

Identification of the Types of Healthcare Services Available to Individuals in Various Communities in Abia State, Nigeria

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DOI: <https://doi.org/10.51244/IJRSI.2024.1107021>

Received: 13 June 2024; Accepted: 22 June 2024; Published: 30 July 2024

ABSTRACT

Primary health care (PHC) is the backbone of a health system. It refers to “essential healthcare” that is based on scientifically sound and appropriate technology. PHC is the initial point of contact with the health care system for most Nigerians. This study assessed the available services within the PHCs in Abia State, Nigeria. The study employed a descriptive cross-sectional and observational survey designs to achieve the objectives. A semi-structured questionnaire which was self-administered was used to collect information from 486 healthcare providers in the selected PHCs across the zones. A validated checklist was used to determine the functionality of the PHCs. Data were cleaned, coded, and entered into SPSS, version 26, which was used for the analysis and categorical variables were summarized using frequencies and proportions. Association was tested at p -value <0.05 . Findings from the study showed that some healthcare facilities such as child survival strategy and sick child consultation were available and statistically significant, $p < 0.05$. Some healthcare facilities such as intra-uterine device (IUD) insertion kit and toilet facilities were in use and statistically significant, $p < 0.05$. Several intervention services were available such as immunizations, dietary supplements, growth monitoring, family planning services and control of communicable diseases (Malaria, TB, HIV/AIDS), $p > 0.05$. Facilities such as light microscope and centrifuge were available but non-functional. Obstetric facilities were available but not in all the zones. However, there were no functional ambulance services in the PHCs studied.

Keywords: Primary healthcare, Healthcare service types, Abia State, Nigeria.

INTRODUCTION

Primary health care (PHC) is the backbone of a health system. Primary Health Care, or PHC, refers to “essential healthcare” that is based on scientifically sound and appropriate technology (Daniel *et al.*, 2016). As a result, everyone in the community will have access to affordable, high-quality healthcare. At every level of development, the community and country can afford to retain a spirit of self-reliance and self-determination through full involvement at a cost that they can afford (Global Conference on Primary Health Care, 2018). PHC services include all aspects of health, including access to healthcare, the environment, and one’s habits. The foundations of universal health systems include both primary healthcare and public health initiatives. According to WHO, there are three main categories of PHC objectives: “empowering individuals and communities, multi-sectoral policy and action, as well as primary care and critical public health activities at the heart of integrated health services” (WHO, 2020).

From the foregoing, it is obvious that PHC may help a person not only after they have been diagnosed with an ailment but also actively prevent similar issues from occurring in the future. In Nigeria, primary health care (PHC) has been recognized as the “primary emphasis” for providing more people with excellent, accessible, and affordable healthcare. Ideally, a population between 10,000 and 20,000 is entitled to a primary healthcare centre. The healthcare system is built on primary healthcare (PHC). In addition to providing treatment for common diseases and injuries, “a functional primary health care system” should provide essential drugs and offer basic and essential services and commodities for women, mothers, children, and others (Gyuse *et al.*, 2018). To be considered functional, a primary health care centre must engage in the prevention, detection, and treatment of HIV/AIDS, tuberculosis (TB), and malaria, as well as the provision of fundamental and essential surgical care, particularly first-line surgical care of burns, wounds, and fracture management (Magawa, 2016). Further studies have shown that a functional PHC should be able to handle complications during childbirth, promote public health education on healthy behaviours and practices, recognise warning signs of some illnesses, and provide good nutrition and immunisation services to clients (WHO, 2021; Shaw *et al.*, 2015). However, the research found that there are ineffective healthcare services in primary health centres in Nigeria. Adequate infrastructure, diagnostic medical equipment, drugs, and well-trained medical personnel are in short supply (Oyekale, 2017). Since an efficient primary healthcare system contributes significantly to the country’s economic development and industrialization, there should be a periodic assessment of the services PHCs provide to clients. This study assessed some of these factors to examine the extent to which they contribute to limitations in healthcare services in PHCs in Abia State.

METHODOLOGY

The study was conducted in PHCs in the Abia State of Nigeria. A cross-sectional descriptive and observational survey study were used in the study. The sample for the study was made up of health workers. The techniques for selecting the sample were simple random sampling procedure. A semi-structured questionnaire was used to obtain information from 486 health workers on the conditions of healthcare services in their respective PHCs. The questionnaire was constructed in a way that it sought information on the socio-demographic characteristics of the healthcare providers, the extent to which PHC workers are satisfied with the nature of services they provide, and suggestions for improvement. The contents of the questionnaire were critiqued by professional experts in Public Health. This means that the instrument was subjected to face, content, criterion, and construct-related validity to determine whether the instrument will collect the required information. Thereafter, clarity and appropriateness of the questions to elicit accurate information that enabled the researcher to address the research questions were done to ascertain the reliability of the instrument. In doing so, a test- retest method was done using 20 healthcare workers that were not part of the sample for study.

The methods of data collection were self-administered questionnaire. The questionnaire for the health workers which was semi-structured, was self-administered. The researcher likewise completed the checklist after some observations. The checklist contained scores which were used to determine the adequacy of the PHCs facilities after each observation. As earlier mentioned, the semi-structured questionnaire completed by the health workers, collected information on demographic characteristics, healthcare services available and affordability to clients, and others. Quantitative data collected was analysed with the aid of computer software: Statistical Package for Social Sciences (SPSS) version 21; verification and consistency checks were used. Relevant descriptive statistics were used. The frequency distributions of all relevant variables were represented in tables and charts.

Mean and standard deviation were calculated, and the test of significance was carried out using the appropriate statistical test with statistical significance set at a p-value of less than 0.05.

RESULTS AND DISCUSSIONS

Table 1: Health workers responses on types of healthcare services available to children by zones

Variables/Zones			PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance	
Immunization	Yes	Frequency	147 (94.8%)	154 (95.1%)	138 (91.4%)	439 (93.8%)	0.212	
		Percentage	33.5%	35.1%	31.4%	100.0%		
	No	Frequency	8 (5.2%)	8 (4.9%)	13 (8.6%)	29 (6.2%)		
		Percentage	27.6	27.6%	44,8%	100		
Total		Frequency	155 (100.0%)	162 (100.0%)	151 (100.0%)	468 (100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Laboratory testing	Yes	Frequency	81 (52.9%)	102 (63.8%)	66 (44.6%)	249 (54.0%)		0.003
		Percentage	32.5%	41.0%	26.5%	100.0%		
	No	Frequency	72 (47.1%)	58 (36.3%)	82 (55.4%)	212 (46.0%)		
		Percentage	34.0%	27.4%	38.7%	100.0%		
Total		Frequency	153 (100.0%)	160 (100.0%)	148 (100.0)	461 (100.0%)		
		Percentage	33.2%	34.7%	32.1%	100.0%		
Sick child consultations	Yes	Frequency	148 (95.5%)	153 (94.4%)	130 (86.1%)	431 (92.1%)	0.004	
		Percentage	34.3%	35.5%	30.2%	100.0%		
	No	Frequency	7 (4.5%)	9 (5.6%)	21 (13.9%)	37 (7.9%)		
		Percentage	18.9%	24.3%	56.8%	100.0%		
Total		Frequency	155 (100.0)	162 (100.0%)	151 (100.0%)	468 (100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		

Findings in Table 1 shows that majority of the health workers 439 (93.8%) responded that immunization services were available to children in the PHCs in zone and this was not statistically significant, $p > 0.5$. Also, 249 (54.0%) health workers responded that laboratory testing was available to children in the PHCs by zones and this was statistically significant, $p < 0.05$.

Table 2: Health workers responses on types of healthcare intervention services available to children by zones

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance
Dietary supplementation (e.g., Vit. A)	Yes	Frequency	145 (93.5%)	150 (92.6%)	133 (88.1%)	428 (91.5%)	0.188
		Percentage	33.9%	35.0%	31.1%	100.0%	

	No	Frequency	10 (6.5%)	12 (7.4%)	18 (11.9%)	40 (8.5%)	
		Percentage	25.0%	30.0%	45.0%	100.0%	
Total		Frequency	155 (100.0)	162 (100.0%)	151 (100.0%)	468 (100.0%)	
		Percentage	33.1%	34.6%	32.3%	100.0%	
Pharmaceutical /dispensary services	Yes	Frequency	115 (74.2%)	124 (78.0%)	116 (76.8%)	355 (76.3%)	0.721
		Percentage	32.4%	34.9%	32.7%	100.0%	
	No	Frequency	40 (25.8%)	35 (22.0%)	35 (23.2%)	110 (23.7%)	
		Percentage	35.4%	31.8%	31.8%	100.0%	
Total		Frequency	155 (100.0%)	159 (100.0%)	151 (100.0%)	465 (100.0%)	
		Percentage	33.3%	34.2%	32.5%	100.0%	
Growth monitory service	Yes	Frequency	152 (98.1%)	156 (98.1%)	149 (98.7%)	457 (98.3%)	0.901
		Percentage	33.3%	34.1%	32.6%	100.0%	
	No	Frequency	3 (1.9%)	3 (1.9%)	2 (1.3%)	8 (1.7%)	
		Percentage	37.5%	37.5	25.0%	100.0%	
Total		Frequency	155 (33.3%)	159 (34.2%)	151 (100.0%)	465 (100.0%)	
		Percentage	33.3%	34.2%	32.5%	100.0%	

Table 2 shows that majority of the health workers 428 (91.5%) responded that dietary supplementation such as Vitamin A was available to children in the PHCs by zones, but this was not statistically significant, $p > 0.05$. Also, 355 (76.3%) health workers in all the zones responded that Pharmaceutical/dispensary services were available to children in the PHCs by zones, but this was not statistically significant, $p > 0.5$.

Table 3: Health workers responses on types of intervention services available to individuals by zones

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance
Public health education	Yes	Frequency	150 (98.0%)	137 (89.0%)	144 (97.3)	431 (94.7%)	0.000
		Percentage	34.8%	31.8%	33.4%	100.0%	
	No	Frequency	3 (2.0%)	17 (11.0%)	4 (2.7%)	24(5.3%)	
		Percentage	12.5%	70.8%	16.7%	100.0%	
Total		Frequency	153 (100.0%)	154 (100.0%)	148 (100.0%)	455 (100.0%)	
		Percentage	33.6%	33.8%	32.5%	100.0%	
Family planning services	Yes	Frequency	137 (89.5%)	142 (88.8%)	133 (89.9%)	412 (89.4%)	0.948
		Percentage	33.3%	34.5%	32.3%	100.0%	
	No	Frequency	16 (10.5%)	18 (11.3%)	15 (10.1%)	49 (10.6%)	
		Percentage	32.7%	36.7%	30.6%	100.0%	

Total		Frequency	153 (100.0%)	160 (100.0%)	148 (100.0%)	461 (100.0%)	
		Percentage	33.2%	34.7%	32.1%	100.0%	
control of communicable diseases (Malaria, TB, HIV/AIDS)	Yes	Frequency	141 (91.0%)	143 (89.9%)	126 (83.4%)	410 (88.2%)	0.087
		Percentage	34.4%	34.9%	30.7%	100.0%	
	No	Frequency	14 (9.0%)	16 (10.1%)	25 (16.6%)	55 (11.8%)	
		Percentage	25.5%	29.1%	45.5%	100.0%	
Total		Frequency	155 (100.0%)	159 (100.0%)	151 (100.0%)	465 (100.0%)	
		Percentage	33.3%	34.2%	32.5%	100.0%	

In Table 3, majority of the health workers 431 (94.7%) responded that public health education intervention was available to individuals, $p < 0.05$. Also, a good number of 410 (88.2%) health workers responded that control of communicable diseases (Malaria, TB, HIV/AIDS) was available to individuals, $p > 0.05$.

Table 4: Health workers on types of treatment services provided to individuals by zones

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance
Treatment for acute Respiratory tract infection (ARI)	Yes	Frequency	107 (69.9%)	123 (80.4%)	102 (70.3%)	332 (73.6)	0.064
		Percentage	32.2%	37.0%	30.7%	100.0	
	No	Frequency	46 (30.1%)	30 (19.6%)	43 (29.7%)	119 (26.4%)	
		Percentage	38.7%	25.2%	36.1%	100.0%	
Total		Frequency	153 (100.0)	153 (100.0%)	145 (100.0%)	451 (100.0%)	
		Percentage	33.9%	33.9%	32.2%	100.0%	
Surgical care pertaining to burns, wound, fracture management	Yes	Frequency	87 (56.9%)	84 (53.8%)	91 (61.1%)	262 (57.2%)	0.441
		Percentage	33.2%	32.1%	34.7%	100.0%	
	No	Frequency	66 (43.1%)	72 (46.2%)	58 (38.9%)	196 (42.8%)	
		Percentage	33.7%	36.7%	29.6%	100.0%	
Total		Frequency	153 (100.0%)	156 (34.1%)	149 (100.0%)	458 (100.0%)	
		Percentage	33.4%	34.1%	32.5%	100.0%	
Nutrition	Yes	Frequency	146 (96.1%)	154 (96.3%)	136 (91.9%)	436 (94.8%)	0.158
		Percentage	33.5%	35.3%	31.2%	100.0%	
	No	Frequency	6 (3.9%)	6 (3.8%)	12 (8.1%)	24 (5.2%)	
		Percentage	25.0%	25.0%	50.0%	100.0%	

Total	Frequency	152 (100.0%)	160 (100.0%)	148 (100.0%)	460 (100.0%)	
	Percentage	33.0%	34.8%	32.2%	100.0%	

Findings in Table 4 shows that majority of the health workers 436 (94.8%) stated that nutrition services were among the treatment services provided to individuals in the PHCs, $p > 0.05$. Also, 262 (57.2%) health workers responded that surgical care pertaining to burns, wound, fracture management were the treatment services provided to individuals in the PHCs, $p > 0.05$.

Table 5: Health workers responses on types of childhood survival strategies available in the PHC by zones

Variables/zone		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance	
Management of diarrheal disease services	Yes	Frequency	149 (98.0%)	157 (98.1%)	142 (95.9%)	448 (97.4%)	0.407	
		Percentage	33.3%	35.0%	31.7%	100.0%		
	No	Frequency	3 (2.0%)	3 (1.9%)	6 (4.1%)	12 (2.6%)		
		Percentage	25.0%	25.0%	50.0%	100.0%		
Total	Frequency	152 (100.0%)	160 (100.0%)	148 (100.0%)	460 (100.0%)			
	Percentage	33.0%	34.8%	32.2%	100.0%			
Child survival strategy	Yes	Frequency	135 (90.0%)	143 (91.7%)	118 (82.5%)	396 (88.2%)		0.035
		Percentage	34.1%	36.1%	29.8%	100.0%		
	No	Frequency	15 (10.0%)	13 (8.3%)	25 (17.5%)	53 (11.8%)		
		Percentage	28.3%	24.5%	47.2%	100.0%		
Total	Frequency	150(100.0%)	156(100.0%)	143(100.0%)	449(100.0%)			
	Percentage	33.4%	34.7%	31.8%	100.0%			
Covid-19 vaccination	Yes	Frequency	142 (94.2%)	152 (91.7%)	138 (95.8%)	432(95.6%)	0.045	
		Percentage	34.1%	36.1%	29.8%	100.0%		
	No	Frequency	9 (5.8%)	5 (8.3%)	6 (4.2%)	20 (4.4%)		
		Percentage	28.3%	24.5%	47.2%	100.0%		
Total	Frequency	151(100.0%)	157(100.0%)	144(100.0%)	452(100.0%)			
	Percentage	33.4%	34.7%	31.8%	100.0%			

Table 5 shows that majority of the health workers 448 (97.4%) responded that management of diarrheal disease services was among the types of childhood survival strategies available in the PHCs by zones, $p > 0.05$.

One important gain in this study is the regular availability of immunization services to children in all the PHCs. About 439 (93.8%) health workers confirmed this. Among other healthcare services available to children were Laboratory testing, dietary supplementation including Vitamin A, pharmaceutical/dispensary, public health education intervention, control of communicable diseases (Malaria, TB, HIV/AIDS), surgical care pertaining to burns, wound, fracture management and management of diarrheal diseases. The findings of this study agreed with that of Abayomi (2017) and Hamed *et. al.* (2022) where several healthcare services were found to be readily available to children and their mothers. Abayomi (2017) also reported availability of pharmaceutical/dispensary and functional equipment for control of communicable diseases, he reported available and functioning infant equipment.

CONCLUSION

Generally, the study found available services across the zones in the state studied to include sick child consultation, public health education, immunization services, dietary supplementation, growth monitoring services, nutritional education, and management of diarrheal diseases. However, immunization services that were available was not functional mainly due to poor power supply and inadequate cold-chain management system. Some essential drugs were stock-out in the PHCs. The findings of this study will have significant implications for policymakers, healthcare providers, and the general population in Abia State, Nigeria. The study will provide insights into the perceptions and attitudes of the general population towards primary healthcare services in Abia State. This information will be useful for healthcare providers as they strive to improve the quality of care and increase patient satisfaction. For example, healthcare providers may need to improve their communication skills, increase community engagement, and address the cultural and social factors that affect the utilization of healthcare services. Based on the findings of this study, there is the need for a study that will investigate the relationship between healthcare worker training and education and the quality of primary healthcare services in Abia State.

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