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Original Article

AN ASSESSMENT OF THE KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN OF CHILDBEARING AGE TOWARDS PRIMARY HEALTH CARE SERVICES IN OBUDU LOCAL GOVERNMENT AREA, CROSS RIVER STATE, NIGERIA

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ABSTRACT

Background: Primary Health Care (PHC) services are essential for promoting the health and well-being of women of childbearing age. A major factor in the reduction of maternal mortality and promotion of health status is a widespread assessment of healthcare services among women of child bearing age. PHC services are critical in reducing maternal and child mortality rates, which are among the highest in the world. The study aimed to ascertain and assess the knowledge, attitude and practice of primary Health Care services among women of childbearing age with specific objectives of assessing the knowledge of women of childbearing age towards Primary Health Care Services, assessing the attitude of women towards primary health care services and assessing the factors associated with the primary health care services among women of childbearing age in Obudu Local Government Area with the hope of x- raying the factors affecting the assessment of those services at the PHCs level. It is hoped that the study's findings will have implications for healthcare policy and practice to improve the assessment of knowledge, attitude and practice of primary health care services among women of childbearing age. However, to achieve this feat, there is a need for targeted health education and awareness programs that address the cultural and

social barriers to healthcare access. Additionally, there is a need to strengthen the healthcare infrastructure and ensure that primary health care services are accessible, affordable, and acceptable to all.

Methodology: This study is a cross-sectional study. Using multistage sampling method to select, 410 women who met the inclusion criteria aged 15-49 years from 5 health facilities into this study. The data obtained was cross- checked for errors and omissions and fed into Statistical Package for Social Sciences (IBM SPSS) version 20 to generate frequencies and proportions. The data was analysed with descriptive statistics and presented in frequency tables and pie chart.

Results: The study participants were women of child bearing age (15-49 years) among which 29.3% were in the age of 35-39years, 60.4% were married, 45.4 had attained secondary school education and 48.8% were farmers.The majority of the respondents agreed that they have heard of Primary Health Care Services such as general outpatient care, immunization services before. The respondents agreed assessing general outpatient services, antenatal Services, Immunization Services, family planning but disagreed with the utilization of delivery services, post-natal services, and treatment of minor illness.

Factors that negatively influence accessibility of primary health care service were distant to the health facility, transportation method, and treatment decision by husband, preferred choice of a health facility, inadequate staff and high cost of services.

Conclusion: This study assessed the knowledge, attitude, and practice of women of childbearing age towards primary health care services in Obudu Local Government Area, Cross River State, Nigeria. The findings revealed that the women had a good level of knowledge about primary health care services, but their attitude and practice towards these services were generally moderate. The study identified several factors that influenced the women's utilization of primary healthcare services, including lack of awareness, cultural and social barriers, and inadequate healthcare infrastructure. These findings are consistent with previous studies that have identified similar barriers to healthcare access in Nigeria

Keywords: Knowledge, Attitude, Practice of Primary Health care services

INTRODUCTION

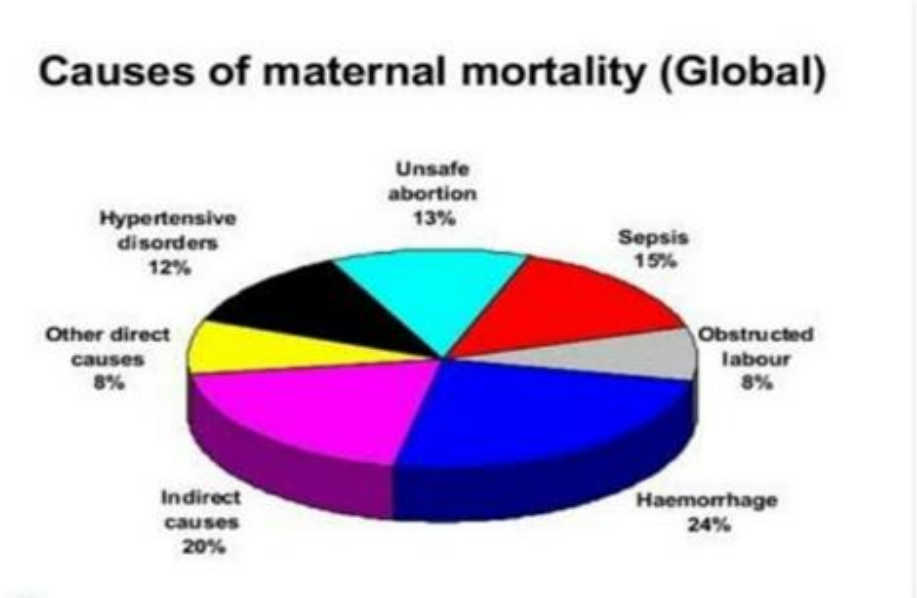
Primary Health Care (PHC) services are essential for promoting the health and well-being of women of childbearing age (WHO, 2019). In Nigeria, PHC services are critical in reducing maternal and child mortality rates, which are among the highest in the world (UNICEF, 2020). According to the World Health Organization (2019), PHC services include essential healthcare services that are accessible, affordable, and acceptable to individuals and families in the community. However, the accessibility of PHC services among women of childbearing age in Nigeria remains a challenge, particularly in rural areas (Abanobi, 2018). Primary health care, as defined by the World Health Organization in 1978, is defined as the basic medical care provided

to all individuals and families in the community with their full participation and at a cost that the community and the country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination. It includes a broad range of healthcare services, such as disease prevention, disease screening, health education, counselling, and diagnosis and treatment, typically delivered in a community by community health, general practitioners, practise nurses, pharmacists, or other healthcare professionals employed by a facility that provides healthcare (WHO, 1978). Women of childbearing age (15-49 years) are a vulnerable group that requires special attention and care to ensure their health and well-being (Federal Ministry of Health, 2013). In Nigeria, women of childbearing age face numerous health challenges, including high rates of maternal mortality, limited access to family planning services, and inadequate healthcare services (National Population Commission, 2013). Despite the importance of PHC services, the utilization of these services among women of childbearing age in Nigeria remains a challenge (Abanobi, 2018). Several factors contribute to this challenge, including lack of awareness, cultural and social barriers, and inadequate healthcare infrastructure (Ajayi & Olorunsola, 2015).

An assessment of the knowledge, attitude, and practice (KAP) of women of childbearing age towards PHC services is crucial in understanding the factors that influence their accessibility of these services (Ajayi & Olorunsola, 2015). This study aims to assess the KAP of women of childbearing age towards PHC services in Obudu Local Government Area, Cross River State, Nigeria. Women in low-income countries have a higher lifetime risk of death of maternal death. A woman's lifetime risk of maternal death is the probability that a 15-year-old woman will eventually die from a maternal cause. In high-income countries, this is 1 in 5, 00, versus 1 in 49 in low-income countries (WHO, 2024). Most maternal deaths are preventable, as the healthcare solutions to prevent or manage complications are well known, but some women still don't get the care they need. Poor women in remote areas are the least likely to receive adequate healthcare. Latest data from WHO shows that in most high-income and upper-middle-income countries, approximately 99% of all births benefit from the presence of a trained midwife, doctor or nurse. However, only 68% in low-income and 78% in lower-middle-income countries are assisted by such skilled health personnel**.**

Factors that prevent women from receiving or seeking care during pregnancy and childbirth are: Health system failures, Social determinants, Harmful gender norms and/or inequalities, and

External factors. To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at both health system and societal levels.



In Africa and generally in Nigeria, protracted labour is still a factor in maternal mortality. The projected maternal mortality ratio over the seven years prior to the study was 512 deaths per 100,000 live births, according to the Nigerian Demographic Health Survey (NDHS). Thus, five women on average died during pregnancy, childbirth, or within two months of childbirth in Nigeria during the seven years prior to the 2018 NDHS. According to the 2018 NDHS, there were 556 pregnancy-related fatalities per 100,000 live births (NDHS, 2018). If women make proper use of high-quality medical treatment, maternal deaths and health issues might be averted. The low use of healthcare services by women has been attributed to a number of reasons, which, if confirmed, can help to target programmes aimed at enhancing maternal healthcare. Nevertheless, numerous studies have been conducted among women in Cross Rivers State, including those by Ibebuike *et al.* (2017) on the factors that affect women's use of primary healthcare services in Calabar, Cross River State, Nigeria, and those by Bassey and Sunday (2021) on the use of maternal and child health care services. In Nigeria's Cross River State's Akpabuyo Local Government Area. These researches mostly focused on urban-dwelling women who had a negative view of healthcare services; once more, these studies were carried out in locations different from Obudu Local Government Area where the present study was carried out. However, this study assess the knowledge of women of childbearing age towards Primary Health Care Services and factors associated with women utilizing primary health care services among women of childbearing age in Obudu Local Government Area of cross River State as part of the objectives to Ascertain the knowledge of women of childbearing age towards utilization of Primary Health Care Services and to assess the level of utilization of primary health care services among women of childbearing age in Obudu Local Government Area

MATERIALS AND METHODS

Study Area

The study was conducted in Obudu Local Government Area of Cross River State, which has two electoral districts — one (1) and two (2) — as a result it has political sharing formula with five (5) political wards that make up each constituency. To a certain extent, Obudu residents are deeply anchored in their culture with different languages. Both men and women in Obudu are of a certain age range, and the majority of the men enjoy ethnic dance as a hobby. Before becoming an

autonomous community in 1976, Obudu was formally known as Ugbudu. It gained its independence in 1960. The Obudu Local Government Area, one of Cross River State's 18 L.G.A.s, is situated in the state's northern senatorial region. It is home to a tourist resort and the Obudu Cattle Ranch, which annually hosts the Obudu Ranch International Maintain Race. Its main office is at Obudu. Vandeikya in the state of Benue borders the Obudu local government area to the north and the village of Akwaya in the republic of Cameroon and the south and west by the Local Government Areas of Boki, Ogoja and Bekwarra respectively. The four trade markets in Obudu—Katube Bette market, Ugbada Alege market, AsayaUkpe market, and Udama Utugwang market—have activities that are displayed on the views of native weeks that are counted every five notable days. Obudu local government has 55 health posts, one (1) comprehensive health centre, ten (10), general hospital, and five (5) private hospitals. Their primary water sources are the large rivers Abeb, Echine, and Ayar, which intersect seven L.G.A. wards. According to the National Population Commission (2006), the Obudu Local Government Area in the state of Cross River had 161,457 residents.

Study design

The study used a descriptive cross-sectional design used to assess knowledge, attitude and practice of primary health care services among women of childbearing age in Obudu Local Govern

Study Population

The study population are women of childbearing age (15-49 years) in Obudu Local Government Area of Cross River State

Inclusion criteria

Women of childbearing age between the ages of 15-49years who utilize primary health care services such as antenatal service, routine immunisation, labour and delivery, postnatal care and family planning services

Exclusion criteria Women who are critically ill to participate in the study, menopausal women.

Sample size determination

The sample size was determined using Cochran's formula 1997

$$n = \frac{Z^2 P Q}{D^2}$$

Where, n = minimum sample size.

Z = the standard normal deviate, set at 1.96 which corresponds to 95% confidence level.

P = the estimated percentage or prevalence of the attribute that is present in the population P = 44.1% that is the proportion of women of child bearing age that had ever utilized primary health services (Egbewale and Odu, 2013).
Q = 1 - P = 1-0.441= 0.559
d = degree of accuracy set at 0.05
$n= 1.96^2 \times 0.441 \times 0.559/0.05^2$
= 379. Adding a non-response rate of 10%, the sample size was 410

Sampling Techniques

Multi-stage sampling method was used in the selection of women of childbearing age for the study

Stage 1: Selection of primary health centres, in this stage a sample frame was provided and used in the selection of 5 primary health centres from 10 primary health centers through simple random sampling by balloting method

Stage 2: Selection of women of child-bearing age. Women who met the inclusion criteria were selected using cluster sampling. The women were selected proportionately to the health facility population (shown below). The researcher went to different clinical days and recruited eligible women for the study. Mostly, those who attended antenatal care, routine immunization, family planning, and postnatal clinic were selected.

Method of data collection

Data was collected using a semi-structured self-administer questionnaire. The researcher obtained an introductory letter from the Director of the School of Public Health University of Port Harcourt seeking permission to conduct the study. The letter of introduction was attached to the ethical clearance and personal informed consent form which were presented to the respective ward focal persons through the Director local Government Health Authority Obudu Local Government Area, Cross River State. Approval was granted. The administration and collection of questionnaire was assisted by two researcher assistants and CHEWS working in those facilities. The respondents were contacted five (5) times across the five (5) selected Health centers during their primary health care services days specifically Mondays and Wednesdays. The respondents were required to complete the self-administered questionnaire and return immediately.

Data Analysis

Data collected were checked for omission and errors and later coded and entered into Statistical Package for Social Sciences (IBM SPSS) version 20. Data were presented with proportion on frequency tables for descriptive statistics

Ethical Considerations

Ethical approval for this study was obtained from UPTH, Research and Ethics Board committee before the commencement of the data collection. Permission was obtained from the head of the facility in the selected health facilities in Obudu local government area where the study was conducted. Consent was sought from participants during the interface interview. Confidentiality: The respondents were duly informed that information provided by them shall in no way be divulged to the third party.

RESULTS:

Four hundred and ten (410) respondents participated in the study and responded to the questions. The results obtained are shown below:

Table 1: Socio- demographic characteristics of the respondents

Variables	Frequency(n=410)	Percentage (%)
Age(years)		
15-19	15	3.6
20-24	45	11.0
25-29	64	15.6
30-34	78	19.0
35-39	120	29.3
40- 44	58	14.1
45 -49	30	7.3
Marital status		
Single	55	13.0
Married	255	60.4
Divorced	30	7.1
Widowed	70	16.6
Religion		
Christianity	310	73.5
Muslim	30	7.1
African traditional	52	12.3
Others	18	4.3
Education		
No formal education	56	13.6
Primary	118	28.7
Secondary	186	45.4

Tertiary	50	12.2
Occupation		
Farming	200	48.8
Trading/business	101	24.6
Civil servant	72	17.6
Others	37	9.0

Table 1 showed that the socio-demographic distribution of respondent. Respondent age were 15 (3.6%) in the 15-19age group, 78(19%) in the 30-34 age group, 120 (29.3%) in the 35-39, 58(14.1%). For marital status, 255 (60.4%) of the respondents were married, and Greater proportions of the respondent were Christians 310 (73.5%), for education, 186 (45.4%) of respondents reported attaining a secondary school education. Greater proportions of the respondents were farmers 200 (48.8%)

Table 2: Knowledge on Primary Health Services among the respondents

Variables	**SA (%)**	**A (%)**	**D (%)**	**SD (%)**
I have heard about primary health care services before	134(32.6%)	104(25.4%)	84(20.5%)	88(21.5%)
I know various services rendered in the Primary Health Care	124(30.2%)	114(27.8%)	89(21.7%)	83(20.2%)
My source of Information about PHC is from the Health educator, health worker and community volunteer	104(25.4%)	94(22.9%)	124(30.2%)	78(19.0%)
I am aware of what general outpatient care is all about	114(27.8%)	124(30.2%)	89(21.7%)	183(44.6%)
I am aware of what Immunization services is all about	124(30.2%)	104(25.4%)	94(22.9%)	88(21.5%)

SA-strongly agreed, A-agreed, D-disagreed, SD-strongly disagree

Table.2 shows the knowledge on primary health care services among the respondents. In response to whether they have been were aware of primary health care services 134(30.4%) strongly agreed.. When the respondents were asked if they knew various services rendered in the primary health facility 124 (30.2%) strongly agreed. On finding out if source of the information about PHC is from the Health workers 104(23.4%) strongly agreed.. When the respondents were asked if they were what the general outpatient was all about 114(27.8%) strongly agreed. About 124 (30.2%) of women reported that they strongly agreed that they knew what immunization services was all about.

Table 3: Attitude of assessing PHC services of the respondents

Variables	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Using primary health care is closer to me	239(58.3)	113(27.5)	58(14.2)	0(0.0)	0(0.0)
Services provided at primary health care are okay	279(68.0)	98(23.9)	24(9.0)	9(5.1)	0(0.0)
Primary health care services make people to experience life in full	309(75.4)	101(24.6)	0(0.0)	0(0.0)	0(0.0)
Continue to patronize the services provided at PHC is the way forward	209(50.9)	180(43.9)	21(5.2)	0(0.0)	0(0.0)

Table 4.3 shows the attitude of assessing PHC services of the respondents

239 (58.3%) of the respondents strongly agreed that using primary health care is closer to me, 279(60.0%) strongly agreed that services provided at primary health care are okay young However, 309(75.4%) of the respondents strongly agreed that Primary health care services make people to experience life in full and 209(50.9%) strongly agreed that continue to patronize the services provided at PHC is the way forward

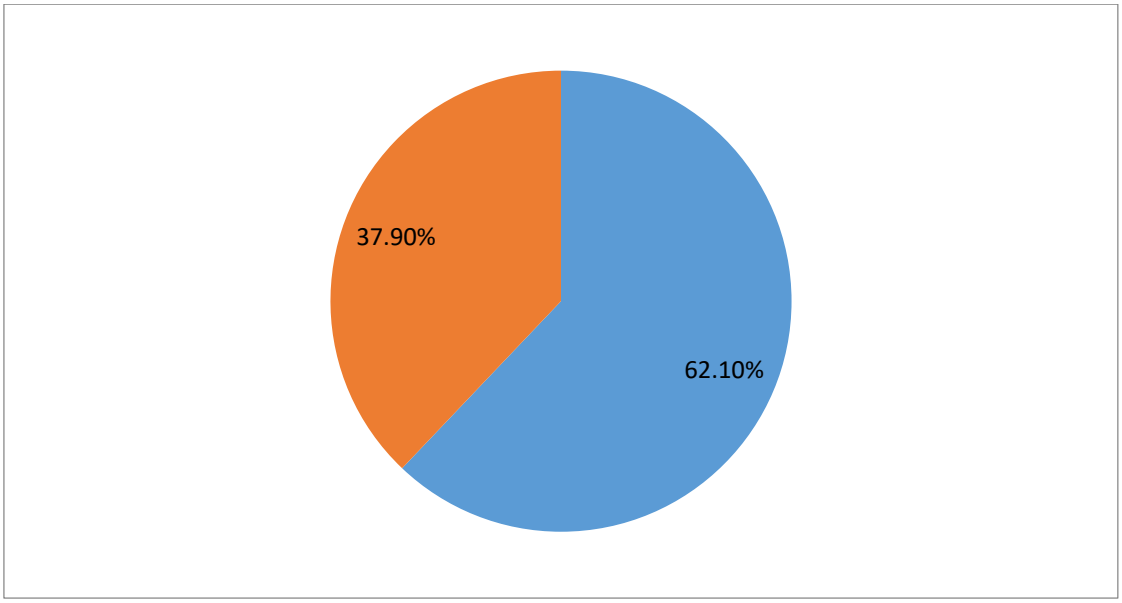


Fig 4.3 shows the attitude of assessing PHC services of the respondents

62.10% of the respondents had an overall good attitude of assessing PHC services

Table 4: Services provided at Primary Health Care for Women of Child Bearing Age in Obudu Local Government Area of Cross River State.

Variables **I have been utilizing the following PHC services**	**SA (%)**	**A (%)**	**D (%)**	**SD (%)**
General Outpatient services	124(30.2%)	104(25.4%)	94(22.9%)	88(21.4%)
Antenatal services	129(31.4%)	109(26.5%)	89(21.7%)	83(20.2%)
Delivery services	89(21.7%)	94(22.9%)	124(30.2%)	103(25.1%)
Post Natal care	94(22.9%)	99(24.1%)	114(27.8%)	103(25.1%)
Immunization services	124(30.2%)	104(25.4%)	99(24.1%)	183(44.6%)
Family planning	104(25.4%)	114(27.8%)	94(22.9%)	98(23.9%)
Treatment of Minor Illness	104(25.4%)	94(22.9%)	119(29.0%)	98(23.9%)
Health Education	89(21.7%)	99(24.1%)	114(27.8%)	108(26.3%)

Table 4 shows the availability of services at the primary health care among women of childbearing age in Obudu LGA. In response to whether they have been using a particular form of health services, 124(30.2%) strongly agreed of availability of general outpatient services, 129 (31.4%) strongly agreed using antenatal services, 94(22.9%) agreed, and 124(30.2%) disagreed using delivery services, 94(22.9%) strongly agreed, and 114 (27.7%) disagreed of post-natal care services. About 124 (30.2%) of women reported that they strongly agreed of immunization services, 104(25.4%) strongly agreed and 98(23.9%) strongly disagreed of family planning services, 104(25.4%) strongly agreed and 119(29.0%) disagreed of treatment for minor illness in the PHC, 99 (24.1%) agreed, and, 114(27.8%) disagreed of receiving health education from the PHC.

DISCUSSION

This study was conducted to evaluate the knowledge, level of utilization of primary health care services, factors associated with women utilization of primary health care services, ways to strengthen the utilization of primary health care among the respondents. The study participants were women of child bearing age (15-49 years)

The majority 60.4% of the participants were married, greater proportions of the respondent were Christians 73.5%, about (45.4%) of respondent had attained secondary school education. Greater proportions of the respondent were farmers 48.8%. On the knowledge of Primary Health Care Services among women of Childbearing Age, The current finding revealed that respondents had a good knowledge about primary health services rendered at the Primary health centres. A greater proportion of the respondents agreed that they heard of Primary Health Care Services before, that they know various Services render at Primary Health Care, that they have knowledge of what general outpatient care is all about, that they have knowledge of immunization services in Primary Health Care. In contrary, Olayinka *et al* (2013) investigated the barriers to utilization of maternal health care services among reproductive women in Amassoma community and revealed that the majority of the respondents (94.8%) have heard of maternal health services but only few actually knew the main services rendered at maternal health care services. The result on the knowledge sources of information about primary health care services among respondents contradicts with Ahmed (2019) findings in Kano State. The difference in the findings may be from the study

location, population and methodological differences. With health education programmes conducted in locality of PHCs, social networks such as family and friends, religious organizations and elders there will be an increase in the knowledge and awareness of primary health care services rendered in different health facilities.

Primary Health Care (PHC) services play a crucial role in ensuring the health and well-being of women of childbearing age (WCBA). However, the utilization of these services is often influenced by the attitudes of WCBA towards PHC. This write-up aims to explore the attitudes of WCBA towards PHC services and identify factors that influence these attitudes.

Importance of PHC Services for WCBA: - PHC services are essential for WCBA as they provide a range of services, including reproductive health care, maternal and child health care, and prevention and management of diseases (World Health Organization, 2019). These services are critical in reducing maternal and child mortality, improving health outcomes, and enhancing the quality of life for WCBA (United Nations, 2020).

Attitudes towards PHC Services: - Studies have shown that WCBA hold varying attitudes towards PHC services. Some women view PHC services as essential and accessible, while others perceive them as inadequate and inaccessible (Moyer & Gwatkin, 2017). A study conducted in Nigeria found that WCBA who had positive attitudes towards PHC services were more likely to utilize these services (Adekanle *et al.,* 2017).

Factors Influencing knowledge and Attitudes WCBA towards PHC Services- Several factors influence the attitudes of WCBA towards PHC services. These factors include:

Socio-demographic characteristics: Age, education, and socioeconomic status have been shown to influence attitudes towards PHC services (Moyer & Gwatkin, 2017).

Cultural and social norms: Cultural and social norms can influence attitudes towards PHC services, with some women viewing these services as unnecessary or inappropriate (Adekanle *et al.,* 2017).

Quality of care: The quality of care provided by PHC services can influence attitudes, with women who experience poor quality care being less likely to utilize these services (Kruk *et al.,* 2018).

Accessibility and affordability: The accessibility and affordability of PHC services can also influence attitudes, with women who face barriers in accessing these services being less likely to utilize them (Moyer & Gwatkin, 2017).

Factors Associated with women assessibility of primary health care services:- The study explored factors associated with assessibility of primary health care services among respondents. The findings revealed that a greater proportion of the respondents agreed that distance to the health facility and transportation method was a barrier to assessing health care services from the primary health centres. In accordance with the current study, Ekpenyong *et al*. (2022) investigated the influence of distance and transportation on women of reproductive age's decisions to seek emergency obstetric care in south-south Nigeria and discovered that the mode of transportation affected regularity to health facilities. Additionally, Nxiweni et al. (2022) investigated the factors influencing the utilisation of antenatal services among women of childbearing age in South Africa and made the recommendation that maternal health services needed to be improved in terms of quality, accessibility, and use in order to lower maternal mortality and enhance outcomes for new-borns. Similar to this, Iwelamira, Safari, and Stephen (2015) conducted research on the use of maternal postnatal care services among women in selected villages of Bahi and discovered that factors associated with non-use of maternal PNC services included low education level, a long commute to health facilities, low household income, a lack of attendance at health facilities for antenatal care services, home delivery, a negative attitude towards maternal PNC services, and a negative perception on quality of care. Idris et al. (2013) found, on the other hand, that despite residing close to a medical institution, the majority of the moms were not utilising maternal health services. Contrarily, Ibebuike (2017) discovered that the majority of the individuals said that travelling a long distance to a health facility did not affect how they used healthcare services.

Another factor revealed from the study that negatively influences utilization of primary health services are treatment decision by husband and preferred choice of a health facility.Similar to the current study, Ahmed and Husein (2020) investigated the use of primary healthcare and the factors that influence it among women of childbearing age living in Mogadishu, Somalia, and discovered that only 3% of ever-married respondents made their own health-seeking decisions, while 97% were made by their husband.

The husband's approval of the maternal healthcare services was found to be a factor impacting the utilisation in Olayinka et al (2013) investigation into the obstacles to the use of maternal health care services among reproductive women in the Amassoma community. Male domination and women's enslavement are commonplace in this study, particularly in areas where culture is dominant.

Due to the patriarchal structure that is widespread, their spouse takes important decisions regarding their medical care. He determines when and where to seek treatment, and when to deliver, and shares financial responsibility for the expense of care. This implies that a woman's right to procreate in Obudu L.G. is restricted. This is due to Nigeria's socio cultural norms and beliefs, which restrict women's autonomy and ability to care for their children independently, decision about self is limited including decision to seek appropriate health care. All these decision making power often lies with the husband.

Study Limitations

1. Small sample size, difficult Terrain and limited geographical scope: Due to the topography of Obudu Local Government Area. Future studies should aim to recruit a larger sample size and cover a wider geographical area.
2. Slow responses from the respondents: Due to the level of education, job, culture and values of the respondents.

Financial Constraints

Conclusion

The study was conducted to evaluate the knowledge, level of utilization, factors associated with utilization and ways to strengthen the utilization of Primary Health Care Services among the respondents. It was revealed that the respondents had good knowledge on the various Services render at Primary Health Care. The respondents showed high utilization of PHC health services such as general outpatient services, antenatal Services, Immunization Services, family planning and low utilization of delivery services, post-natal services, treatment of minor illness and health education. The respondents identified factors that negatively influence utilization of primary health

services as distant to the health facility, transportation method, treatment decision by husband and preferred choice of a health facility.

Health facility factors that negatively influenced utilization of primary health services were inadequate number of staff in the health facility, non availability of drugs, high cost of drugs and services, attitude of staff.The ways to strengthen PHC utilization utilization were the Provision of community based health insurance scheme, Intermediate form of transportation, Government increase in public expenditure on health, Community based, that home visiting and Improvement on multigenerational dialogue The attitudes of WCBA towards PHC services are complex and influenced by a range of factors.

Understanding these attitudes and factors is critical in improving the utilization of PHC services and enhancing the health and well-being of WCBA. Policymakers and healthcare providers must work to address the barriers that prevent WCBA from accessing and utilizing PHC services, and to improve the quality of care provided by these services.

Recommendations

1. Health education and community sensitization is required to improve the uptake of PHC services. Targeted health education and awareness programs should be implemented to improve the knowledge and attitude of women of childbearing age towards primary health care services

2. Men involvement is very crucial since it was observed that the decision of husband influenced the utilization of PHC services

3. Strengthening healthcare infrastructure: The healthcare infrastructure should be strengthened to ensure that primary health care services are accessible, affordable, and acceptable to all.

4. Addressing cultural and social barriers: Cultural and social barriers to healthcare access should be addressed through targeted interventions, such as community-based health programs.

5. Improving healthcare financing: Healthcare financing should be improved to ensure that primary health care services are affordable and accessible to all.

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