

# **Knowledge Of Primary Health Care (PHC) Services Among Rural Women In Rivers East Senatorial District, Nigeria**

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## **ABSTRACT**

This study investigated the knowledge of primary health care (PHC) services among rural women in Rivers East Senatorial District. The descriptive research design was adopted for this study with a population which consisted of 53,042 women attending primary health care centres in Rivers East Senatorial District. A multi-stage sampling procedure was adopted to select a sample size of five hundred and thirty-nine (539) respondents for the study. Data was collected using a structured questionnaire with a reliability coefficient of 0.63 and analysis was carried out using SPSS version 23.0. Analytical tools such as percentage was employed. Specifically, close to three quarter (369(73.2%) had knowledge of maternal health care, 323(64.0%) knew that primary health care helps to eliminate or reduce infectious disease among women, and 448(88.7%) had knowledge of nutritional practice as a component of primary health care services. The findings of the study showed that less than one quarter 110(21.8%) of the respondents had good knowledge of primary health care services. It was concluded that rural women in Rivers East Senatorial District had poor knowledge of primary health care services provided for them. It was recommended among others that, the Federal ministry of health should develop and implement policy for health education on primary health care to be given in all maternal and child health clinic on each visit.

**Keywords:** Knowledge, Rural, Services, Women, maternal health care

## **INTRODUCTION**

Knowledge of primary health care (PHC) services is more relevant today than ever among rural women in the effective utilization of available services. Knowledge is a more significant tool in primary health care services because individual behaviour now has a greater effect on his or her health. Johnson (2010) asserted that knowledge concerning health is steeped in individual, group or community learning and how it impacts on experiences and attitudes to health. The study of Bao and Minh (2014) on knowledge of primary health care among final year medical students in Vietnam showed that, less than half (43.3%) of the respondents knew that PHC is 'health care for the patients at the first access to health system' and 69.5% knew that provision of essential drugs is a component of primary health care services. This showed a gap in knowledge of primary health care services even among medical students who are thought to be custodians of health knowledge, thus the scenario among rural women cannot be overemphasized. Kania and Kramer (2011) noted that, awareness creation is essentially a process for reaching out to different sectors of a community and creating partnerships in order to focus on, and ultimately address a pressing issue such as primary health care. This includes organizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community.

Knowledge of primary health care services as used in this study is referred to as individual's awareness or familiarity with the primary health care services available to them. Knowledge plays the following vital roles in the implementation of primary health care components. Johnson (2010), identified that the roles of knowledge has been effective in aspects such as; immunization, maternity

services, child health, communicable diseases control, environmental health, nutrition, school health services, first aid and services, drug education, accident prevention and emergency services, and aid family life education. The role of knowledge in primary health care services as shown by Levesque, Breton, Senn, Levesque, Bergeron and Roy (2007) are as follows: creating awareness regarding the prevalence of diseases, promotes policies that sustain health and well-being, prevention of diseases, injuries, and social problems, awareness-raising and health advocacy, health protection and disease control, and case-finding/ notification which involves the investigation of disease outbreaks. According to Nutbeam (2000), despite the fact that primary health care and knowledge are two separate entities, there is an emerging consensus that, knowledge can support some primary health care functions through better understanding of such services.

Primary health care on the other hand refers to essential health care that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community (WHO, 2008). The health services based on primary health care as stated by Abdulaheem, Olapipo and Amodu (2012), include: promotion of food supply, proper nutrition, maternal and child care, family planning, immunization against the major infectious diseases, prevention and control of locally endemic and epidemic diseases, provision of essential drugs and supplies, and education concerning prevailing health problems and the methods of preventing and controlling them. However, Fasoranti and Adeyeye (2015) stated that, the various components of primary health care services can only succeed if they are widely accepted by the individual and the community.

Adequate knowledge can have a positive influence on the use of indigenous resources such as traditional birth attendants for maternal health care as a component of primary health care services. This is necessary given that, many rural women prefer their primary health care services including maternal and infant care and treatment of infectious diseases which has been attended to by traditional birth attendants. This is because, knowledge can enhance the awareness of these indigenous health care personals about the various primary health care services including the maternal health care of women to help increase their knowledge on risk factors during pregnancy, hygiene, and good postpartum care. These personnel are considered to be useful because they encouraged women to take medication (e.g. routine drugs), which helped to prevent complications during pregnancy. To add to the foregoing, the study of Muzyamba, Groot, Tomini and Pavlova (2017) highlighted that, the use of indigenous resources such as the traditional birth attendants among rural women contributed positively to maternal health outcomes of women and helped to reduce maternal depression, hemorrhage, and maternal mortality among women.

Knowledge has a great potential in developing the process by which rural women can learn and work together to identify their health care needs or problems and thus seek solutions to their identified problems. However, it has been observed that in most cases, the knowledge of rural women about the various primary healthcare services available for them are inadequate thus negatively influencing their level of utilization of such services. This is evident in several rural areas, as the primary healthcare facilities provided by government to render such services are in a state of decay with no or very few women visiting for their health needs. Even in places where such facilities are in their good state with qualified health care personnel, women are seen resorting to clandestine means of health care which in some cases result to the complication of their health issues. This is due largely to lack or poor knowledge of the primary health care services and its usefulness to promotion and maintenance of health. This to some extent has affected the level of success achieved by the primary healthcare system in most communities. This, it becomes imperative to examine the knowledge of primary healthcare, which could help provide a clue on what actions are needed to boost the utilization of primary healthcare services at the rural areas. This is essential because, one cannot practice what s/he does not know. The study provided answers to the following research questions:

1. What is the level of knowledge of primary health care services among rural women in Rivers East Senatorial District?
2. What is the knowledge of nutritional practice as a primary health care component among rural women in Rivers East Senatorial District?
3. What is the knowledge of maternal health care as a primary health care component among rural women in Rivers East Senatorial District?

4. What is the knowledge of infectious disease prevention as a primary health care component among rural women in Rivers East Senatorial District?

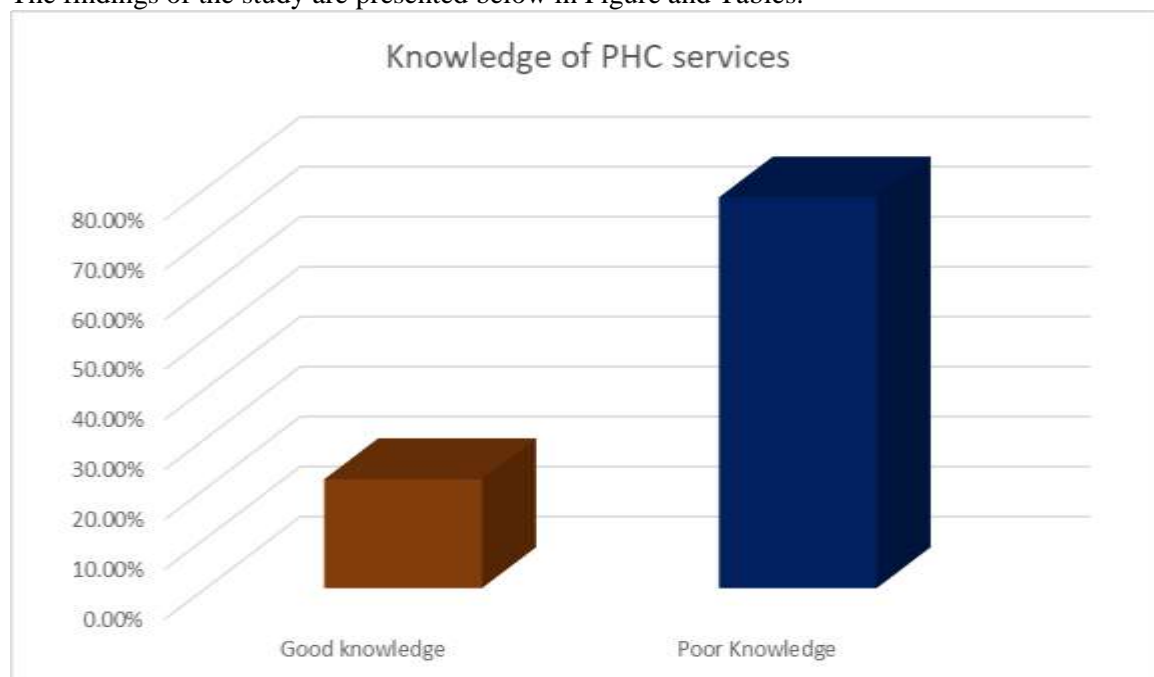
### METHODOLOGY

The research design adopted for this study was a descriptive research design with a population which consisted of fifty-three thousand, and forty-two (53,042) women attending primary health care centres in Rivers East Senatorial District. A sample size of 539 was determined for this study using Taro Yamane’s formula:  $n = \frac{N}{1 + N(e)^2}$ . Where n is the sample size, N is the population size, and e is the level of precision (5%). Applying the above,  $n = \frac{53,042}{1 + (53,042 \times (0.05)^2)} = 399$ . Adding 10% attrition rate = 10% of 399 = 39.9 = 439. The researcher added one hundred to the calculated sample size to reduce the error margin and for a better generalization of the findings thus, the sample size for the study was 539.

A multi-stage sampling procedure was used. The procedure involved three stages. At the first stage, the simple random sampling technique was used to select five (5) local government Areas out of the eight local government areas that made up Rivers East Senatorial District. At the second stage, the simple random sampling technique was used to choose one rural community in each of the local government areas selected. At the third stage, the simple random sampling technique was used to select one primary healthcare centre each in the selected communities and then the respondents were randomly selected from those health centres for the study. A structured questionnaire titled “knowledge of primary health care services questionnaire (KPHCQ)”, with a reliability coefficient of 0.63 was used for data collection. The administration of the instrument was done by a face to face delivery to the participants. Data collected were analyzed using Statistical Product for Service Solution (SPSS) version 23.0. Statistical tools used were: percentage and Chi-square at 0.05 level of significance.

### RESULTS

The findings of the study are presented below in Figure and Tables:



**Fig 1: Bar chart showing the level of knowledge of primary health care services among rural women in Rivers East Senatorial District**

Fig 6 showed the level of knowledge of primary health care services among rural women in Rivers East Senatorial District. The result showed that, less than one quarter 110(21.8%) of the respondents had good knowledge of primary health care services while more than three quarter 395(78.2%) had

poor knowledge of primary health care services. Thus, rural women in Rivers East Senatorial District had poor knowledge of primary health care services.

**Table 1: Knowledge of nutritional practices as a primary health care component among respondents**

SN	Items	True F(%)	False F(%)	Don't know F(%)
1	Nutritional practice is effective if use consistently and effectively	477(94.5)	10(2.0)	18(3.6)
2	If Nutritional practice is adopted adequately the women will become healthier	477(94.5)	10(2.0)	18(3.6)
3	Nutritional practice does not require a prescription or medical examination	441(87.3)	18(3.6)	46(9.1)
4	Nutrition is effective and easy to practice	449(88.9)	28(5.5)	28(5.5)
5	Nutritional practice has disadvantages that interrupt healthy growth	440(87.1)	38(7.5)	27(5.3)
6	Nutritional practice may decrease muscular sensitivity in some women	403(79.8)	18(3.6)	84(16.6)
	Average	448(88.7)	20(4.0)	37(7.3)

Table 1 showed the knowledge of nutritional practice as a primary health care component among rural women in Rivers East Senatorial District. The result showed that overall 448(88.7%) had knowledge of nutritional practice as a component of primary health care services. Specifically, 477(94.5%) each knew that nutritional practice is effective if used consistently and effectively, and if nutritional practice is adopted adequately the women will become healthier, and 441(87.3%) knew that nutritional practice does not require a prescription or medical examination.

**Table 2: Knowledge of maternal health care as a primary health care component among respondents**

SN	Items	True F(%)	False F(%)	Don't know F(%)
1	Maternal health is a process or technique for the prevention of disease	343(67.9)	20(4.0)	142(28.1)
2	Maternal health is a rationale for health care	348(68.9)	17(3.4)	140(27.7)
3	Maternal health care eliminate the need for induce abortion due to unwanted pregnancies	339(67.1)	51(10.1)	115(22.8)
4	Maternal health care reduce the risk associated with infectious disease	405(80.2)	33(6.5)	67(13.3)
5	Maternal health care offers women more choice to education	385(76.2)	17(3.4)	103(20.4)
6	Maternal health care reduces anxiety and stress for all family members	407(80.6)	8(1.6)	90(17.8)
7	Maternal health care reduces maternal and child mortality	353(69.9)	52(10.3)	100(19.8)
	Average	369(73.1)	28(5.5)	108(21.4)

Table 2 showed the knowledge of maternal health care as a primary health care component among rural women in Rivers East Senatorial District. The result showed that, overall, close to three quarter (369(73.2%) of the respondents had knowledge of maternal health care as a primary health care component. Specifically, 339(67.1%) knew that maternal health care eliminates the need for induce abortion due to unwanted pregnancies, 405(80.2%) knew that maternal health care reduce the risk associated with infectious disease, 407(80.6%) knew that maternal health care reduces anxiety and stress for all family members, and 353(69.9%) knew that maternal health care reduces maternal and child mortality.

**Table 3: Knowledge of infectious disease prevention as a primary health care component among respondents**

SN	Items	True F(%)	False F(%)	Don't know F(%)
1	Primary health care helps to eliminate or reduce infectious disease among women	323(64.0)	33(6.5)	149(29.5)
2	Infectious disease prevention helps to reduce the risk when carrying out primary health care associated with infectious diseases	279(55.2)	28(5.5)	198(39.2)
3	Infectious disease prevention reduces maternal and child mortality and infection	343(67.9)	45(8.9)	117(23.2)
4	Infectious disease prevention offers women more choice in the education of infectious diseases	342(67.7)	19(3.8)	144(28.5)
5	Infectious disease prevention help in the prevention of diseases and utilization of facilities	352(69.7)	27(5.3)	126(25.0)
	Average	333(65.9)	33(6.6)	139(27.5)

Table 3 showed the knowledge of infectious disease prevention as a primary health care component among rural women in Rivers East Senatorial District. The result showed that 323(64.0%) knew that primary health care helps to eliminate or reduce infectious disease among women, 279(55.2%) knew that infectious disease prevention helps to reduce the risk when carrying out primary health care associated with infectious diseases, 343(67.9%) knew that infectious disease prevention reduces maternal and child mortality and infection, and 352(69.7%) knew that infectious disease prevention help in the prevention of diseases and utilization of facilities.

#### DISCUSSION OF FINDINGS

The finding of this study in Fig 6 showed that less than one quarter (21.8%) of the respondents had good knowledge of primary health care services. This finding is surprising given that primary health care is the closest to the people particularly those in the rural areas of all the levels of health care services. Thus, it was expected that they were knowledgeable about it however, the reverse was the case. It is also possible that they were not fully involved in primary health care services hence, they do not know much about it. The finding of this study is not in keeping with that of Akhtar, Hussain, Majeed and Afzal (2018) which was carried out in Lahore which showed that more than half of the respondents had good knowledge of primary health care services. This variation might be due to the difference in the study location, study population and sample size.

The study of Akhta and colleagues had only pregnant women as the population and smaller sample size which is less than half the sample size of the present study. The finding of this study is not in keeping with that of Bao and Minh (2014) whose study on the knowledge of primary health care in Vietnam showed that majority of the respondents had good knowledge of primary health care services. This variation is explainable by the fact that the present study was carried out among medical students who were thought to be custodian of health information or knowledge including that of primary health care services whereas the present study was focused on rural women among which majority were not highly educated or knowledgeable about health. Another explanation that could be given for the variation could be the difference in the study area. It is a known fact that the health care sector in Nigeria is not in its peak state of delivery of good and quality health care services including the primary health care which in most rural areas is in debilitated state, this also would have been implicated for the divergence found in the two findings. The finding of this study is also not in agreement with that of Dixit and Bandhani (2019) whose study on women's knowledge regarding primary health care services in Garhwal region of Uttarakhand showed that more of the respondents (65%) had knowledge about the primary health care services provided. This variation might be due to the difference in the study location, study population and sample size. The study of Dixit and

colleagues had smaller sample size which is less than half the sample size of the present study. These might be implicated for the differences in the previous studies and the present one.

However, it is worthy of note that, although knowledge does not epitomize behavioural change or positive health outcome, it can facilitate improvement in primary health care services utilization and desired health outcome can be achieved. Primary health care services are grossly underutilized due to inadequate knowledge or lack of awareness. Several awareness programmes aimed at boosting women's knowledge about health care services such as immunization and family planning has been embarked on by several organizations with little or no focus on the other components of primary health care services. Hence, the poor knowledge found in the present study. According to Dixit and Bandhani (2019), primary health care services are not only making a difference on the local level, it is having an impact on health planning at the national and international levels. Primary health care needs to be adapted to varying circumstances at local and national levels. Any country that establishes a solid basis for PHC both provides for the needs of its most vulnerable and needy populations and, at the same time, empowers its most neglected resource – women.

The result showed that overall 448(88.7%) had knowledge of nutritional practices as a component of primary health care services. Specifically, 477(94.5%) each knew that nutritional practice is effective if use consistently and effectively, and if nutritional practice is adopted adequately the women will become healthier, and 441(87.3%) knew that nutritional practice does not require a prescription or medical examination. The result showed that, overall, close to three quarter (369(73.2%) of the respondents had knowledge of maternal health care as a primary health care component. The result showed that 323(64.0%) knew that primary health care helps to eliminate or reduce infectious disease among women, 279(55.2%) knew that infectious disease prevention helps to reduce the risk when carrying out primary health care associated with infectious diseases, 343(67.9%) knew that infectious disease prevention reduces maternal and child mortality and infection, and 352(69.7%) knew that infectious disease prevention helps in the prevention of diseases and utilization of facilities. These findings may not be surprising given that they are the components of primary health care services.

These findings are in consonance with the assertion of Abdurraheem, Olapipo and Amodu (2012) who noted that the components of primary health care include: promotion of food supply, proper nutrition, maternal and child care, family planning, immunization against the major infectious diseases, prevention and control of locally endemic and epidemic diseases, provision of essential drugs and supplies, and education concerning prevailing health problems and the methods of preventing and controlling them. The finding of this study is also in line with that of Calnan and Rodger (2002) who stated that, primary health care encompasses disease prevention, health promotion, population health, and community development within a holistic framework, with the aim of providing essential community-focused health care. However, Fasoranti and Adeyeye (2015) stated that, the various components of primary health care services can only succeed if they are widely accepted by the individual and the community.

## CONCLUSION

Based on findings of the study, it was concluded that rural women in Rivers East Senatorial District had poor knowledge of primary health care services. Lack of knowledge about the primary healthcare services among rural women could be the main reason its utilization is suboptimal as reported by several studies, thus, intervention targeting boosting awareness is needed.

## RECOMMENDATIONS

Based on the findings of the study the following recommendations were made:

1. Federal ministry of health should develop and implement policy for health education on primary health care to be given in all maternal and child health clinic on each visit.
2. The government through her health foundations should provide free education for women on primary health care.
3. Primary health care workers should encourage rural women to have a good knowledge of primary health care services and their health status by involving them in the primary health care services delivery in the rural areas.

4. Rural women should put effort to get themselves acquainted with the primary healthcare services available for them by visiting the health facilities whenever they have any health challenge to make enquiry about their health.

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