

## **AVAILABILITY AND UTILIZATION OF HEALTH CARE SERVICES IN PUBLIC TERTIARY EDUCATIONAL INSTITUTIONS IN IMO STATE, NIGERIA.**

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### **ABSTRACT**

This study assessed healthcare services availability and utilization in public tertiary educational institutions in Imo state, South Eastern Nigeria. Primary data were collected through the use of structured questionnaires which contained a standard services assessment checklist. A stratified sampling technique was used to select three (3) tertiary educational institutions, and then a simple random sampling was carried out on each institution to select 1000 respondents which comprises of staff and students. The data were analyzed using descriptive statistics and presented graphically. The results show that the perception of availability of treatment and laboratory services is quite high at 82% and 87% respectively, on the other hand perception of availability of other healthcare services such as immunization (23%), antenatal care (20%), public enlightenment programmes (46%) and emergency services (31%) are low. Also, a greater number of staff and students utilize treatment (64%) and laboratory (71%) services than any of the other available services. This study recommends that healthcare services should be expanded and greater awareness of the existence of other healthcare services apart from the more popular ones created in order to ensure adequate utilization.

**Keywords:** Healthcare Services, Availability, Utilization, Treatment laboratory services, etc.

## INTRODUCTION

The effect of poor health transcends above physical pain and sufferings, learning is compromised, return to human capital diminishes, and the environment for entrepreneurial and productive activities is constrained. Poor health imposes immense economic cost on individuals, households and the society at large.

Health, according to the World Health Organization (WHO, 1975) is a state of complete physical, mental, social, spiritual and occupational well-being, not merely the absence of disease or infirmity.

Given the fact that so many factors contribute to the disease and illness states such as the environment, nutrition and dietary practices, lifestyles etc. (Abanobi, 2009), it is expected that when these influences make individuals sick, they should employ measures to become and remain well. Often, these measures border on their availing themselves of existing healthcare services to become and remain healthy. There is therefore the need to ensure that adequate healthcare services are not only made available, but are also utilized effectively so as to guarantee an improvement in the overall health status of the people. The health status of the people in public tertiary institutions should be of great concern to the authorities that established such institutions. The need to protect the health of such people then calls for the establishment of healthcare centres in tertiary institutions in Nigeria to cater for their health needs, and to put in place an efficient monitoring system to ensure that their services are being properly utilized. Edson (2001) posits that the University is committed to promoting, maintaining and improving the health and well being of the university community and that this mission can be accomplished by making available healthcare services that are appropriate, accessible, convenient and cost effective and by teaching the people healthcare conservation, illness prevention and health promotion.

In Nigeria currently, a lot of resources have been expended in financing healthcare at different levels (i.e. Primary, Secondary and Tertiary), as well as in different institutions to ensure adequate supply of these services which can be in the form of promotive, preventive, curative, and rehabilitative healthcare. In spite of this, one of the major reasons responsible for poor performance of students in their academics as well as under performance by staff in tertiary institutions remains the issue of lack of sound health.

Furthermore, Nigeria as a developing country is battling with the universal phenomenon of underutilization of the health services in its public sector (Zwi, 2001); and most tertiary educational institutions which fall within this sector are also involved. It is therefore the staff and students within these institutions that will be greatly affected by this phenomenon either directly or indirectly.

This study focuses on assessing the availability of healthcare services, as well as the utilization of these services in public tertiary educational institutions in Imo State, Nigeria.

## **MATERIALS AND METHODS**

### ***Study Design***

This is a descriptive cross sectional survey study carried out to assess the availability and utilization of healthcare services in public tertiary educational institutions in Imo State.

### ***Study Area***

This study was conducted in Imo State, South East of Nigeria. The state lies within latitudes 4<sup>0</sup>45`N and 7<sup>0</sup>15`N, and longitude 6<sup>0</sup>50`E and 7<sup>0</sup>25`E. It is nicknamed “the eastern heartland,” and has Owerri as its capital and largest city. It has a population of about Three Million, Nine Hundred and Thirty Four Thousand, Eight Hundred and Ninety Nine (3,934,899) people. It is located between Anambra State in the North, Rivers State in the South, Akwa Ibom State to the East and on the West by Delta State, and is divided into 27 Local Government Areas (LGA) and 3 Senatorial Zones. There are currently Seven (7) public tertiary educational institutions in Imo State, and each institution has a health centre.

### ***Study Population***

The study population comprised of all staff and students of the Seven major public tertiary educational institutions in Imo State, Nigeria with a total population of Ninety Eight Thousand, Eight Hundred and Twenty (98,820) as at January 2017.

### ***Sample Size/Sampling Method***

The sample size was determined using Cochran’s formula, and the actual value for the sample size for this study was calculated to give approximately 1000.

Stratified sampling was used to select three out of the seven public tertiary educational institutions. Then, stratified simple random sampling was employed to select three (3) representative institutions out of the seven, which were eventually used for the study.

### ***Data Collection Method***

During consultations with groups of students and staff in selected departments in the institutions used for this study, a thorough explanation of the objectives and nature of the study was made and the participants invited to take part in the study. After a verbal informed consent was obtained from the interested participants, data on socio-demographic characteristics, availability of healthcare services, and utilization of healthcare services were collected from the respondents using a paper based standardized questionnaire directly administered to respondents under the supervision of research assistants recruited and trained specifically for this purpose. After administering and retrieving the questionnaires, a total of 1000 copies representing the sample size which were found to be useful for meaningful statistical analysis were selected and used for the study.

### ***Data Analysis Method***

The data collected for this study were analyzed using statistical package for social sciences (IBM-SPSS statistics version 21 and Microsoft excel 2010). Descriptive statistical analyses were performed using the different dimension scores in the availability and utilization of healthcare

services check list. Measures of central tendency were computed and the data summarized and presented graphically to describe the sample.

## Results and Discussions

### *Socio-demographic characteristics of teaching/non-teaching staff and students*

Overall, 1000 respondents in the first group participated in this study. Table 1 shows the socio-demographic characteristics of this group of respondents. The majority of the participants (65%; n=650) were between 16-25 years of age and they were mostly single (70.4%; n=704), there were many more students (79%; n=709) than both teaching and non-teaching staff combined. Also there were slightly more females (51.4%; n=514) involved than males (48.6%; n=486).

**Table I: Socio-Demographic Characteristics of Teaching/ Non -Teaching Staff and Students**

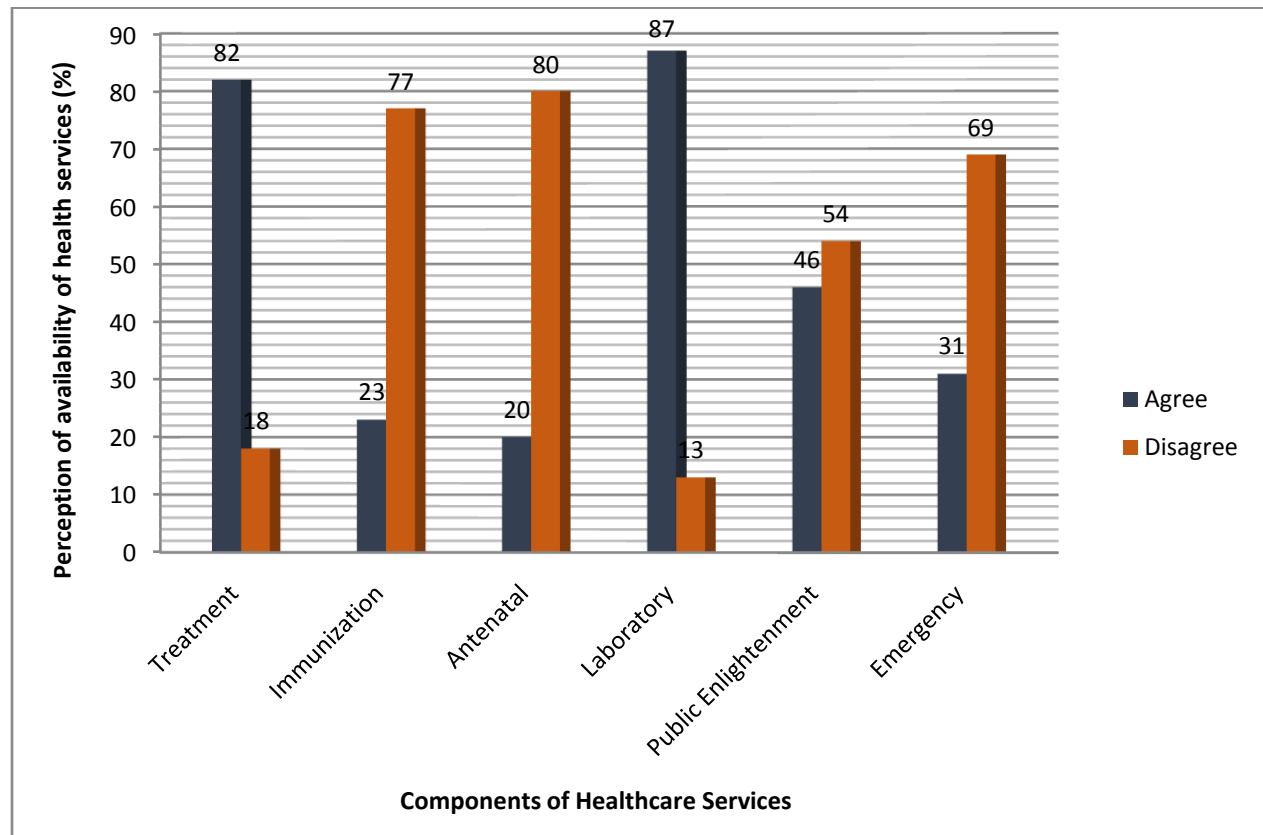
Socio-demographic characteristics	Frequency (N = 1000)	Percentage (%)
<b>Age group</b>		
16-25years	650	65.0
26-35years	164	16.4
36-45years	96	9.6
46-55years	60	6.0
56years & above	30	3.0
<b>Gender</b>		
Male	486	48.6
Female	514	51.4
<b>Marital status</b>		
Single	703	70.3
Married	297	29.7
<b>Position</b>		
Students	800	80.0
Academic	96	9.6
Non Academic	104	10.4

### *Availability of Healthcare Services*

Figure 1 depicts the overall perception of the first group of respondents on the various types of healthcare services that are readily available in the tertiary institutions. More than half (>50%; n=500) of the respondents agreed to the existence of Treatment (82%; n=820) and Laboratory (87%; n=870) Services.

However, only a small percentage of respondents agreed to the existence of other healthcare services like Immunization (23%; n=230), Antenatal Care (20%; n=200), Public Enlightenment

Programmes (46%; n=460) and Emergency Services (31%; n=310), whereas more than half of the total population (>50%, n=500) disagreed.

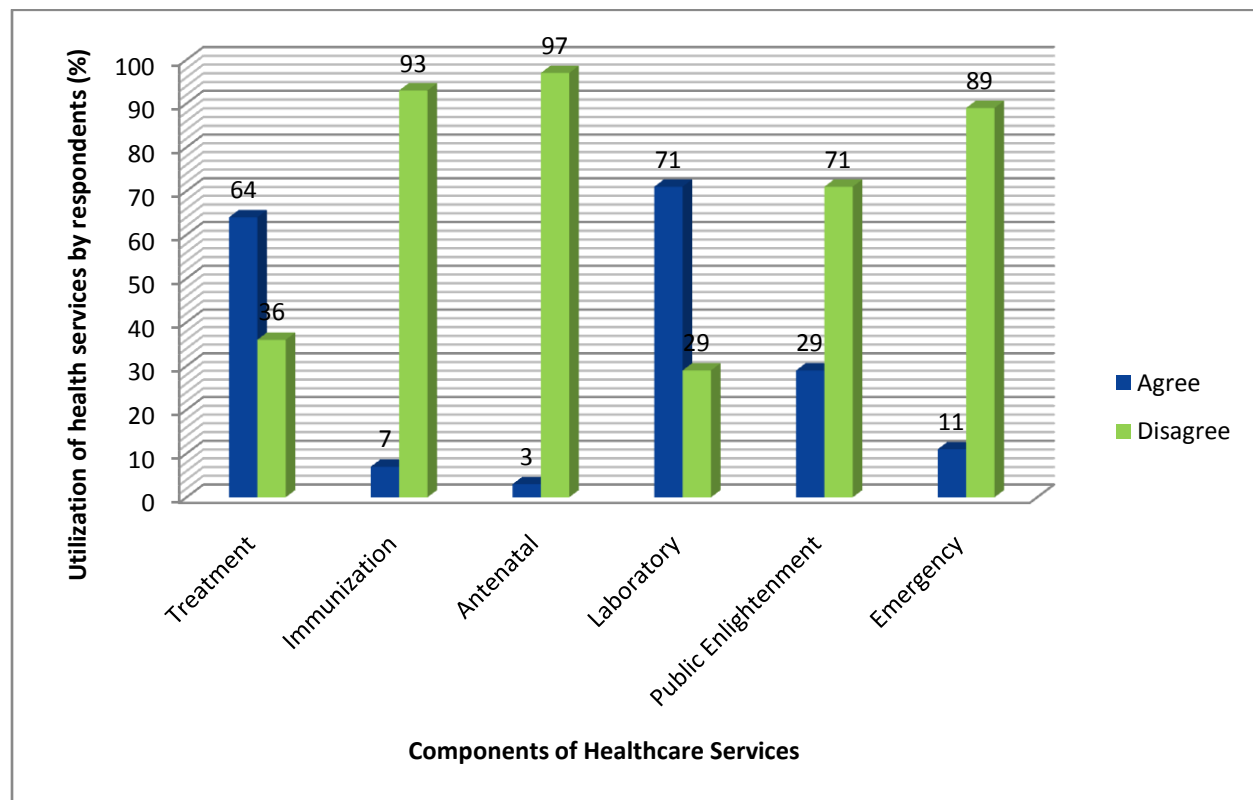


**Figure 1: Perception of Availability of Healthcare Services.**

We can therefore deduce from the result of this finding that healthcare services such as treatment, laboratory, antenatal, immunization, public enlightenment and emergency services are all available at Imo State tertiary educational institutions, but there exists a variation in the perception of their availability, with some such as treatment and laboratory services being much more popular among staff and students than the others. This implies that staff and students in these tertiary educational institutions have better access to treatment and laboratory services whenever they have need for them, than any of the other services. Dorothy, Carla, Adriene and Elvira (2002) collaborates this by stating that many public schools recognize the correlation between healthy students and academic performances, and as such offer mainly healthcare services that are aimed at protecting, preventing and curing illnesses and sicknesses among staff and students of a given school. Park (2000) says that healthcare services are designed to meet the health needs of the community through the effective use of available knowledge and resources. According to him, the availability of healthcare services in any given community or organization is to prevent the occurrence of any breakdown of health or to prevent diseases from occurring, it is also meant to protect and promote the health of the people.

### Utilization of Healthcare Services

In order to determine the healthcare services that are adequately utilized in the tertiary educational institutions, a total of 64% (n=640) of the respondents agreed to the utilization of treatment services while 71% (n=710) of the respondents agreed that they utilize laboratory services in the tertiary institutions, on the other hand only 7% (n=70) utilized immunization services, 3% (n=30) utilized antenatal care services, 29% (n=290) have benefited from public enlightenment programmes and 11% (n=110) have utilized emergency services. This shows that a greater percentage of the people in Imo State tertiary educational institutions utilize more of treatment and laboratory services than any of the other healthcare services (Figure 2).



**Figure 2: Utilization of Healthcare Services.**

The findings also show that there exists a variation to the extent of utilization of the available healthcare services by staff and students in Imo State tertiary educational institutions; with treatment and laboratory services being much more utilized than the other services. We can therefore conclude that healthcare services are not being effectively utilized in Imo State tertiary educational institutions. This could be a spillover effect of availability of healthcare services; as people can only make use of those services that are readily available for them, and of which they are aware. This result agrees with that of Ogunlesi (2005), Hauwa (2011), Barbar and Hatcher (2004), and Katung (2004), that noted that poor utilization of healthcare service is due to certain

factors which include among other factors availability and accessibility of such services. This agrees with the position of Erinoshio (1998) that there are a number of predisposing and/or enabling factors in the utilization of healthcare services.

### **Conclusion and Recommendations**

This study has shown that many people within the study area are not aware of the availability of other components of healthcare services apart from treatment and laboratory services, and consequently there is widespread underutilization of these same services. To this end, the management of these tertiary educational institutions should make deliberate efforts to expand the existing available healthcare services by making other services such as immunization, ante-natal, public enlightenment programmes and emergency services more visible and functional. There should be adequate publicity on all the available healthcare services so that both staff and students can be aware of their existence and utilize them effectively.

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