

# KNOWLEDGE OF PRIMARY HEALTH CARE SERVICES AND HEALTH PRACTICES AMONG FEMALE NURSES WORKING IN HEALTH INSTITUTIONS IN PANKSHIN TOWN OF PLATEAU STATE.

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## ABSTRACT

*The purpose of this study was to find out the knowledge of primary health care services and health practices among female nurses working in health institutions in Pankshin town of Plateau state. The study used 43 female nurses working in Primary Health Centres in Pankshin. The findings of the study showed that nurses had high level of knowledge in items relating to primary health care with none having less than 50% response. The nurses practice preventive care since no item had less than 50% response. The nurses equally practice good restorative health care since majority indicated that they visit a general medical practitioner, 42(97.67%) response. Based on these results and others it was recommended among others that though generally the respondents practice good health habits, it is important to create awareness among the nurses concerning ways of promoting health practices. This could be done by organising workshops using materials that will provide the needed knowledge and skills for ideal health promotion in the community.*

## INTRODUCTION

Most of the problems that so deeply disturb responsible people of every level of society in almost every community are health problems. They are directly involved with health behavior in all its dimensions - physical, mental and social. However, the need for individuals (especially female nurses) to understand the principles of Primary Health Care (PHC) in relation to their health practices can not be over emphasized. This is because the nurse is seen as one of the primary health implementors of the Nation Health Policy (NHP) (1988) and one that stays with patients all the time. Again, one other reason among others for PHC is the promotion of maximum community and individual self-reliance and participation in the planning, organising, operating and control of primary health care, which maybe to a large extent depends on the knowledge so acquired by the person.

Describing knowledge, Rowntree (1981) acclaimed that it is the body of information and understanding which individuals acquire through life experience and education. This then implies that any health action is dependent on the knowledge obtained. Applied to this study, knowledge is the ability to reproduce the memory, facts, recipes and so on related to primary health care. Primary health care knowledge therefore could be explained as knowledge of providing general health services of preventive, promotive and rehabilitative nature to the population.

According to the NHP (1988), primary health care is essential health care based on practiced, scientifically sound and socially acceptable principles to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance as well as self-determination. Discussing on patterns of ill-health and their determinants, the document explained that most deaths and serious illnesses among Nigerians are due to conditions which are easily preventable. Worthy of mention here is communicable diseases, especially those associated with inadequate environmental sanitation and poor personal hygiene.

Stressing further, the NHP, explained the health services to include among others:

1. Education concerning prevailing health problems and the methods of preventing and controlling them.
2. Maternal and child health care, including family planning.
3. Prevention of unwanted pregnancies.

4. Immunization against major infectious diseases.
5. Prevention and control of locally endemic and epidemic diseases.
6. Appropriate treatment of communicable diseases and injuries.
7. Provision of essential drugs and supplies

The above stated health services were used in testing the knowledge of the nurses.

Health has been described by Johns, Sulton and Cooley (1975) using the definition by World Health Organisation (WHO) (1948) as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. In effect, according to this definition, health cannot be considered from the physical facet alone, but also in relation to one's mental and social well-being. It must be emphasized that, the physical, mental and social well-being are interrelated, and to find a complete state of a person is very difficult, because, what affects one facts, affects others. It was not surprising that Anderson (1971) stressed that physical health depends to a large extent on mental and spiritual health. Which means that health is a process of maintaining the body and mind at a reasonable level of efficiency possible for one to live at his/her best, not just being satisfied with the absence of disease. Health therefore, should be seen as a quality of life that empowers an individual (which could be female nurses) to meet her responsibilities effectively and efficiently.

Practice, according to Gadsby (2000) is the regular activity that one does in order to improve a skill. In relation to health this is the day-to-day regular health activity done by individuals to improve their skills in health related matters. Talking about health practices, World Health Editorial (WHE) (1994) posited that health progress in most developed countries as a result of preventive programmes that stress the optimum practices aid adoption of healthy eating habits. However, they explained that the situation is deteriorating in many developing countries, of which Nigeria is one, due to the increase in diseases and treatment cost which are expensive.

Female nurses in Pankshin could not be an exception who were the subjects of the present study. Stressing about the female's role in relation to health, Galdron and Herold (1984) pointed out that health is related to the congruence between a woman's actual role and ideal role. Their analysis showed that women whose employment status is incompatible with their desire concerning employment have poorer mental and physical health than those whose employment status is compatible with their desire concerning employment. Hynes and Feinlinch (1980) stressed that women that are clerical workers who had 3 or more children or married to a "blue husband" (type that does not share family problems) had the greatest increase in risk presumably because for such women, family roles carry heavy responsibilities. Furthermore, Baruch (1987) stressed that females at 30s are stress vulnerable group due to competing needs of children and their own needs to advance careers.

In another development, Safe Motherhood (SM) (1993) reported that the low status of women leads to denial of their right to proper health. That, half a million women die each year (World wide) from avoidable causes related to pregnancy and child birth yet many societies (Plateau State inclusive) accept maternal death as the natural order of things. Many of the health disadvantages women suffer are quite simply injustices in term of human right law. They further explained that potential risk factors for women's health include: abortion of the female fetus, female genital mutilation, early marriage leading to early pregnancy, poor nutrition, lack of education that limits women's ability to make informed decisions, and domestic accidents. Others are, heavy and dangerous work, too many pregnancies with too little space between them, lack of family planning information or services and violence at the hands of men.

These point to the fact that it is very necessary to give recognition to the health practices of married female workers. It was not surprising that Lalroix and Hynes (1987) in a study that compared the risk of chronic diseases and health status indicators among employed and non-employed women, they discovered that working class women appeared to be healthier than non-employed ones. The working class were found to have fewer sick days, limitation in activity as a result of chronic conditions, fewer acute conditions, fewer hospital days, better self reported health status and better psychological well-being.

Based on the above, literature seems to suggest that good health practices could better be enhance for women with the availability of preventive and restorative health practices, of which PHC provides. However, this may not exist in all situation since literature fails to maintain a universal stand regarding the existence of all these health practices. It is definitely apparent that health practices may exist sufficiently or not among married female nurses in the area this study is conducted. Due to this, it is eminent that women are yet to be given the required attention. Therefore, the present study was to determine the knowledge of primary health care and health practices among female nurses working in health institutions in Pankshin. In doing this answers will be provided to the following questions.

1. What is the level of knowledge of health services by female nurses in Pankshin?
2. What are the preventive health practices of female nurses in Pankshin?
3. What are the promotive health practices of female nurses in Pankshin?
4. What are the restoration health practices of female nurses in Pankshin?

### **SAMPLE**

The sample consisted of 43 female nurses working in health institutions in Pankshin and all were used for the study.

### **INSTRUMENT FOR DATA COLLECTION**

A questionnaire developed by the investigation based on literature was used for data collection. This was validated by three teachers of Federal College of Education, Pankshin who are above the rank of Principal Lecturer (two of them from the department of Physical and Health Education and one from Home (Economics). The instrument consisted of four sections, section consist of six items eliciting information on knowledge of primary health care obtained by the nurses, section B, had sixteen items meant to collect information on ways of preventing health problems, Section C had twelve items which elicited information on ways of promoting health practices, while Section D had seven items that sought for information on measures adopted by the respondents for restoration of health.

The reliability of the instrument was established through the split-half method using 10 female nurses at Mangu General Hospital which is outside the area for the study. The result produced a reliability co-efficient index of .68, which was considered high; therefore the instrument was termed reliable for the study.

### **RESULTS**

The results of the findings are hereby presented in tables:

Table 1

#### **Knowledge of Health Services of Nurses**

N = 43			
S/N	Types of services provided PHC <sup>3</sup>	Response Number	Percentage
a	Immunization	38	88.37
b	Specialized services	17	39.53
c	Give nutrition education to my patients	42	97.67
d	Attend to pediatric patients	42	97.67
e	Family planning services	36	83.72
f	Physiotherapy	19	44.18

The results in Table 1 shows that the nurses give nutrition education to patients and attend to pediatric patients most as indicated by 42(97.67%) in the two items. The table also shows that immunization as well as family planning services are provided by nurses as part of their duties in the PHC<sup>5</sup> as shown by 38(88.37%) and 36(83.72%) respectively. Again, the table shows that specialized services and physiotherapy are less provided by the nurses as shown by

17(39.53%) and 19(44.18%) respectively. This is indicative that the nurses have high knowledge of primary health care services.

Table 2

**Preventive Health Practices of Nurses**

N = 43			
S/N	Items	Response Number	Percentage
1.	Keeping finger nails short always	42	97.67
2.	Washing hands after visiting toilet	42	97.67
3.	Immunizing children	38	88.37
4.	Eating balanced diet daily	32	74.41
5.	Boiling drinking water no matter the Source	39	90.69
6.	Attending ante-natal care	39	90.69
7.	Post-natal care	38	88.37
8.	Using shoes regularly	33	81.39
9.	Scrubbing the floor	39	90.69
10.	Proper hair-do always	36	83.72
11.	Brushing the teeth		
	(a) Once daily	22	51.16
	(b) Twice daily	38	88.37
12.	Bathing twice during menstruation	40	90.02
13.	Using deodorant to reduce body odour	26	60.46

The result in Table 2 show that the nurses practice all the items listed as means of preventing health problems. Since none of the items has less than fifty percent response. The table shows that washing hands after visiting the toilet had the highest response of 42(97.67%) while brushing the teeth once daily had the least response of 22(51.16%).

Table 3

**Promotive Health practices of Nurses**

S/N	Items	Response Number	Percentage
1.	Encouraging others to wash their hands before and after eating	43	100.00
2.	Educating family members on food	41	95.34
3.	Giving children snacks without sugar	13	30.23
4.	Educating individuals on personal hygiene	41	95.34
5.	Enlightening mothers on anti-natal care	40	93.02
6.	Encouraging mothers to attend post-natal care	39	90.69
7.	Educating people on boiling water no matter the source	33	76.74
8.	Teaching people to scrub their floors	34	79.06
9.	Asking women to maintain good hair do always	34	79.06
10.	Convincing families to eat balanced diet	42	97.67
11.	Purchasing tooth paste with calcium always	28	65.11

The results in Table 3 indicate that the nurses promote health in all the items listed except "giving children snacks without sugar". This is shown by all the others items having above 50% response. The table shows that "encouraging others to wash hands before and after eating" has the highest response of 43(100.00%) response, while "giving children snacks without sugar" had the least response of 13(30.23%).

Table 4

**Restorative Health Practices of Nurses**

N = 43			
S/N	Items	Number	Percentage
1.	Using traditional medicine	3	6.97
2.	Buying drugs from patent medicine store	1	2.32
3.	Visiting a general medical practitioner	42	97.67
4.	Using only family physician	13	30.23
5.	Seeing any medical personnel	37	86.04
6.	Visiting a dentist in case of tooth problem	41	95.34
7.	Going for medical check up before visiting a doctor	19	44.18

The result in Table 4 indicate that the nurses mostly visit a general medical practitioner, whenever they have a health problem as shown by 42(97.67%) response other ways of restoring health practices include: visiting a dentist in case of tooth problem, 41(95.34%) and seeing any medical personnel, 37(96.04%) response. The table also shows that going for medical check-up before visiting a doctor, using only family physician, using traditional medicine and buying drugs from patent medicine dealers were less practiced by the nurses as indicated by 19(44.18%), 13(30.23%), 3(6.97%) and 1(2.32%) responses respectively.

**DISCUSSION**

The findings in Table 1 revealed that the respondents possessed high level of knowledge of the health services provided by nurses at the primary health care level. This result is in line with role expectations of nurses because they are the primary health implementers of some aspect of the National Health Policy that concerns the primary Health care level. Since the NHP provide that information on health shall be disseminated to all individuals and communities to enable them to have greater responsibility for their health. It again stressed that the primary health care shall be 'scientifically sound" implies that all health practices both orthodox and traditional should be evaluated to determine their efficacy, safety and appropriateness. It was not surprising that the nurses indicated very high response on giving nutrition education to patients and attending to pediatric patients as shown by 42(97.67%) response. It must be pointed out here that nurses, among all the health personnel, are the ones that are always present with the patients. Therefore, their high level of knowledge as seen in this study is very necessary for the effective implementation of the NHP.

The result that the respondents indicated very low responses on specialized services and physiotherapy services provided by them at the PHC level as indicated by 17(39.53%) and 19(44.18%) responses was not surprising. This is because these services are expected to be provided by the secondary level of the health care services as provided by the NHP. This equally confirmed the fact that majority of the respondents are aware of what they are expected to do at the primary health care level. However, one would have expected a much more lower or no response at all than the one above. This is indicative that some of the nurses do not know what they are expected to do at the primary health care level.

The results in Table 2 revealed that the nurses practice all the items listed as means of preventing health problems since none of the items had less than 50% response. This result very much expected since they were supposed to live by examples to the people they serve. It was much gratifying to note among other response that majority of the respondents keep their finger nails short always as shown by 42(97.67%) response. This was satisfying because individuals mostly use their hands in handling and eating food, especially those from the locality. Again, cutting of finger nails is a common health practice that has long been with man. This may be, because long finger nails can easily cause injury to the individual. When they are long and dirty, they hyponichium (space between the nail and the flesh of the finger) can serve as a reservoir for parasites.

However, one would have expected that a higher response would have been on boiling drinking water no matter the source, than the 39(90.69%) response. This is because the respondents are educationally enlightened. In addition, there is a jingle that is normally played in one of the media houses in Plateau State, which emphasized the need for individual that individual hardly put to practice some health information that come from the media. It is then a pointer that health facets through the media may not help Nigerians to achieve the policy of "health for all by 2010".

One other result that was gratifying in Table 2 was that the respondents, had majority of them taking care of their teeth by brushing twice a day as indicated by 38(88.37%) as against once a day with 22(51.16%) response. This result was expected because tooth problems seem to cut across many individuals of all ages. In line with this, the result seems to support the statement made by Williams (1990) who expressed that cleaning of the teeth and its supporting structures could be affected by means of brushing, flossing, irrigating, and massaging which goes along way towards preventing dental health problems among people generally. In addition, Nwogu (1979), posited that cleaning the teeth is very essential and that the most important time for cleaning the teeth is immediately after each meal in order to remove left-over food between the teeth.

The result in Table 2 revealed that the nurses promote health in all the items listed except "giving children snacks without sugar", 13(30.23%) response. This is shown by all other items having above 50% response. The result was expected because it is known to be one of the leading factors responsible for tooth practicing optimal levels of conventional preventive dental behavior. Again, this may be indicative that the respondents are not quite enlightened about the dangers of sugar to one's health. The finding is in line with one of the global trends on dental caries, that ignorance is one of the dangers posed by oral habits in developing countries (Nigeria inclusive) which may be as a result of change in dietary habits.

The results in Table 4 showed that when the nurses have health problems, they visit mostly "a general medical practitioner" among others as indicated by 42(97.67%) response. Also, that "buying drugs from patent medicine dealers" as shown by 1(2.32%) response was not surprising. These were expected because, the respondents would have learnt the danger involved in the use of patent medicine dealers who do not have the knowledge of what happens when drugs are under or over-estimated. Again, experience would have informed them that purchasing drugs from patent medicine dealers was dangerous. This results negates the findings of Kajang, Audu and Padung (2004) who studied health practices among married female workers in Federal College of Education Pankshin, Plateau State, and found that their respondents indicated a high response to the fact that they buy drugs from Patent Medicine dealers, 89(72.35%) response. This result seem to be suggesting that one's response to an educational problem is dependent on one's profession and knowledge obtained.

## CONCLUSION

Based on the result and discussion, it was concluded that

1. the nurses had high knowledge on health care services as shown in, "giving nutritional education to patients" 42(97.67%), immunization", 38(88.37%) and "family planning services" 36(83.72%) response.
2. Nurses had high standard of health practices since none of the items listed had less than 50% response.

3. Nurses promote health in all the items listed except 'giving children snacks without sugar' which had less than 50% response.
4. Nurses mostly visit a general medical practitioner whenever they have a health problem as shown by 42(97.67%) response.

## RECOMMENDATIONS

On the basis of the findings and discussion, the following recommendations are made:

1. The results that some of the respondents responded to the statement that they offer "specialized services" and "physiotherapy" is suggestive that not all the nurses are aware of what to do at the PHC level. It is therefore, recommended that the nurses need to be educated on their duties in this area. This could be done by improvement on their curriculum, attendance of seminars and workshops.
2. Though, generally, the respondents practiced good health habits, it is important to create awareness among the nurses concerning ways of promoting health practices. This could be done by organizing workshops using materials that will provide the needed knowledge and skills for ideal health promotion in the community.

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