**Public Perception and Assessment of Primary Healthcare Service in Mbaukwu Community of Awka South Local Government Area, Anambra State, Southeast Nigeria**

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**Abstract**

**Background:** This research work focused on public perception of primary health care service in Mbaukwu community of Awka South Local Government Area of Anambra State, southeast Nigeria. **Methods:** A cross-sectional survey research design was used for the study. Cluster and simple random sampling techniques were adopted to select 180 study participants. Quantitative data was generated via questionnaire and was complemented by qualitative data via in-depth interview which helped to corroborate findings or otherwise. The Statistical Package for Social Sciences (SPSS) software was used for analysis while research hypotheses were tested using chi-square statistic. **Results:** The study found that awareness about appropriate benefits and roles of primary healthcare service in a community setting like Mbaukwu were well understood and anticipated by members of Mbaukwu community. It was also found that numerous problems like inadequate health staff and facilities confront primary health care service. The situations lead to low public rating of performance and poor utilization of primary health care facilities in the area. **Conclusion:** The research recommended that both government and community members have roles to play to reduce problems of primary health care service as fully articulated in the paper.

**Keywords:** Public perception, Assessment, Primary healthcare service, Utilization, Performance
Introduction

The World Health Organization (WHO, 1978) defined health as the state of complete physical, social and mental well being and not merely the absence of disease or infirmities. There have been increased problems encountered in the provision of healthcare services especially in developing countries of the world. Consequently, at the Alma-Ata Conference held in Russia in 1978, member states of the World Health Organization (WHO) adopted primary health care (PHC) strategy, considered as comprehensive enough to address problems that existed in these countries which adversely affected quality of life. Primary health care refers to essential health care, based on practical, scientifically sound and socially acceptable methods and technology, made universally available to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination (WHO, 1978). It could also be viewed as medical care a patient receives upon his or her first contact with the health care system, before being referred elsewhere within the system.

Primary health care has encountered problems across communities that make up the Nigerian state (inclusive of the study area), particularly with shortage of medical and health practitioners willing to work in the remote rural areas for various reasons such as very difficult terrain. The result is that health and medical services are not readily available, accessible and affordable to most of the population, particularly those in such rural areas. The situation is compounded by prevailing high level of poverty leading to poor environmental and infrastructural conditions like shortage of good quality housing, lack of proper sanitation, lack of safe water supply, and inadequately functioning health and other systems. Furthermore, primary health care arrangement in the Nigerian setting is heavily anchored on western orthodox medical system that was imported into the country during the colonial period. This system does not yet have the best in terms of equipment. That is why Ojeifo (2005) lamented that one of the problems is lack of basic medical equipment, which results in low patronage especially of rural health centers. It is also up against formidable odds of low number of adequately trained and skilled personnel, limited acceptance and challenges of poverty which hinder people from taking maximum advantage of its costly services to alleviate diseases and discomfort. Public enlightenment or health advocacy have also been weak and yet to make the desired impact. Dennill (1999) argued that poor governance by the ruling parties with lack of policies or unrealistic policies and legislations that fail to address the needs of the people negatively impact on health of the population.

Unfortunately, over the years, despite repeated policy pronouncements and government promises, very little progress has been made in significantly reducing child and maternal mortality as well as prevalence of diseases that constitute threats to public health. Recurrent health workers strike does not help matters too. In Anambra State, doctors were on strike for about seven months in 2011 (from February to August) demanding for the payment of the consolidated medical salary scale (CONMESS) as approved by the federal government. It is against the background of above problems that the study is undertaken to examine public perception and assessment of PHC services at Mbaukwu with a view to ascertain prevalent problems and to recommend solutions. The objective of the study was to find out the nature of public perception and assessment of primary healthcare service in Mbaukwu community of Awka South Local Government Area, Anambra State, Nigeria.

Methods

The study is in Mbaukwu, a rural community with 12 extensive villages. She situates about 5 kilometres away from Awka, the capital of Anambra state. The community has only three PHC centres located at Obuofia- Namkpu, Uhu and Akabor quarters to serve its large populationers. The researcher estimates the population of persons aged eighteen (18) years and above resident at Mbaukwu in 2016 to approximately 50,000. This represented about sixty four percent (64%) of her total population and constitutes the target population for this study. The sample size was 180 respondents. The sample size was adequate for applicable statistical tools employed for the data analysis. The multi-stage sampling technique was adopted in selecting the respondents for the questionnaire and this incorporated cluster sampling technique. Mbaukwu community presently consists of twelve (12) villages. However, for the study, the villages were clustered into five original villages/quarters of the community based on physical proximity, genealogical links and common socio-cultural ties. The five clusters/quarters were Namkpu, Akabor, Uhu, Ovollo and Ogba. Each of the five clusters was enlisted for study. Thereafter, the names of major roads/routes in each cluster/quarter were collated. For each cluster, such names were put into a container, shuffled and with the use of simple random sampling technique, one road/route were selected per cluster/quarter (1 road each from 5 quarters =5 roads/routes). Subsequently, the houses or compounds per road/route were identified and numbered serially. After numbering, 36 compounds/houses were systematically selected from each road (36x5=180 compounds). One respondent aged 18 years and above,
whether male or female on whom questionnaire was administered, was randomly selected from a sampling fame that consisted of all adults that live in each compound. Three (3) respondents were purposively selected for in-depth interview which were made up of male and female opinion leaders as well as a senior health staff attached to one of the three PHC centres at Mbaukwu.

The major instruments for the study were observations, questionnaire and in-depth interview schedules. The questionnaire was divided into two sections (section A and B). Section A contained items about socio-demographic data of the respondents while Section B addressed the substantive issues in the research. The In-depth Interview consists of open-ended questions related to research objectives. The questionnaire was other and or self administered depending on literacy level of each respondent. The researcher was aided by two research assistants who helped in the administration of questionnaires and in recording of proceedings during in-depth interview. Tape recorder and note books were used to record responses from the interviewees. The Statistical Package for Social Sciences (SPSS) was used in processing and analysing data from the questionnaires. Frequency distribution table and simple percentages were used in the analysis/presentation of data.

Results

Out of 180 questionnaires distributed, only 175 which data cleaning process certified okay were used for analysis. Study participants were made up of 80 males and 95 females with a mean age of 32. About 93% of respondents were Christians because the area was dominated by Christian faithful. There were 43.4% and 46.8% married and single respondents respectively. More than three quarter of respondents had secondary school education, thus literacy level was relatively high in the area. The core occupations in the area were civil service, farming and trading.

Table 1: Respondents view on the roles or benefits that primary healthcare service

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services should be affordable and acceptable to the people</td>
<td>15</td>
<td>8.6%</td>
</tr>
<tr>
<td>Optimum service quality and high patient satisfaction</td>
<td>11</td>
<td>6.3%</td>
</tr>
<tr>
<td>Service should be accessible and very close to all the people</td>
<td>3</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Table 1 shows that 139(79.4%) of the respondents agree that primary healthcare service should accomplish all the listed roles. The implication of this finding is that majority of community members or residents have awareness on what constitutes appropriate role of PHC centres in a community setting.

Table 2: Respondents opinion on whether they are satisfied with primary healthcare service in Mbaukwu community.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>56</td>
<td>32%</td>
</tr>
<tr>
<td>No</td>
<td>119</td>
<td>68%</td>
</tr>
</tbody>
</table>

Table 2 shows that 56(32%) of the respondents were satisfied with the services being offered at the primary health care centres, while 119(68%) which constitutes the majority, were not satisfied with such services.

Table 3: Respondents assessment of adequacy and quality of service offered or rendered at the primary healthcare centres at Mbaukwu, Awka South Local Government Area.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate and of high/optimum quality</td>
<td>34</td>
<td>19.49%</td>
</tr>
<tr>
<td>Inadequate/and of very poor quality</td>
<td>135</td>
<td>77.1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Table 3 shows that majority of respondents (135 or 77.1%) perceived PHC services as inadequate and of very poor quality. A total of 112 respondents constituting 64% were of the opinion that major problem confronting primary healthcare services at Mbaukwu community included all of the under listed: Inadequate number of PHC facilities to serve the area, inadequate number of trained PHC staff, Poor equipment of PHC facilities, Inadequate supply of drugs and reagents at PHC centres, Inadequate supply of drugs and reagents at PHC centres, Poor attitude to work of PHC staff, Weak monitoring and evaluation protocol staff and services, Poor funds for PHC services. All the health worker and community leaders (male and female) interviewed agreed that all the listed
problems confront PHC service. They also strongly
maintained that there is inadequate number of
healthcare facilities to serve the large population of
Mbaukwu community. Respondents view about cause
or important contributory factor to the state of
primary healthcare at Mbaukwu community, Awka
LGA of Anambra state showed that majority of them
(132 or 75%) believed very weak community
participation in PHC activities and services was an
important contributory factor to the poor state of
services in the community.

First, the researchers tried to find out if there is
any relationship between public perception and the
utilization of primary healthcare services in Mbaukwu
community? The finding is as shown on Table 4 below.

Table 4: Respondents reply to whether they have
utilized (accessed services of) primary healthcare
in Mbaukwu community within the last 18 months
and why?

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, because am sure their service is of optimum quality</td>
<td>26</td>
<td>14.9</td>
</tr>
<tr>
<td>No, because their service quality is poor/ depreciated</td>
<td>128</td>
<td>73.14</td>
</tr>
<tr>
<td>No, because PHC services is out of my financial reach</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Yes, it was an emergency and I have no other choice</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 4 shows that 128(73.14%) of the respondents
stated that they have not utilized primary health care
services in Mbaiku community of Awka South Local
Government Area in the last 18 months because poor
service quality. In respect of whether their perception
and assessment of primary healthcare services have
effects on both their illness behavior and overall PHC
development at Mbaukwu community more than
98.3%of the respondents agreed that there are such
consequences. Table 5 below sought to know the
specific effects.

Table 5: Respondents opinion about how the
nature of perception and assessment of primary
healthcare service influence illness behaviour of
members of the community.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many people resort to self medication</td>
<td>11</td>
<td>6.3</td>
</tr>
<tr>
<td>Preference of secondary healthcare in and outside the community</td>
<td>3</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Table 5, shows that one major consequence of the
nature of public perception and assessment of PHC
(which is negative as previous tables have shown) is
that community members adopt types of illness
response that excludes PHC as an option.

Table 6: Respondents view on how people's
perception and assessment of performance of
primary healthcare service

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC matters are no longer top on the agenda of village meetings</td>
<td>10</td>
<td>5.7</td>
</tr>
<tr>
<td>PHC centres are rebuilt and supported from community funds</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>PHC centres are left to dilapidate without maintenance</td>
<td>8</td>
<td>4.6</td>
</tr>
<tr>
<td>New PHC centres are not being opened for closeness to the people</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>Inexperienced persons are drafted into community health committees</td>
<td>12</td>
<td>6.4</td>
</tr>
<tr>
<td>All of the above</td>
<td>138</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 6 shows that overall development of primary
healthcare service encounter several challenges listed
especially arising from negative perception and
assessment by the public. In respect of above research
question, 155 or 88.6% of the respondents wanted
government to address all facets of PHC at Mbaukwu
community for enhanced performance. Specifically,
they want government to offer incentives to encourage
primary health care workers, build at least one PHC
center in each of the 11 villages of Mbaiku, upgrade
facilities infrastructure and equipments, put in place good policies and monitoring and evaluation schemes, train and retrain health workers at Mbaukwu every 6 months, recruit more health care workers or staff, provide transport means for outreach services/field work, promptly pay health workers salary and allowance including adequate supply of drugs, reagents and other materials. They should also strengthen public enlightenment and participation in PHC.

Majority of respondents (143 or 81.1%) were of the view that community members should play all the roles mentioned below rather than restricting themselves to one specific role only. The roles include to safeguard primary health care centres from vandals, to patronize primary healthcare centres for their health needs, to provide conducive work environment for health care staff, others are effective participation in management and other PHC activities, and mobilization and/sensitization of community members about PHC services, they should also support government in maintenance of existing PHC centres Area.

Discussion

It was observed in this study that people were aware of benefits of PHC service. Numerous problems encountered by the PHC sector in Mbaukwu made people to have negative perception towards the service. This grossly affected utilization among other consequences. Nonetheless, solutions were advanced as appropriate. These results were like those of Dutoit (2004) who posited that the problem of primary health care service is the problem of shortage of well trained health professionals, lack of infrastructure and of basic needs such as water, electricity, roads and drugs.

Also, majority of the respondents maintained that they have been affected with the problems of primary health care service in Mbaukwu. This has forced them to be adopted illness responses that include self medication, utilizing secondary health care service or private hospitals, faith healer, herbalists among others. The findings tally with that of Ehiri (1980) who posits that if patients find public primary care clinics poorly staffed, lacking medicines, and poorly organized, they may under utilize primary health care clinics and go up to a higher level, often to costlier public hospitals or to the private sector.

A further finding indicates that majority of the respondents perceive primary health care service in Mbaukwu in Awka South Local Government Area as inadequate. In addition, most the respondents posit that they are not satisfied with the services being offered at the primary healthcare centers. In seeking solutions, multiplicity of options to be taken up both by government and community members were collated. Among the list was the need for good policies and infrastructure. Dennill (1999) had long posited too that for primary health care services to be successful, good policies and infrastructure should be in place, because lack of good policy, resources and infrastructure hinder primary health care doctors from delivering primary health care service effectively. Finally, it was also the view of respondent’s that community members have roles to play in reducing the problems of primary healthcare service in their area. Their roles include safeguarding the primary health care centers from vandals.

Recommendations

Based on the research findings, the following recommendations are made towards achieving primary health care that is truly the first level of health care in Mbaukwu community: the type that is accessible to all individuals, effective, free from financial barriers and well integrated with secondary and tertiary health care sector, to provide continuity of care for people throughout the levels of the health care system.

1. It has been observed that major problems of primary health care service in Mbaukwu community of Awka South Local Government Area cut across several facets and leads to low utilization of primary health care and service. Low level of community participation in PHC activities help to compound the situation. Government as well as the community should set mechanisms to address such multitude of problems.

2. There is also the need to upgrade the infrastructural facilities and equipments to attract health workers to primary health care centers in Mbaukwu community.

3. The government also need to recruit more health workers and endeavour to pay their salary as when due.

4. Community members should assist to provide health staff with conducive environment to operate; they also need to safeguard the primary health care centers from vandals.

5. There is also the need to establish one primary health care centre in each village of Mbaukwu community to make PHC services closer to the people.

Conclusion

This study has investigated how the people of Mbaukwu in Awka South Local Government Area perceive and assess primary health care service. It also examined the problems of primary health care service, cause of the problems, consequences of the problems especially with regards to utilization of PHC facilities. Findings showed that although the people were aware of benefits of PHC services, the problems encountered
by the sector made them to have negative perception towards the service, this grossly affected utilization among other consequences. Nonetheless, solutions were advanced as appropriate. It is expected that this study will stimulate further studies to reveal confirmative or contradicting results.

References


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