceptions of vulnerable groups: Females are more likely to report lack of confidentiality than males. Elder people are less likely to report poor responsiveness on any domain than younger people. Poorer people are less likely (than richer people) to report poor responsiveness for any domain. Less educated people are less likely (than higher educated people) to perceive poor responsiveness for any domain. People in bad health are more likely to rate responsiveness as poor for every domain, except for the quality basic amenities, than people in good health.

Table 4.2 ***Hospital*** *inpatient responsiveness: percentage rating service as poor*

Percentage rating hospital inpatient responsiveness as poor	Sex		Income quintile				
	Male	Female	Q1	Q2	Q3	Q4	Q5
	13	10	13	10	13	19	11
12	**Age group**						
	18-29y	30-44y	45-59y	60-69y	70-79y	80+y	
	38	16	14	11	8	5	
	Self-assessed health		**Education years**				
	Bad health	Good health	0	0-5	6-11	12+	
	15	9		4	8	14	

Table 4.3 *Percentage rating hospital inpatient responsiveness as poor by health, income, and sex*

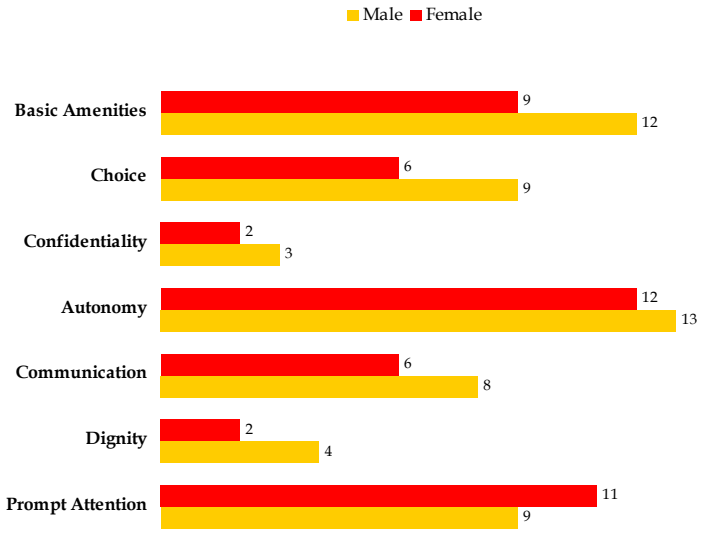
Female / Male	Poor[2] (Q1&Q2)	Non-poor (Q3, Q4 & Q5)
Bad Health	11 / 14	14 / 26
Good Health	2 / 15	9 / 10

From Table 4.3: males in every category are more likely to report poor responsiveness in health systems than females. Non-poor males in bad health are most likely to rate responsiveness as poor (26%), while poor females in good health are least likely to perceive poor responsiveness (2%).

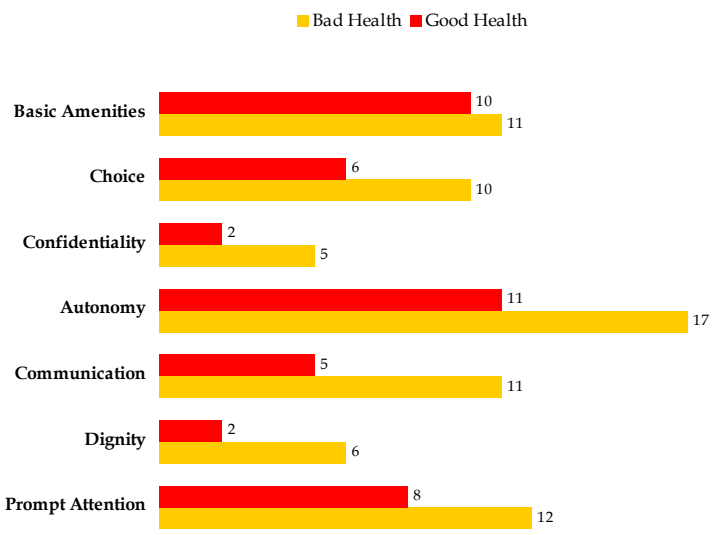
[2] "Poor" has been defined here as the combination of the first and second income quintiles (Q1 & Q2) representing the bottom 40% of the population. This construct is purely for convenience to compare less wealthy to more wealthy population perceptions of responsiveness. It does not represent any pre-defined level of being "poor".

Ambulatory Care Experiences

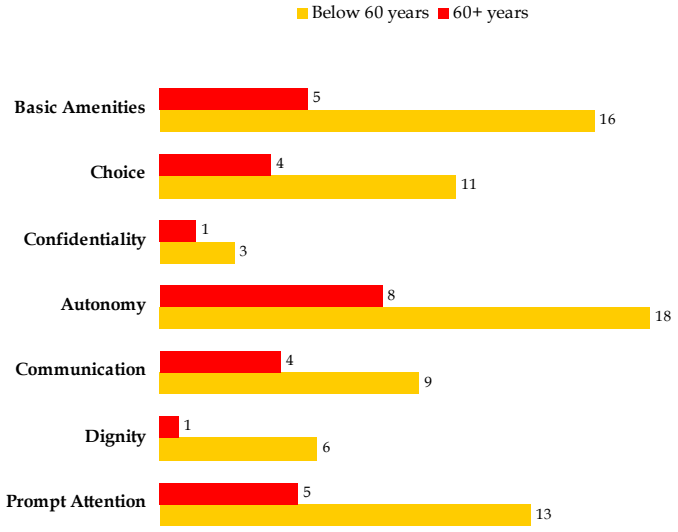
Percentage rating ambulatory care responsiveness as poor, by sex



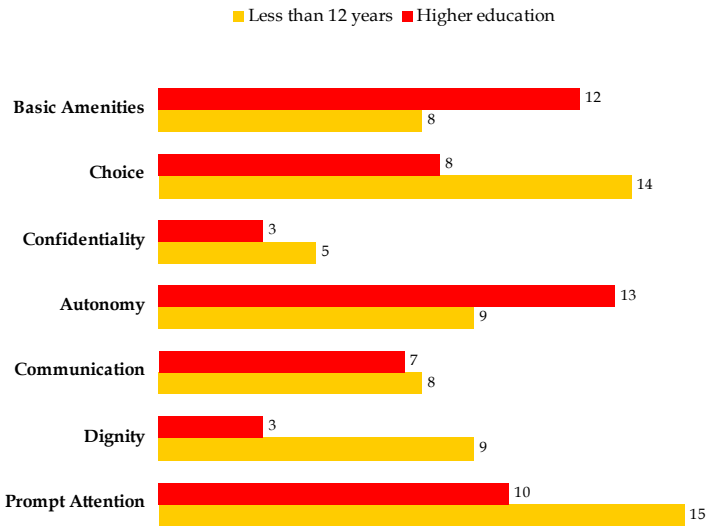
Percentage rating ambulatory care responsiveness as poor, by self-assessed health



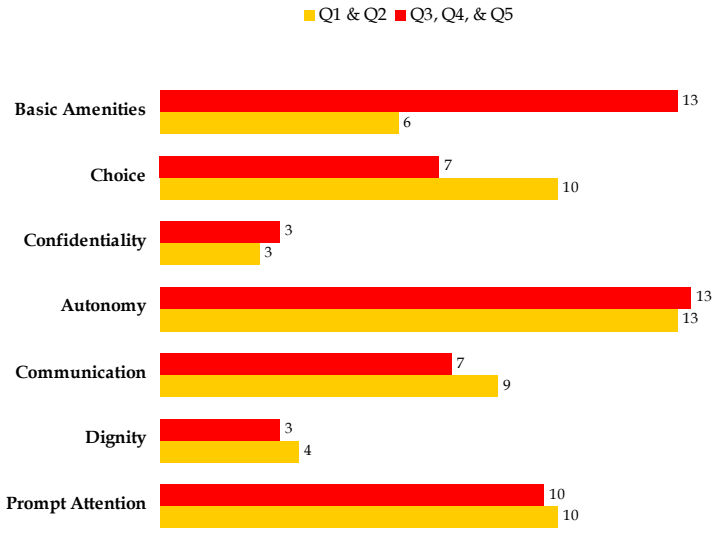
Percentage rating ambulatory care responsiveness as poor, by age groups

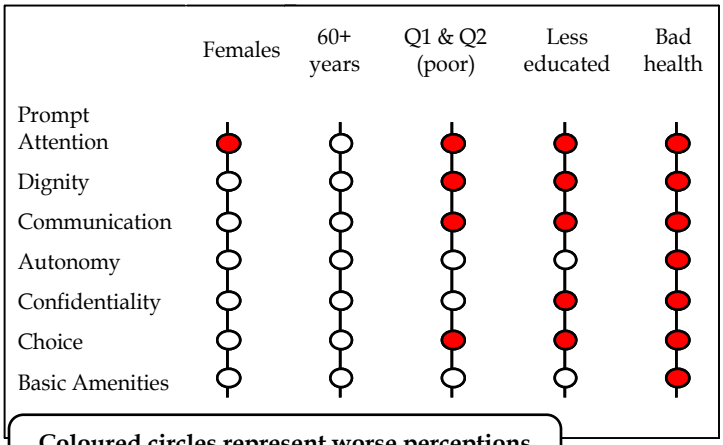


Percentage rating ambulatory care responsiveness as poor, by education levels



Percentage rating ambulatory care responsiveness as poor, by income groups



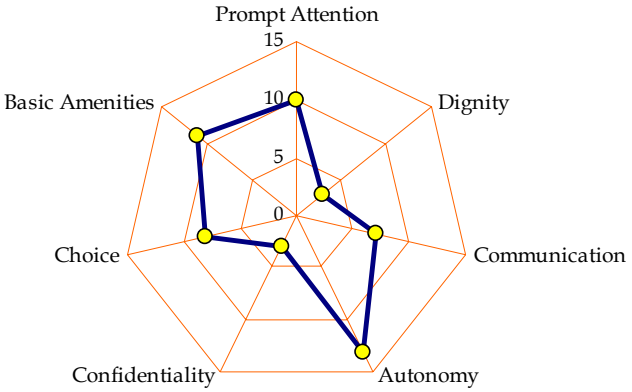


Coloured circles represent worse perceptions of responsiveness by vulnerable groups

4.5 Perceptions of Ambulatory Care Responsiveness

Of all survey respondents using ambulatory care services, 8% reported poor responsiveness. This is less than the percentage of respondents that rated inpatient care responsiveness as poor (12%).

Percentage of respondents rating ambulatory care responsiveness as poor



Best performing domains: In ambulatory care services, patients are most likely to report good responsiveness for dignity (97%) and confidentiality (97%).

Worst performing domains: Patients report poor responsiveness most often for the domains of autonomy (13%) and basic amenities (11%).

Responsiveness perceptions of vulnerable groups: Females are more likely to report delays in provision of care than males. Elder people are less likely to report poor responsiveness on any domain than younger people. Poorer people are more likely (than richer people) to report poor responsiveness for the domains of prompt attention, dignity, communication and choice. Less educated people are more likely (than higher educated people) to perceive poor responsiveness for prompt attention, dignity, communication, confidentiality and choice. People in bad health are more likely to rate responsiveness as poor for every domain than people in good health.

Table 4.4 *Ambulatory care responsiveness: percentage rating service as poor*

Percentage rating ambulatory care responsiveness as poor	Sex		Income quintile				
	Male	Female	Q1	Q2	Q3	Q4	Q5
	8	7	6	9	8	8	8
8	Age group						
	18-29y	30-44y	45-59y	60-69y	70-79y	80+y	
	13	10	9	6	4	2	
	Self-assessed health		Education years				
	Bad health	Good health	0	0-5	6-11	12+	
	10	6		12	7	8	

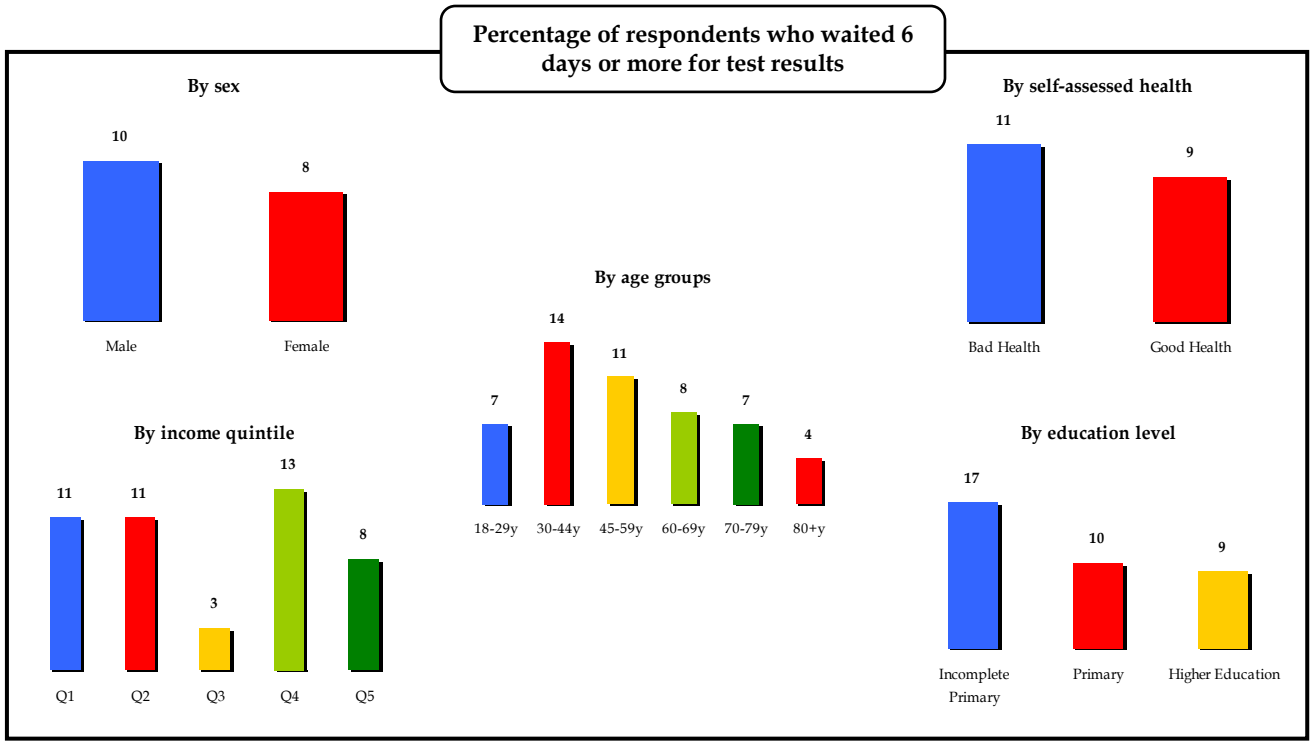
Table 4.5 *Percentage rating ambulatory care responsiveness as poor by health, income, and sex*

Female / Male	Poor (Q1&Q2)	Non-poor (Q3, Q4 & Q5)
Bad Health	9 / 9	10 / 17
Good Health	5 / 7	6 / 7

Non-poor men in bad health are most likely (17%), while poor females in good health are least likely (5%) to rate responsiveness as poor. On average, males are at least as likely to report poor responsiveness as females. Non-poor females in good health are most likely to perceive poor responsiveness among female sub-groups.

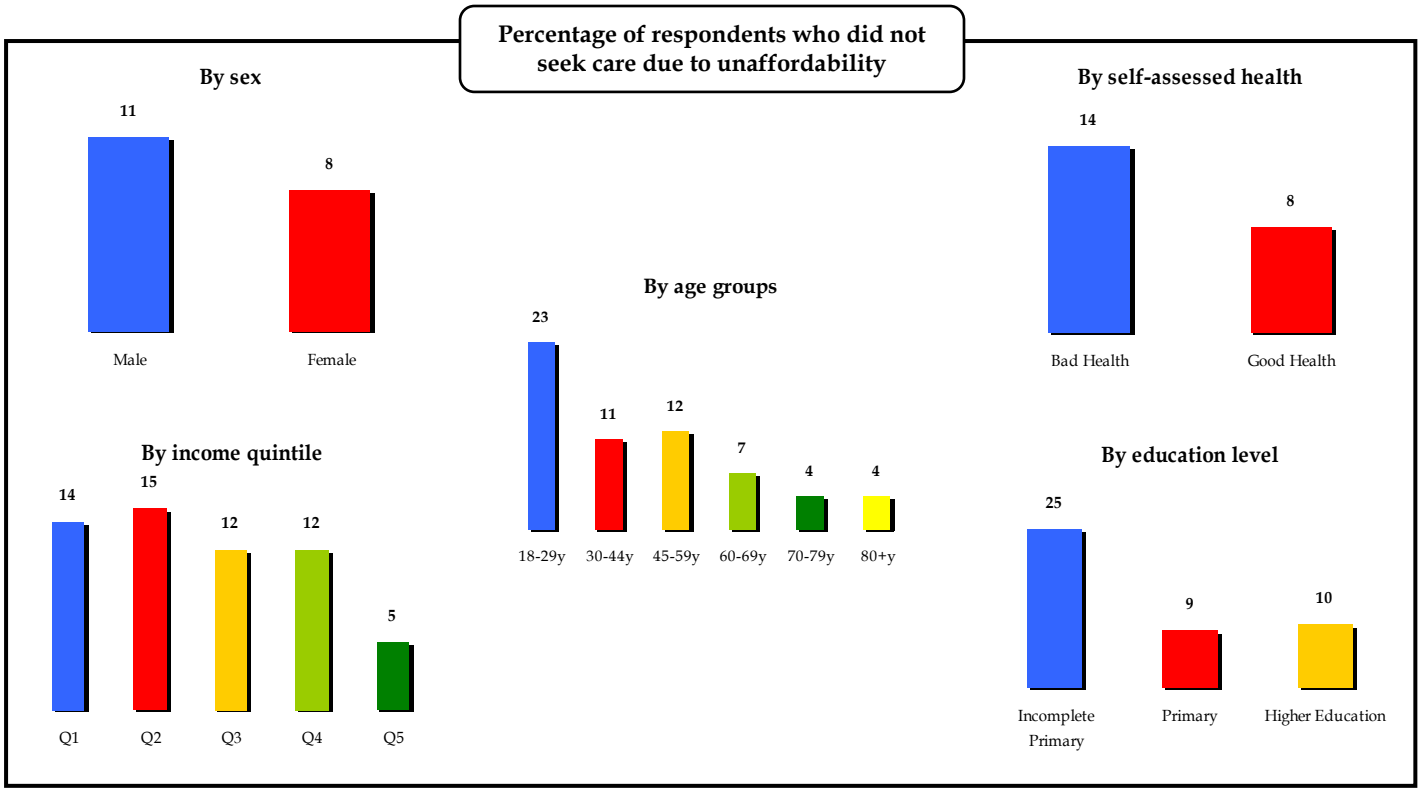
Specific Case of Prompt Attention in Ambulatory Care: Waiting for Test Results

The survey queried respondents on the number of days it took to receive their test results. For the country as a whole, 10% of people using health services waited 6 days or more for test results. Eight percent of females reported receiving their test results at least 6 days later, while 10% of males reported the same. Variation in results by income quintiles does not show a systematic pattern. However, people with lower education are more likely to receive late test results. Older people, in general, are less likely to report receiving test results late than younger people (except for the youngest age group).



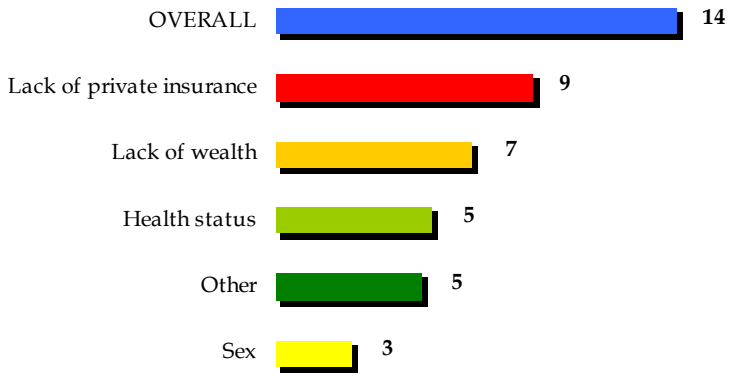
4.6 Perceived Financial Barriers and Discrimination

10% of the surveyed population reported not seeking care due to unaffordability. However, there are substantial variations across population sub-groups in these results. For instance, people in the lowest age group (18-29y) are six times more likely to report not using health care due to unaffordability than people in the highest age group (80+y). Also, people with incomplete primary education face much greater financial barriers in access to care than higher educated people.



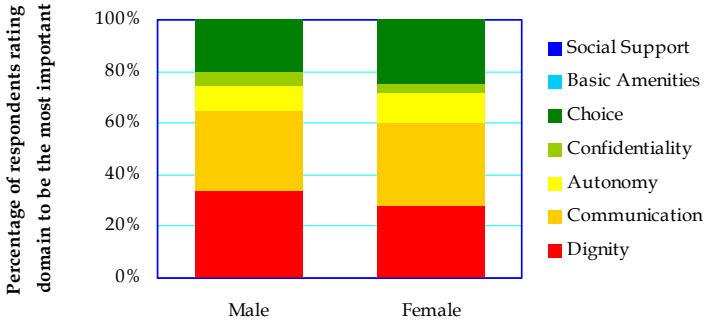
When asked a direct question on discrimination ("In the last 12 months, were you treated badly by the health system or services because of your :"), nearly 14% of surveyed respondents reported discrimination of some sort by the health system in the last 12 months. The most common causes of discrimination are lack of private insurance (9%), lack of wealth (7%), health status (5%), other reasons (5%) and sex (3%). Relatively few people (less than 1% of those queried) reported discrimination due to colour, religion, language or ethnicity.

Percentage reporting discrimination, by reason

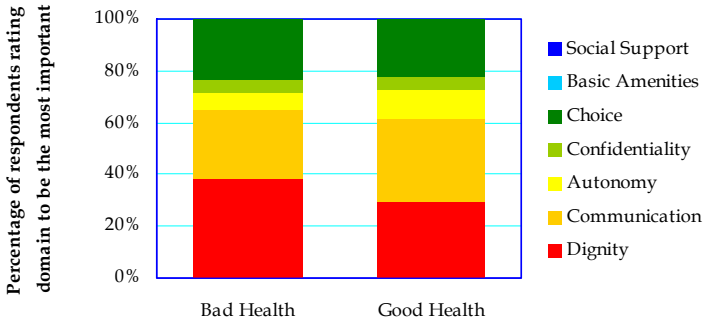


Importance of Responsiveness Domains

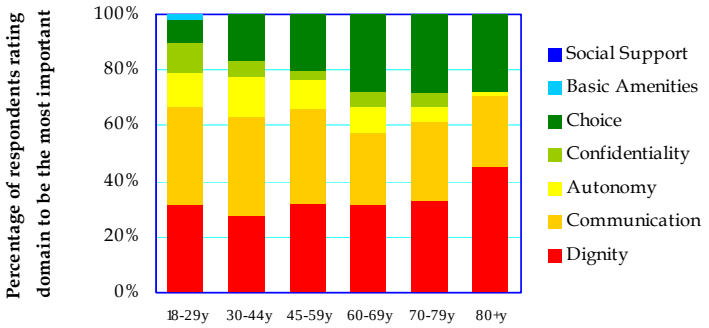
Importance of domains, by sex



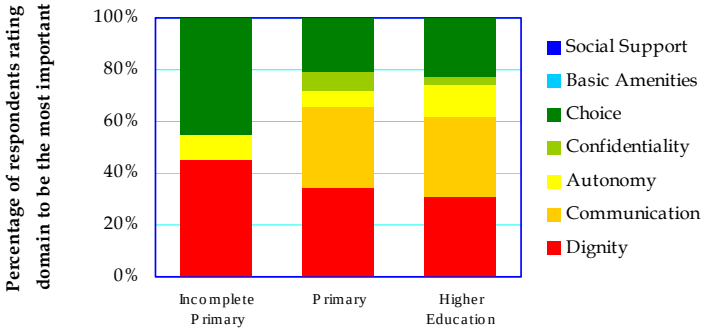
Importance of domains, by self-assessed health



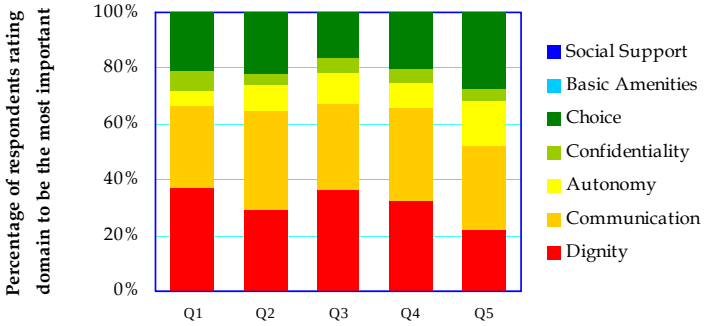
Importance of domains, by age groups

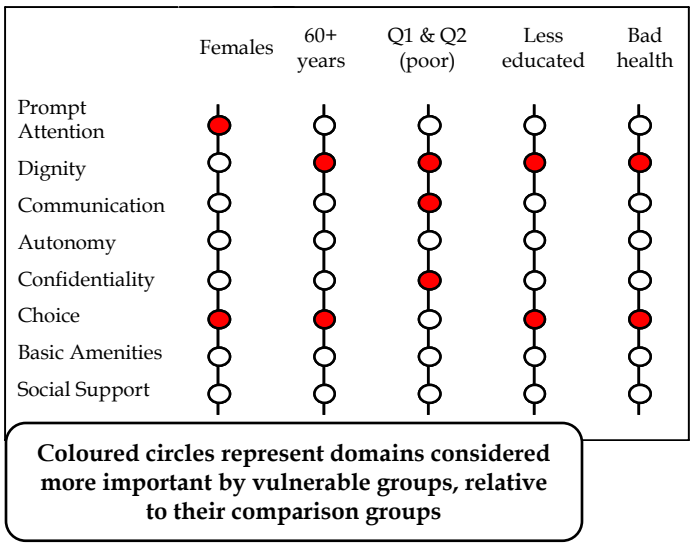


Importance of domains, by education level



Importance of domains, by income quintile





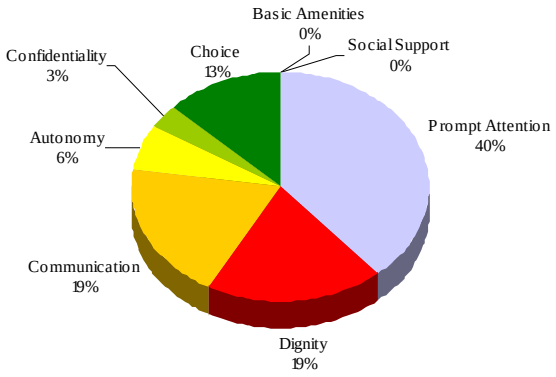
Coloured circles represent domains considered more important by vulnerable groups, relative to their comparison groups

4.7 Importance of Responsiveness Domains

40% of survey respondents consider prompt attention to be the most important responsiveness domain. Every population sub-group also considers prompt attention to be most important of all eight domains, ranging from 31% of people in the lowest income quintile (Q1) and with incomplete primary education, to 44% of people in the highest income quintile (Q5).

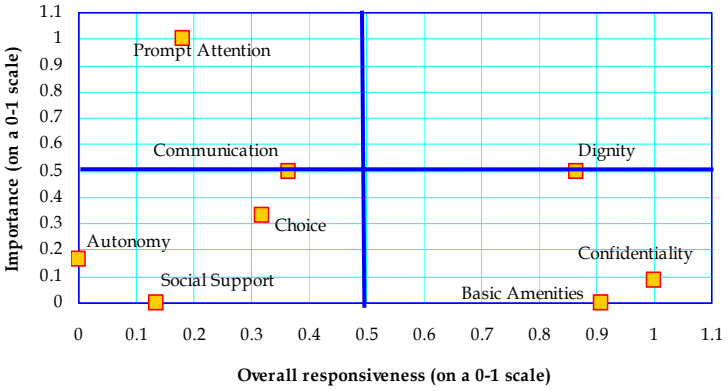
Given the undisputed importance of prompt attention as a domain, we have focused on presenting results for the remaining 7 domains (on facing page). Of the 7 remaining domains, communication is rated as the most important (19%) followed by dignity (19%) and choice (13%). The least important domains include quality basic amenities (0%), social support (0%), and confidentiality (3%).

Percentage of respondents rating a responsiveness domain to be most important



There are divergences in people's perception of the relative importance of domains. For example, dignity and choice are considered more important on an average with increasing age groups (see facing page).

Overall responsiveness and importance of domains

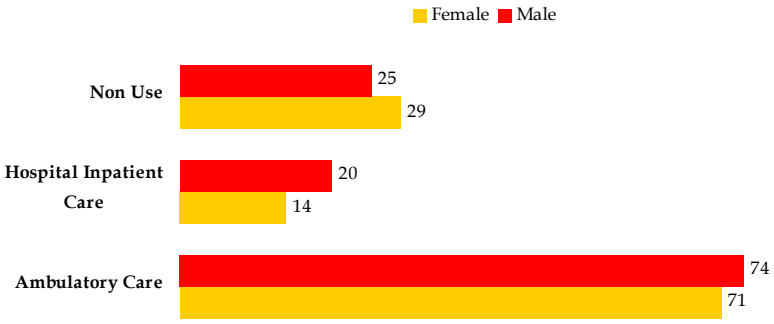


We can now relate the relative importance of all domains to their ratings by patients. This will help us consider the priorities for action with respect to domains. The percentage of respondents rating a domain as most important has been rescaled to a 0-1 interval with "1" representing the relatively most important domain and "0" the relatively least important one. Similarly, perceptions of responsiveness as poor (%) has been rescaled to a 0-1 interval with "0" representing the domain most likely to be perceived as poor performing and "1" representing the domain least likely to be perceived as poor performing.

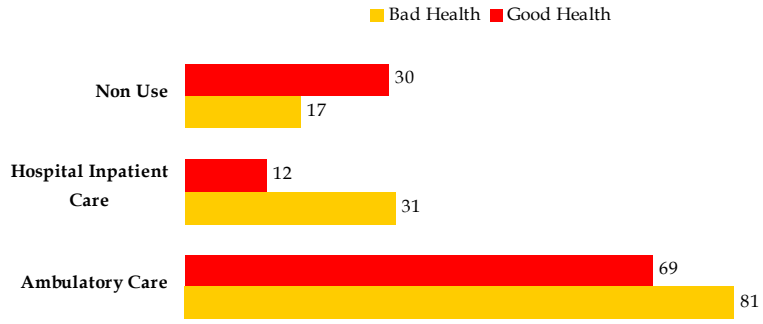
Although prompt attention is rated as the most important domain, its responsiveness performance is reported as relatively poor. Also, the domain of communication is rated as important but is perceived as poor performing. However, dignity, one of the most important domains, is seen to be performing relatively well. Other domains performing well include confidentiality and basic amenities though they are perceived to be relatively less important domains.

Health Services Utilization

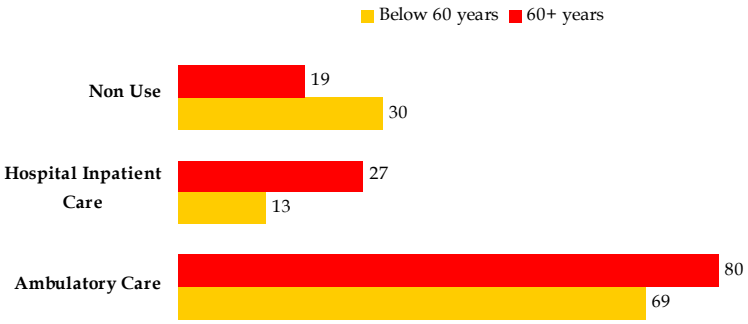
Percentage reporting utilization and non-use, by sex



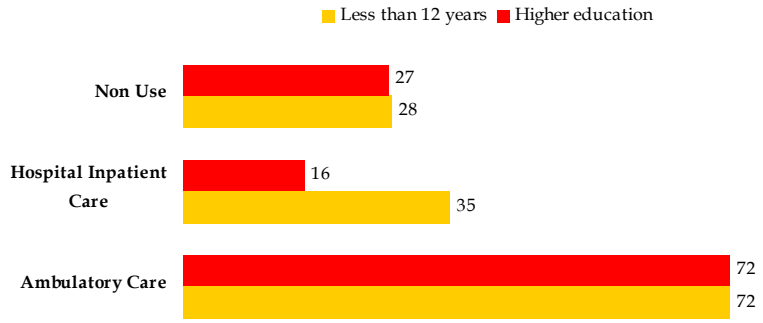
Percentage reporting utilization and non-use, by self-assessed health



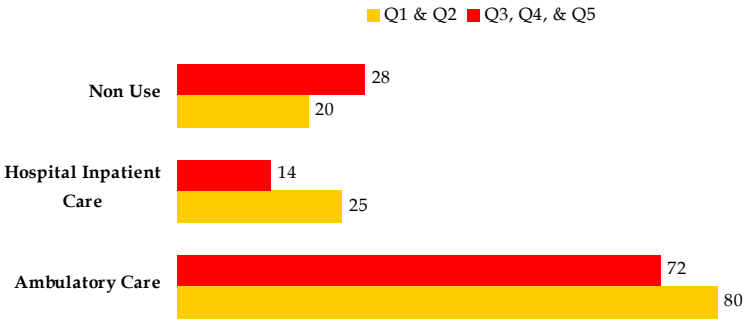
Percentage reporting utilization and non-use, by age groups



Percentage reporting utilization and non-use, by education levels



Percentage reporting utilization and non-use, by income groups

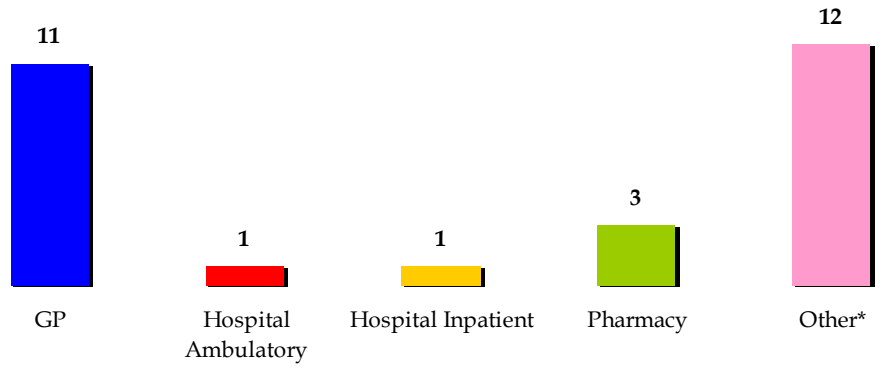


[3] **NOTE:** The bars for the three categories (ambulatory care, hospital inpatient care, and non use) add up to more than 100%. This is because people using both ambulatory and hospital inpatient care are counted twice.

4.8 User Profile

74% of the survey respondents reported having utilized health services in the last 12 months. Of this, 17% used both inpatient and ambulatory services, 56% used only ambulatory services, and 1% used only inpatient services. Utilization by sub-group is presented on the facing page. Approximately, 74% of males and 71% of females used health services over the past 12 months. Poorer and less educated people reported greater utilization of hospital inpatient services than richer or higher educated ones, respectively.

Average number of visits per person to health provider in last 12 months



Other* includes dentists, specialists, chiropractors, traditional healers, clinics, and other providers

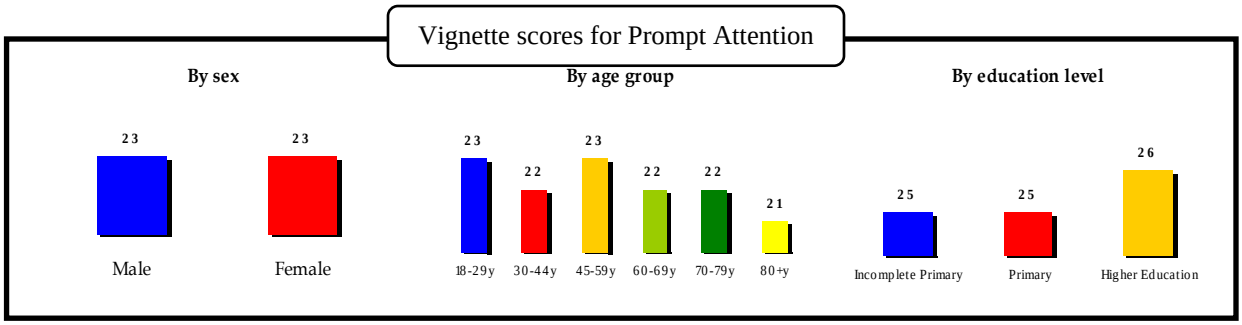
From the Figure above we can see that, on an average, people visit a general physician 11 times a year (see Table 4.6 for distribution by population sub-group), other health care providers 12 times a year, and are likely to go to a pharmacy thrice a year. Men are more likely than women to visit other health care providers - 14 visits in the past year compared to 9 for women.

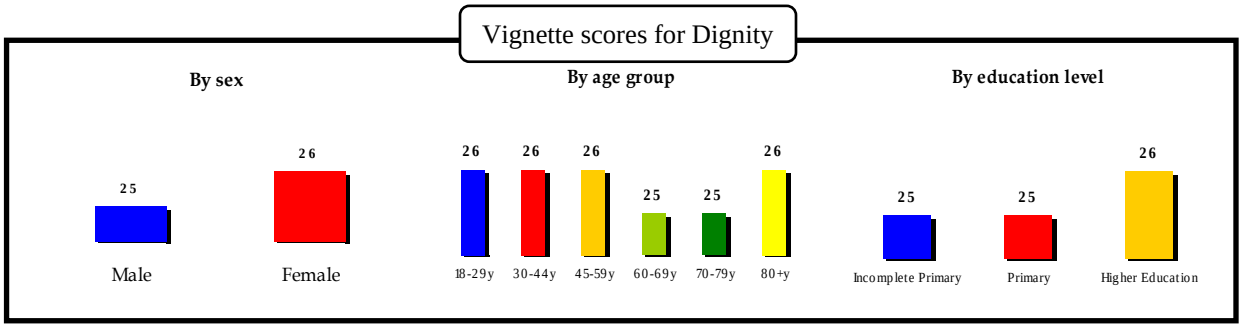
Table 4.6 shows the average number of visits in the last 12 months to a general physician by population sub-group. We can see that the number of visits to a doctor increase with age, and decreases with higher education and rising income. People with incomplete primary education visit physicians, on an average, nearly four times more than those with higher education.

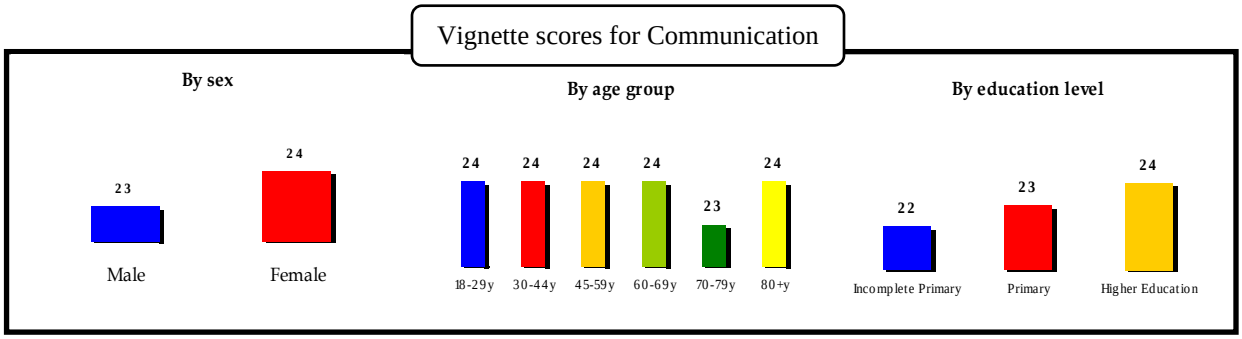
Table 4.6 *Average number of visits to a General Physician (GP) in last 30 days (multiplied by 12 to give rough annual average)*

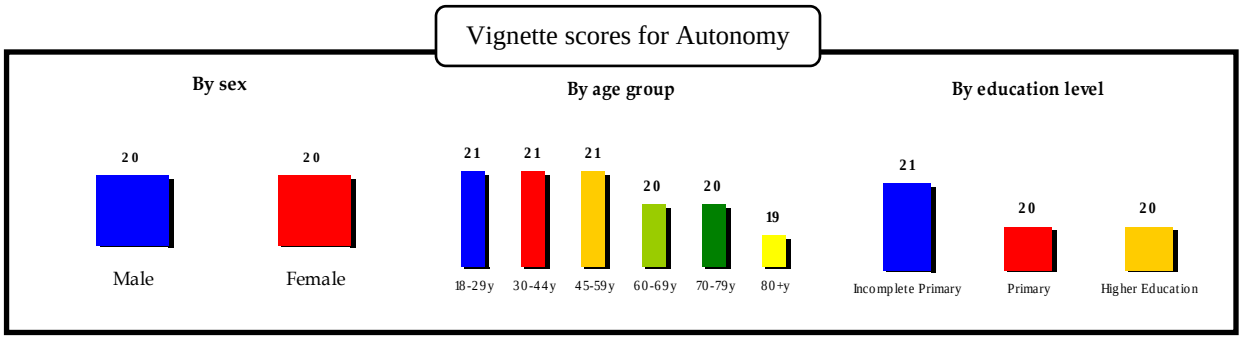
Average number of visits to a physician in last 12 months	**Sex**		**Income quintile**				
	Male	Female	Q1	Q2	Q3	Q4	Q5
	11	10	17	15	12	8	6
11	**Age group**						
	18-29y	30-44y	45-59y	60-69y	70-79y	80+y	
	7	7	9	11	19	18	
	Self-assessed health		**Education years**				
	Bad health	Good health	0	0-5	6-11	12+	
	19	7		34	14	9	

4.9 Expectations[4]



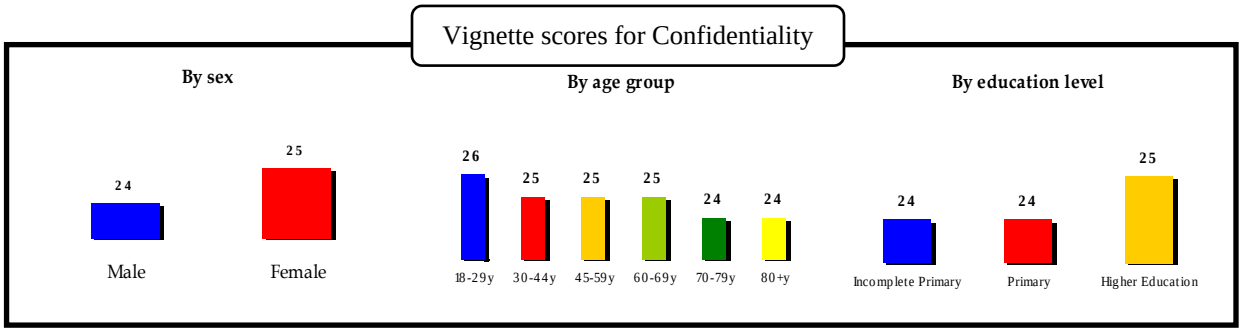


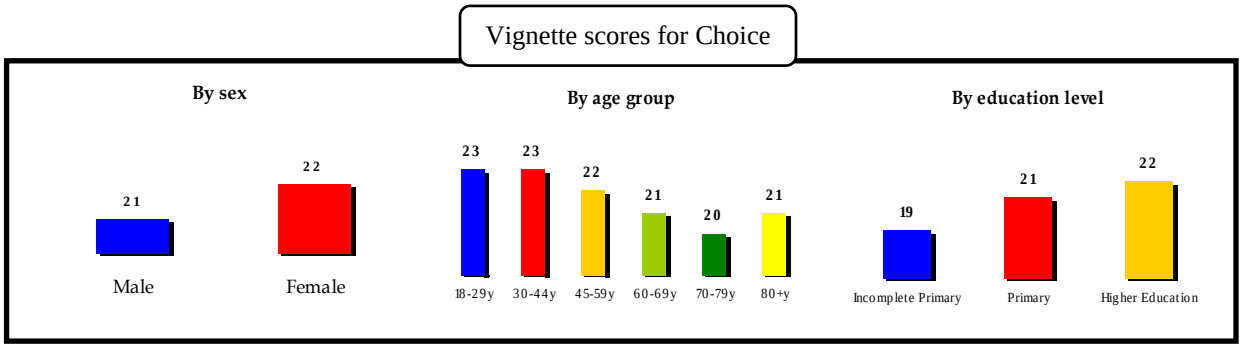


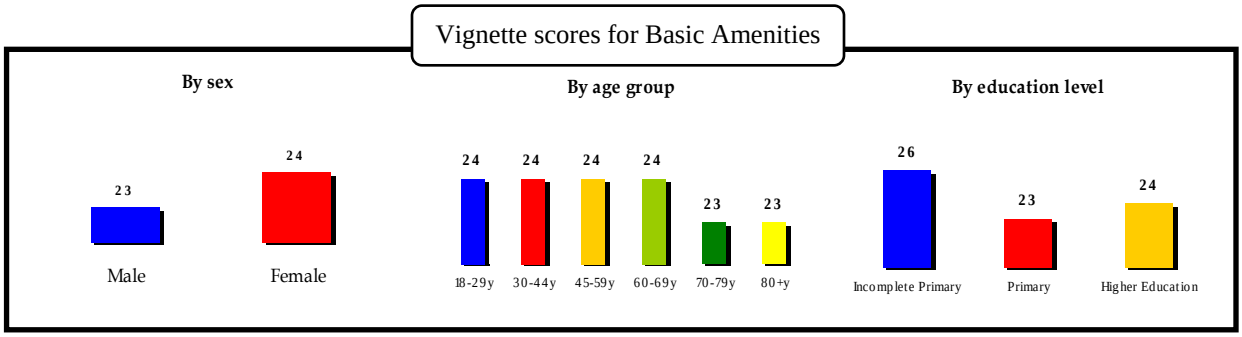


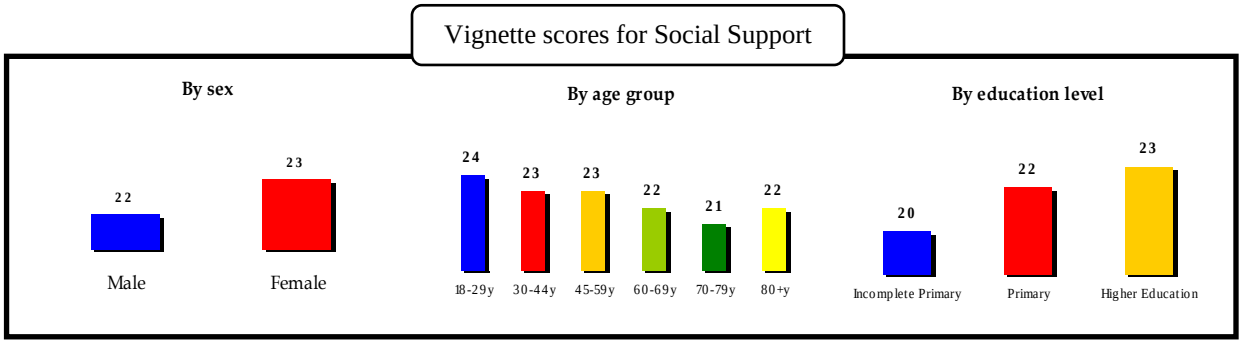
[4] This section explores expectations of various population sub-groups based on their rating of seven vignettes for each domain. Vignette scores were computed by summing the vignette ratings (1-5) by domain for each individual; and then taking an average by population sub-group. The minimum possible vignette score is 7, while the maximum possible score is 35. Therefore, all scores are out of a maximum of 35 with higher scores representing higher expectations.

Expectations (continued)









Higher vignette scores indicate higher expectations. We see that in the case of most domains higher educated people have higher expectations than less educated ones, while older people have lower expectations than younger people. From earlier sections we know that higher educated and younger people are more likely to rate responsiveness as poor. This suggests a need for adjusting responsiveness ratings by expectations to provide a more accurate representation or score of health system responsiveness.

Table 1. Self-reported utilization of health services and unmet need in the previous 12 months

Category	Percentage of people reporting utilization/unmet need in the previous 12 months						Average number of visits to provider/facility in the previous 12 months					Total Respondents
	Ambulatory Care	Home Care	Hospital Inpatient Care	Non Use	Refused care due to unaffordability	Did not seek care due to unaffordability	GP	Hospital Ambulatory	Hospital Inpatient	Pharmacy	Other	
Sex												
Female	71	0	14	29	0	8	10	1	1	2	9	658
Male	74	0	20	25	0	11	11	1	2	4	14	928
Age Group												
18-29y	69	0	12	30	0	23	7	0	0	4	11	113
30-44y	67	0	11	33	0	11	7	1	0	4	8	427
45-59y	71	0	16	28	0	12	9	1	1	4	9	431
60-69y	75	0	17	25	0	7	11	1	1	3	9	258
70-79y	80	0	26	18	0	4	19	1	4	3	20	238
80+y	85	0	39	13	0	4	18	2	2	2	21	119
Income Quintile												
Q1	79	0	26	20	0	14	17	1	2	3	15	249
Q2	81	0	23	19	0	15	15	2	1	5	17	231
Q3	74	0	18	25	0	12	12	1	4	3	11	235
Q4	71	0	13	28	0	12	8	1	0	3	10	276
Q5	70	0	11	30	0	5	6	1	0	3	9	402
Health Status												
Bad Health	81	0	31	17	0	14	19	2	3	5	19	471
Good Health	69	0	12	30	0	8	7	1	0	3	8	1115
Education												
No Education												
Incomplete Primary	70	0	50	30	0	25	34	2	4	4	42	20
Primary	74	0	20	25	0	9	14	1	1	4	14	447
Higher Education	72	0	16	27	0	10	9	1	1	3	10	1119
TOTAL	**73**	**0**	**18**	**26**	**0**	**10**	**11**	**1**	**1**	**3**	**12**	**1586**

Table 2. Characteristics of patient interaction with the health system in the previous 12 months

Category	Patients with laboratory tests/examinations			Percentage reporting utilization of specific services during the most recent visit						
	N	% received report on same day	% received report after 6 days	Examinations	Tests	Treatment	Discussed health problem	Discussed health in general	Picked up medicine	Other
Sex										
Female	334	43	8							
Male	549	42	10							
Age Group										
18-29y	55	42	7							
30-44y	187	41	14							
45-59y	240	40	11							
60-69y	168	44	8							
70-79y	154	44	7							
80+y	79	48	4							
Income Quintile										
Q1	153	43	11							
Q2	150	39	11							
Q3	134	47	3							
Q4	148	39	13							
Q5	205	43	8							
Health Status										
Bad Health	335	40	11							
Good Health	548	44	9							
Education										
No Education										
Incomplete Primary	12	33	17							
Primary	256	39	10							
Higher Education	615	44	9							
TOTAL	**883**	**42**	**10**							

Table 3. Patient assessed responsiveness of ambulatory care services: percentage reporting "Moderate", "Bad" or "Very Bad"

Category	Prompt Attention		Dignity				Communication				Autonomy			Confidentiality			Choice			Basic Amenities			% reporting Discrimination		Total Respondents
	Timely Care	*Overall*	Respectful treatment by health care staff	Respectful treatment by office staff	Respect for privacy during physical exams	*Overall*	Attentiveness of health care staff	Clarity of explanations by health care providers	Time to ask questions	*Overall*	Involvement in decision making	Permission sought before testing/treating	*Overall*	Respect for privacy during consultations	Keeping personal information confidential	*Overall*	Ease of getting to health care provider of choice	Ease of getting to other health care services	*Overall*	Quality of waiting room	Cleanliness	*Overall*	Discrimination	Discrimination against women	
Sex																									
Female	5	11	1	2	1	2	3	4	7	6	8	10	12	1	1	2	5	8	6	15	4	9	1	0	463
Male	4	9	2	4	1	4	4	5	8	8	6	10	13	3	1	3	7	11	9	17	8	12	3	0	676
Age Group																									
18-29y	5	16	3	7	1	7	5	7	9	9	12	17	25	1	3	1	12	15	13	28	11	20	4	0	75
30-44y	7	15	2	6	1	4	6	3	11	9	11	10	16	3	0	3	10	11	10	24	8	16	2	0	286
45-59y	5	9	1	4	0	6	4	7	9	10	7	9	12	2	2	4	7	11	9	18	8	11	4	0	301
60-69y	4	8	0	1	0	1	4	5	5	6	6	11	12	2	1	2	2	10	7	11	6	8	2	0	193
70-79y	1	4	1	0	1	1	2	2	4	4	3	8	9	2	1	2	2	6	3	9	3	6	1	0	186
80+y	2	3	1	1	1	0	2	5	6	3	3	7	3	4	3	0	3	3	2	5	1	2	1	0	98
Income Quintile																									
Q1	3	8	0	2	1	2	5	5	6	8	4	8	12	3	1	2	5	12	8	8	4	4	3	0	190
Q2	5	12	2	2	0	5	4	6	10	9	8	11	14	3	3	3	8	11	12	14	5	8	3	0	185
Q3	5	12	2	2	1	3	4	5	8	7	8	10	13	2	2	4	3	10	6	15	7	12	3	0	174
Q4	6	7	1	5	1	3	5	5	10	9	9	13	16	2	2	2	9	11	7	23	8	13	3	0	197
Q5	4	10	1	4	1	3	3	3	6	6	8	8	11	2	0	3	6	8	8	21	6	14	1	0	280
Health Status																									
Bad Health	5	12	2	3	1	6	5	8	11	11	11	14	17	3	3	5	10	12	10	18	7	11	5	0	374
Good Health	4	8	1	3	1	2	3	3	6	5	5	8	11	2	0	2	4	9	6	16	6	10	1	0	765
Education																									
No Education																									
Incomplete Primary	14	21	7	7	0	14	0	14	14	7	7	7	7	7	0	7	14	21	21	14	7	7	14	0	14
Primary	4	9	1	3	1	4	2	6	7	8	6	9	11	3	1	2	7	10	6	12	5	8	2	0	325
Higher Education	4	10	1	3	0	3	5	4	8	7	8	10	13	2	1	3	6	9	8	18	7	12	2	0	800
TOTAL	**4**	**10**	**1**	**3**	**1**	**3**	**4**	**4**	**8**	**7**	**7**	**10**	**13**	**2**	**1**	**3**	**6**	**10**	**8**	**16**	**6**	**11**	**2**	**0**	**1139**

Table 4. Patient assessed responsiveness of hospital inpatient health services: percentage reporting "Moderate", "Bad" or "Very Bad"

Category	Prompt Attention		Dignity	Communication	Autonomy	Confidentiality	Choice	Basic Amenities	Access to social support networks			% reporting discrimination	% of women reporting discrimination	Total respondents
	Timely Care	*Overall*							Ease with which family/friends could visit	Ease of observing religious/traditional practices	*Overall*			
Sex														
Female	8	13	5	12	16	8	13	0	2	0	9	9	0	93
Male	15	20	11	18	19	6	17	0	4	1	16	16	0	187
Age Group														
18-29y	46	62	38	38	54	15	46	0	31	0	54	31	0	13
30-44y	26	30	15	24	22	7	22	0	0	2	9	15	0	46
45-59y	10	15	12	16	19	9	24	0	4	1	15	25	0	68
60-69y	12	14	5	12	19	5	14	0	2	0	16	7	0	43
70-79y	6	13	3	11	16	6	5	0	2	0	13	8	0	63
80+y	2	6	4	13	6	2	6	0	2	0	4	2	0	47
Income Quintile														
Q1	9	20	9	19	20	9	17	0	2	0	9	16	0	64
Q2	10	15	10	12	15	4	13	0	4	0	13	15	0	52
Q3	14	14	10	17	14	7	21	0	7	0	19	14	0	42
Q4	27	27	14	30	35	5	19	0	3	3	22	14	0	37
Q5	14	16	9	14	14	9	14	0	7	2	9	12	0	43
Health Status														
Bad Health	12	19	12	19	21	10	19	0	6	1	18	15	0	145
Good Health	13	16	6	13	15	3	12	0	1	1	9	11	0	135
Education														
No Education														
Incomplete Primary	0	10	0	10	0	0	10	0	0	0	0	20	0	10
Primary	7	10	6	15	15	3	8	0	5	0	9	13	0	88
Higher Education	16	21	12	17	21	8	20	0	3	1	16	13	0	182
TOTAL	**13**	**17**	**9**	**16**	**18**	**6**	**16**	**0**	**4**	**1**	**14**	**13**	**0**	**280**

Table 5. Population assessment of the relative importance of responsiveness domains: percentage reporting domain to be the "MOST IMPORTANT"

Category	Prompt Attention	Dignity	Communication	Autonomy	Confidentiality	Choice	Basic Amenities	Social Support	Total Respondents
Sex									
Female	39	15	17	6	2	13	0	0	658
Male	33	20	18	6	3	12	0	0	928
Age Group									
18-29y	38	18	20	7	6	5	1	0	113
30-44y	40	15	19	8	3	9	0	0	427
45-59y	36	19	20	6	2	12	0	0	431
60-69y	36	17	14	5	3	15	0	0	258
70-79y	30	19	16	3	3	16	0	0	238
80+y	24	23	13	1	0	14	0	0	119
Income Quintile									
Q1	26	21	17	3	4	12	0	0	249
Q2	37	16	19	5	2	12	0	0	231
Q3	40	20	17	6	3	9	0	0	235
Q4	38	19	20	5	3	12	0	0	276
Q5	42	12	16	9	2	15	0	0	402
Health Status									
Bad Health	30	23	16	4	3	14	0	0	471
Good Health	38	16	18	6	3	12	0	0	1115
Education									
No Education									
Incomplete Primary	25	25	0	5	0	25	0	0	20
Primary	32	18	17	3	4	11	0	0	447
Higher Education	37	18	18	7	2	13	0	0	1119
TOTAL	**36**	**18**	**18**	**6**	**3**	**12**	**0**	**0**	**1586**

Table 6. Patient expectations: group averages of aggregate vignettes rating of 1-5

Category	Prompt Attention	Dignity	Communication	Autonomy	Confidentiality	Choice	Basic Amenities	Social Support
Sex								
Female	23	25	23	20	24	21	23	22
Male	23	26	24	20	25	22	24	23
Age Group								
18-29y	23	26	24	21	26	23	24	24
30-44y	22	26	24	21	25	23	24	23
45-59y	23	26	24	21	25	22	24	23
60-69y	22	25	24	20	25	21	24	22
70-79y	22	25	23	20	24	20	23	21
80+y	21	26	24	19	24	21	23	22
Income Quintiles								
Q1	22	26	24	20	25	21	24	22
Q2	22	26	24	20	25	22	23	22
Q3	23	26	24	21	25	22	23	23
Q4	23	26	24	20	25	22	24	23
Q5	23	26	24	20	25	22	24	23
Health Status								
Bad Health	23	26	24	20	24	21	23	22
Good Health	23	26	24	20	25	22	24	23
Education								
No Education								
Incomplete Primary	24	25	22	21	24	19	26	20
Primary	23	25	23	20	24	21	23	22
Higher Education	22	26	24	20	25	22	24	23
TOTAL	**23**	**26**	**24**	**20**	**25**	**22**	**24**	**23**