

PRIMARY HEALTH CARE SERVICES IN PROMOTING PEACE AND WELLNESS AMONG WOMEN OF CHILDBEARING AGE IN IBADAN METROPOLIS

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Abstract

Primary Health Care does not only function to provide adequate and timely health care but, also promotes peace and wellness among members of the community. This study therefore examined the state of Primary Health Care in promoting peace and wellness among women of childbearing age in Ibadan Metropolis so as to give up to date recommendations. Descriptive survey research design was adopted in the study. Population for the study comprised all women of child bearing age in Ibadan Metropolis while Multi- stage sampling procedure was used to select sample of 240 respondents. Self-structured validated questionnaire was used for data collection which yielded a reliability coefficient of 0.68. One research question and two hypotheses were raised and tested using Correlation matrix and regression analysis. Result of the question revealed that public health education ($r=0.416$, $N=240$, $p<0.05$), routine immunization ($r=0.486$, $N=240$, $p<0.05$), environmental health ($r=0.612$, $N=240$, $p<0.05$) and essential drug supply ($r=0.730$, $N=240$, $p<0.05$) were positively correlated with promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. The findings showed that the two hypotheses were significant as follows: The linear combination of the effect of primary health care delivery services' components was tested significant on promotion of peace and wellness ($F_{(4,235)}=97.409$, $p<0.05$). The result yielded a coefficient of multiple regression of $R=0.790$ and multiple R-square of 0.624. The result also revealed that Adjusted $R^2=0.617$; indicating that about 61.7% of variance was accounted for by the independent variables components. The unstandardized regression weight (β), the standardized error of estimate ($SE\beta$), the standardized coefficient, the t-ratio and the level at which the t-ratio are significant. As indicated in the table, Public health education ($\beta=0.236$, $t=5.361$, $p<0.05$), environmental health ($\beta=0.237$, $t=4.305$, $p<0.05$) and essential drug supply ($\beta=0.475$, $t=8.286$, $p<0.05$) were tested significant on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis, while routine immunization ($\beta=0.070$, $t=1.432$, $p<0.05$) did not. Based on the findings that primary health care services promote peace and wellness among the people in the community, it was recommended that government at all levels should finance and equipped the primary health care services to enable it carried out effectively its components function so as to continue promoting the peace and wellness of the people in the community.

Key words: Primary-health- care, Promotion, Peace, Wellness, Metropolis.

Introduction

Primary Health Care is a grassroots management approach to providing health care services to communities. According to World Health Organization (1978) as cited by Paola and Mosquera (2014), Primary health care delivery services in healthcare is defined as an essential health care services based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to all 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. Primary health care services forms an integral part of the country's health system. The first element of a continuing health care process, and the first level of contact of the individual, the family and the community with the national health system policy' bringing health care as close as possible to where people live and work. Its concept integrates preventive, curative, promotive and rehabilitative using the type of method the community will accept, be able to afford and adopt. The goals of primary health care are to provide people with the basic health services through PHC centres that were established in both rural and urban areas in Nigeria with the intention of equity and easy access to health care services

Health care is one of the greatest services provided by the government in both the developed and developing nations; this is because health of individuals in the community is important for the entire members of the family to leave peacefully and in harmony. In Nigeria, Primary Health Care services is provided by local government authority through health facilities and they are operated by community health extension workers, community health officers, nurses, midwives, medical record officers, pharmacy technicians, laboratory technicians, health assistants and headed by either community health officers or nurses but recently in the southern part of the country the primary health care is headed by medical officer of health (MOH) who are medical doctors. This health care delivery at the Local Government Area is headed politically by a supervisory councilor and technically and administratively by MOH. The Medical Officer of Health reports to the supervisory councilor who in turn reports to the Local Government Area chairman (Adeyemo, 2005). The following are services provided by primary health care workers: Public health education, immunization against major infectious diseases, prevention and treatment of communicable and non-communicable diseases, maternal and child health services, environmental health and potable water supply education, family planning, home visitation, outreach services, monitoring and evaluation of data on health and health related events. This is done in order to achieve availability of quality health care services to all Nigerians.

Health according to World Health Organization (WHO) is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Hermann, Saxena and Moodie, 2005). Health is an essential need of individuals; a healthy person will be emotionally stable to leave peacefully with other members of the society. Olise (2007) submitted that primary health care services play an important role in promoting peace and wellness in the communities. Conventionally, the focus of Primary Health care has been on disease prevention, health promotion, curative, rehabilitative services and changing the behaviour of individuals with respect to their health positively. Primary health care is the first level of contact of individuals, families and communities with the national health system policy, bringing health care as close as possible to where people live and work, and constitutes the first element of the continuing health care process. A primary health centre was described as a unit which provides a family with all the health services, other than those which can only be provided in a hospital. It fundamentally takes its services outside its own area to the homes of people within its jurisdiction through home visit thereby provide adequate and timely health care which invariably promotes the peace and wellness of childbearing age mothers (Federal Ministry of Health Nigeria, FMOHN, 2004; Raids, 2008).

Peace is defined as the concept of harmonious well-being and freedom from hostile aggression. In a social sense, peace is commonly used to mean a lack of conflict (such as war) and freedom from fear of violence between individuals or heterogeneous (relatively foreign or distinct) groups (Cambridge Dictionary) while vocabulary dictionary defined peace as a stress-free state of security and calmness that comes when there's no fighting or war, everything coexisting in perfect harmony and freedom. The provision of primary health care services to mothers of child bearing age does not only promote their health status but also contributes to their stress free, state of security and allows them to coexist in perfect peace and harmony. Primary health care services delivery also improves the state of wellness of individuals.

Wellness is much more than mere physical health, exercise or nutrition. It is the full integration of states of physical, mental, and spiritual wellness. Jae (2018) defined wellness as an active, ongoing process that involves becoming aware of and taking steps towards a healthy, happy, successful life. One of the responsibilities of primary health care is provision of public health education to the entire members of the community so that they can have knowledge on health related issues and use the knowledge to improve their well-being. Provision of timely information aimed at combating possible health menace among many other things is an important function of Primary Health Care. Hence, inadequate

provision of health education to equipped mothers of child bearing can lead to huge health insecurity and disharmony. A good quality health education is also the foundation of health and well-being. For people to lead healthy and productive lives, they need knowledge to prevent sickness and disease. Therefore Public Health Education can be said to be giving of simple and accurate information to a group of people in way that it will be understood by them, so that they can be equipped with knowledge of practices that can improve their health. This in turn helps them to change their negative attitude into positive one.

Communicable diseases outbreak, endemic and pandemic diseases are threats not only to lives of individuals but also to national security. Functional Primary Health Care services are essential to protect the public from being in a state of insecurity and disharmony. Study by Nwafor ,Ogbonna , Kanu. & Adegbola, (2016) on "Effect of the performance of primary health care service providers on the wellbeing of cassava farmers in Abia State, Nigeria found that the health care delivery of primary health care service centres had a positive effect on the wellbeing of respondents in the study area. UNESCO, (2018) submitted that a good quality health education is the foundation of health and well-being. For people to have healthy and productive lives, they need knowledge to prevent sickness and diseases. For children and adolescents to learn, they need to be healthy, immunised and well nourished.

Provision of Immunisation against major infectious diseases is another role of primary health care. Statistics from UNESCO's Global Education Monitoring Report showed that the attainment of higher levels of education among mothers improves children's nutrition and vaccination rates, while reducing preventable child deaths, maternal mortality and HIV. Education improves health, while health improves learning potential. Education and health complement enhance and support each other; together, and serve as the foundation for a better world. National Population Commission (2003) stated that there is a growing concern about the recent persistent high mortality rates, especially in the early ages in developing countries. When illnesses are contracted during the early years, they may be devastating, for example polio, which may produce permanent paralysis or even death. These disasters can be prevented by appropriate immunisation. It is essential that we build on the success of current campaigns against polio to improve the routine immunisation of children against the common vaccine preventable diseases.

Obionu (2007) opined that immunisation is the most powerful cost-effective means of preventing some of the deadly diseases of childhood as well as being one of the eight components of primary health care. He stressed that a continuing programme of immunization is needed against the major communicable diseases in young children. UNICEF (2015) reported that an

estimated 12 million children were saved as a result of the broad vaccination campaign against preventable childhood diseases undertaken in the 1980s. Habimana, Mwinga, Sagoe-Moses, & Ketsela (2010) showed that up to 70% of under-five child deaths are avoided when children are fully immunised. To this end, peace and wellness of women of child bearing age are promoted.

Complete wellness cannot be achieved without the provision of good environmental health and potable water supplies which is also one of the components of primary health care. Julie (2012) opined that environmental wellness is the ability to recognise our own responsibility for the quality of the air, the water and the land that surround us. Contaminated drinking water and unsanitary means of excreta disposal are closely connected with diarrheal diseases. Noreen-Mucha (2014) reported that most causes of mortality in children under five in Nigeria results from diseases that are in one way or another related to poor housing conditions, unsafe water supply, inadequate sanitary facilities, and/or unhygienic behaviour. WHO (2009) reported that unsafe drinking water, inadequate water for food and personal hygiene, and insufficient access to sanitation are partly responsible for up to 88 percent of deaths from infectious diseases, such as repeated diarrhea, typhoid and cholera in children globally. The ability to make a positive impact on the quality of our environment be it our homes, our communities or our planet, contributes to our environmental wellness.

Community health workers who are part of the primary health care teams ought to have been carrying out home visits once in a week to see that people in their locality take good care of their environment and also educate the community on the care of their environment and consequences of poor and dirty environment on their health status. Environmental health can only be effectively implemented through regular home visits by Primary Health Care staff to achieve desirable goals in order to reduce communicable diseases. This indicates that the role of primary health care in promoting wellness is great. Study by Abdulraheem, (2013) concluded that good health is one of the fundamental human rights and a basis for the development of individuals and nations. These developments cut across personal, social and economic development. To achieve these, essential drugs must be provided as well as ensuring access to basic health services.

Peters, Gary, Bloom., Walker, Breigen and Rahman , (2008) reported that one third of the world's population lacks access to essential medicine; and in countries like Africa and Asia up to 50% of the total population do not even have the most basic essential drugs. Access is defined as the timely use of services according to needs. Essien, (2005) submitted that about 50 million people die yearly, 20% of which are due to treatable communicable diseases such as

diarrhea, malaria and tuberculosis. In developing countries, this scenario is made worse by extreme poverty and deprivation, emergence of new diseases and high prices of newly developed essential drugs. Apart from adequate drug supply, good nutrition is essential to maintain individual wellbeing and coexistence.

Hypotheses

The following hypotheses were tested:

1. There will be no significant joint contribution of primary health care delivery services' components (public health education, routine immunisation, environmental health and essential drug supply) on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.
2. There will be no significant relative relationships of primary health care delivery services' components (public health education, routine immunisation, environmental health and essential drug supply) on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Sample and Sampling Technique

The target population comprised women of child bearing age in Ibadan metropolis, Oyo state. Multi-stage sampling procedure was adopted to select 240 women of child bearing age in Ibadan metropolis. At the first stage, census sampling technique was used to select all the five local governments in Ibadan metropolis. At the second stage, simple random sampling technique was used to select four (4) health facilities in each of the selected local government areas. At the third stage purposive sampling technique was used to select twelve women of child bearing age in each of the selected health facilities thus making a total of two hundred and forty women of child bearing age. At the fourth stage volunteerism technique was used to select women of childbearing age in each of the health facility. Self-developed validated questionnaire was used as an instrument for this study. The questionnaire was subjected to reliability test and a coefficient of 0.68 was obtained.

Results and Discussion of Findings

Research Question : What is the relationship between public health education, routine immunization, environmental health, essential drug supply, promotion of peace and wellness among women of child bearing age in Ibadan Metropolis?

Table 1: Correlation matrix showing the relationship between primary health care delivery services' components and promotion of peace and wellness

Variables (sub-scales)	Promotion of peace and wellness	Public health education	Routine immunization	Environmental health	Essential drug supply
Promotion of peace and wellness	1				
Public health education	.416**	1			
Routine immunization	.486**	.385**	1		
Environmental health	.612**	.117	.413**	1	
Essential drug supply	.730**	.264**	.279**	.672**	1
Mean	17.78	18.16	15.22	17.48	17.68
Standard Dev	2.05	2.28	3.29	2.37	2.24

**Correlation is significant at 0.05 (2-tailed); N=240

Table 1 showed the inter-correlational matrix of the relationship between the primary health care delivery services' components and promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. The table revealed that public health education ($r=0.416$, $N=240$, $p<0.05$), routine immunization ($r=0.486$, $N=240$, $p<0.05$), environmental health ($r=0.612$, $N=240$, $p<0.05$) and essential drug supply ($r=0.730$, $N=240$, $p<0.05$) were positively correlated with promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This implied that, public health education, routine immunisation, environmental health and essential drug supply had positive relationship with promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Hypothesis 1: There will be no significant joint contribution of primary health care delivery services' components (public health education, routine immunisation, environmental health and essential drug supply) on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Table 2: Summary of regression about joint contribution of primary health care delivery services' components on promotion of peace and wellness

Model	Sum of Squares	df	Mean Square	F	Sig. (p value)	Remark
Regression	625.836	4	156.459			
Residual	377.460	235	1.606	97.409	.000	Sig.
Total	1003.296	239				

As indicated in table 2, it was found that the linear combination of the effect of primary health care delivery services' components was tested significant on promotion of peace and wellness ($F_{(4,235)}=97.409$, $p<0.05$). The result yielded a coefficient of multiple regression of $R=0.790$ and multiple R-square of 0.624. The result also revealed that Adjusted $R^2=0.617$; indicating that about 61.7% of variance was accounted for by the independent variables. The null hypothesis was therefore rejected. This implied that primary health care delivery services' components of public health education, routine immunisation, environmental health and essential drug supply jointly influenced promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Hypothesis 2: There will be no significant relative relationships of primary health care delivery services' components (public health education, routine immunisation, environmental health and essential drug supply) on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Table 3: Summary of regression about relative influence of primary health care delivery services' components on promotion of peace and wellness among women of child bearing age in Ibadan metropolis

Variables	Unstandardized coefficients		Standardized coefficients	T	Sig. (p value)	Remark	Rank
	B	Std. Error	Beta (β)				
(Constant)	2.024	.875		2.314	.022		
Public health education	.212	.039	.236	5.361	.000	Sig.	3 rd
Routine immunization	.043	.030	.070	1.432	.153	Not Sig.	
Environmental health	.205	.048	.237	4.305	.000	Sig.	2 nd
Essential drug supply	.434	.052	.475	8.286	.000	Sig.	1 st

Table 3 showed that primary health care delivery services' components, the unstandardised regression weight (β), the standardized error of estimate (SE β),

the standardized coefficient, the t-ratio and the level at which the t-ratio are significant. As indicated in the table, public health education ($\beta=0.236$, $t=5.361$, $p<0.05$), environmental health ($\beta=0.237$, $t=4.305$, $p<0.05$) and essential drug supply ($\beta=0.475$, $t=8.286$, $p<0.05$) were tested significant on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis, while routine immunisation ($\beta=0.070$, $t=1.432$, $p<0.05$) did not. The table further implied that essential drug supply had the highest impact on promotion of peace and wellness among the respondents, followed by environmental health and public health education respectively. The null hypothesis that there will be no significant relative influence of public health education, environmental health and essential drug supply on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis was rejected. It implied that public health education, environmental health and essential drug supply independently had significant impact on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Discussion of findings

The findings on the research question revealed that public health education, routine immunisation, environmental health and essential drug supply were positively correlated with promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This implied that, public health education, routine immunisation, environmental health and essential drug supply had positive relationship with promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This is in line with Olise (2007) view who submitted that primary health care services play an important role in promoting peace and wellness in the communities.

The result revealed that primary health care delivery services' components of public health education, routine immunisation, environmental health and essential drug supply jointly influenced promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This is in agreement with the outcome of a study by Nwafor, Ogbonna, Kanu, & Adegbola, (2016) on "Effect of the performance of primary health care service providers on the wellbeing of cassava farmers in Abia State, Nigeria and found out that the health care delivery of primary health care service centres had a positive effect on the wellbeing of respondents in the study area.

The results on the tested hypotheses also revealed that: Public health education significantly influenced promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This in line with the view of UNESCO (2018) that good quality health education is the foundation of health and well-being. For people to have healthy and productive lives, they need knowledge to prevent sickness and disease.

For children and adolescents to learn, they need to be healthy, immunised and well nourished.

Routine immunization had no significant influence on promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This is in disagreement the study of Obionu (2001) who opined that immunization is the most powerful cost-effective means of preventing some of the deadly diseases of childhood as well as being one of the eight components of primary health care. The finding is also in contrast with a study by (Habimana, Mwinga, Sagoe-Moses, & Ketsela, (2010) who showed that up to 70% of under-five child deaths are avoided when children are fully immunized. To this end peace and wellness of women of child bearing age are promoted.

Environmental health significantly influenced promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. This means that, the nature of environmental health in Ibadan Metropolis was a strong factor that had significant impact on inability of the respondents to enjoy peace and wellness. This in agreement with the studies by (WHO ,2008; Julie, 2012 and Noreen Mucha ,2014) who reported poor environmental hygiene, unsafe drinking water, inadequate water for food and personal hygiene are partly responsible for up to 88 percent of deaths from infectious diseases, such as repeated diarrhea, typhoid and cholera in children globally.

Essential drug supply was also found to have significantly influenced promotion of peace and wellness among women of child bearing age in Ibadan Metropolis. The findings is in line with the studies of (Peters, Gary, Bloom., Walker, Breigen and Rahman , 2008 and Essien, 2005) who submitted that about 50 million people die yearly wherein 20% of these are due to treatable communicable diseases such as diarrhea, malaria and tuberculosis as a result of lack of access to essential drugs supply.

Conclusion

The studied components of primary health care services: Public health education, routine immunisation environmental health and essential drug supply were found to be positively correlated with and influence the promotion of peace and wellness among women of child bearing age in Ibadan Metropolis.

Based on the findings, the following recommendations were made:

1. Health Education should be carried out at all levels by primary health care workers, state and federal government to create awareness on the meaning and importance of the utilisation o of primary health care services.
2. Strengthen immunisation services in existing health facilities and provide information about immunisation, manage clinic so as not to impose long waiting times, hold clinic at times and places convenient to the community.
3. Involved members of the community in planning implementation of primary health care activities.

4. The Federal Government should strive to bring together foreign donor agencies to ensure comprehensive primary health care services.
5. Adequate supply of essential drugs and good environmental sanitation should be given priority by the government at all level.
6. Government at all levels should be charged to re-orientate prospective political office holders on the importance of regular utilisation of primary health care facilities for its citizens, especially women of childbearing age and their children.
7. Government should ensure adequate functional monitoring of Primary Health Care Delivery Services.

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