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Level of Community Participation in Primary Healthcare Services in Bayelsa State, Nigeria

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Abstract: **Community participation is key to the success of primary health care service. The objective of this paper was therefore to assess the level of community participation in primary health care service delivery in Bayelsa State, Nigeria. Demographics such as age, educational status, religious affiliation, parity, gender and socio-economic status were used as determinants of level of participation. A descriptive study approach was employed. The study population was 5,196,716 with a purposive sample size of 1,600 respondents. Structured questionnaires were used for data collection. Statistical Package for Social Sciences (SPSS) Version 23 was applied in data analysis with Chi-square as the test statistic. 95% confidence interval level was set with a statistical significance of $p<0.05$. The result revealed that age, educational status and gender were significantly related to the level of community participation in primary health care service delivery in Bayelsa State ($p < 0.05$). On the other hand, religious affiliation, parity and socio-economic status were not significantly related ($p > 0.05$). It is recommended that the Bayelsa State Ministry of Health and indeed, the government upscale enlightenment on the importance of community participation in primary health care in the State.**

Keywords: **Community health, locality, age, gender participation, health promotion, health education.**

1. INTRODUCTION

Primary health care is a health care service delivery channel in different localities, that is, at the grassroots level. According to WHO [1], primary health care is the first level of personal health care services or the first place where people's health needs are met through comprehensive, promotive, protective, preventive, curative, rehabilitative and palliative care throughout a person's life course. It is strategically prioritized as key health care services for individuals, families and the population through public health functions; it is the central elements of integrated health services. Primary health care is thus defined by Asna as the first level of care to the remote corners of the society where people live, work and do businesses and it helps to contribute to health processes [2]. This means, it is a system that makes medical care accessible to all people at the grass root level.

Community participation in primary health care on the other hand, is the direct and indirect involvement of people in the local community on health care service delivery. It is the combined participation of community members, their representatives and the primary health care personnel to enhance their collective effort in eradicating health problems [3]. That is, it is the level of community residents' involvement in health decision making process, such as referring, encouraging, creating awareness, keeping rules and regulations, taking treatments, assist in carrying out immunization programmes etc. Thus, community's residents and health care service providers need to work together in partnership to seek solutions to complex health problems facing the local community.

The importance of community participation in primary health care cannot be overemphasized as it educates the people concerning prevailing health challenges and methods of preventing and controlling them, promotion of food supply and proper nutrition as well as adequate supply of safe water and basic sanitation, maternal and child health care including family planning, immunization against major infectious disease and injuries. However, despite the benefits attributed to

community participation in primary health care service delivery in the society; the level of community participation in primary health care service delivery seems to be low in Bayelsa State. This claim can be linked to the following conditions witnessed in most of the health centres in the communities such as decayed infrastructure, prevalence of diseases, absence of community health committee, medical apathy, and so on.

Benefit of hindsight has shown that low participation in community healthcare services by locals has been on the rise, thus causing concern in the society. If the trend is left unchecked, effort of health personnel will not only be negated but the people will also become more vulnerable to lots of medical issues. Thus the need to investigate causes of participation of the residents of communities in primary healthcare services in Bayelsa State.

Previous studies have focussed on this phenomenon. Iyanda and Akinyem opined that, the rate of community participation in primary health care service delivery was high [4]. John and comfort posited that, age and gender significantly influenced community participation in health care programme in Osun State, Nigeria [5]; while Muzyanba, Groot, Tomini and Pavlova revealed that, dialogue with peer group was the factor responsible for the community participation and maternal care of women living with HIV [6]. To Okonofua who investigated the predictors of women's utilization of primary health care for skilled pregnancy care in rural Nigeria, the level of education and marital status significantly related to the use of primary antenatal health care [7]. Another study examined that level of education and income level were the factors responsible for the utilization of full postnatal care services. It was also found that knowledge, attitude and practices significantly influenced expectant mothers in relation to antenatal care in local communities. However, current search has indicated that no work has comprehensively investigated level of age, education, religious affiliation, parity, gender and economic status as determinants of community participation in primary health care service delivery in Bayelsa State. To fill the knowledge gap, this current study examined these variables as determinants of community participation in primary health care service delivery in Bayelsa State.

2. CONCEPTUAL REVIEW

Primary health care is the first level of contact of individuals and families with national health system, bringing health care close to where people live and work [8]. It is responsible for the provision and delivery of first-contact, person-centred, longitudinal, comprehensive, and coordinated care [9]. It thus person-focused (not disease oriented) care over time.

Community participation is vital component which entails the collective effort of the members of community about their health issues. Taylor, Wilkinson and Cheers described it as social interactions to influence and localize outcomes; it is considered to be about the desire to include the views of local people in service planning [10]. According to Brelet community involvement and participation is a vital ingredient of primary health care and it significantly determines its success [11]. Park opined that primary health care should be built on the principle of community participation to ensure universal coverage [12]. However, the level of community participation in primary health care is assumed to be influenced by certain factors earlier highlighted as determinants in this study.

Age has been found to determine one's level of participation in community primary health care service delivery. According to Sibley and Glazier, young people may sometimes not care or are ignorant about health care participation while old people may be weary to participate in primary health care service delivery, although the young are more energetic and sociable to participate [13]. Thus, age influences participation in community primary health care. Conversely, educational status is the level of awareness of an individual; the higher this level, the more one could be influenced to participate in primary healthcare service.

Gender is the state of being a male or female. Observation has shown that female gender especially married ones participate more actively in community health care to safeguard their children medically. In the same vein, male gender is involved in community health participation for the safety of their families, thus lending credence that gender influences participation. Benefits of hindsight have indicated that just as age and gender influence participation in primary healthcare service delivery, such factors as socio economic status, religious status and parity influence participation as well.

Thus the conceptual framework underpinning this study hinges on the theory of ecological system developed in 1979 which stated that understanding human development and behaviour requires the consideration of the entire ecological system [14]. This theory was first introduced as a concept model in 1970s but later formalized as a theory in the 1980s. The theory views community participation in any given health matter to be the result of interaction of many factors such as the individual,

biological and demographic factors. Individual and demographic factors may include awareness, age, economic status, religion, et cetera.

3. EMPIRICAL REVIEW OF STUDY

Iyanda and Akinyem investigated the rate of community participation in health care in Ibadan, Southwest Nigeria [4]. A descriptive cross sectional design was adopted. The study population involved all the persons in the twelve wards in the study area. Purposive sampling technique was employed. The data for the study were obtained via interview and group discussion. Mean and standard deviation were employed to analyze the data. The result revealed that, the level of community participation in primary health care service delivery was high.

John and comfort examined the relationship between community participation and involvement in health care programmes in Osun State [5]. The study adopted a descriptive survey design. Sample of 300 respondents was selected for the study using multistage sampling procedure. Data were obtained via questionnaire. Pearson Product moment correlation coefficient was employed to analyze the data. It was revealed that, age and gender significantly influenced community participation in health care programme in Osun State, Nigeria.

Muzyanba, Groot,Tomini and Pavlova examined community participation and maternal care of women living with HIV positive in poor village settings (A case study of Zambia) [6]. The study adopted a qualitative design. The population of the study consists of all the HIV positives. The sample size was 37 HIV positive women. Data for the study were collected through group discussion and it was analyzed thematically. The findings of the study showed that, dialogue with peer group was the factor responsible for the community participation and maternal care of women living with HIV.

Okonofua investigated the predictors of women's utilization of primary health care for skilled pregnancy care in rural Nigeria [7]. The study adopted a cross sectional community based survey in Esan South East and Etsako East Local Government Areas of Edo State, Nigeria. The study employed a sample of 1408 women using a random sampling technique. Data for the study were obtained using a structured questionnaire. A Chi-square test was employed to analyze the data. The result revealed that, the level of education and marital status significantly related to the use of primary antenatal health care.

Mon, Phyu and Thinkhamrop examined the utilization of full postnatal care services among rural Myanmar women and its determinants using a cross sectional study [15]. A total of 500 married women who had children aged under 2 years were selected using cluster sampling method. Interview and semi-structured questionnaire were used to collect data. Generalized estimating equation under a logistic regression framework was used to analyze the data. The result showed that, level of education and income level were the factors responsible for the utilization of full postnatal care services.

Alshabanah, Almohaya and Alahmari carried out a study on assessment of knowledge, attitudes and practices of expectant mothers in relation to antenatal care in Abha using a cross sectional survey design [16]. A questionnaire was employed to obtain data from 300 expectant women using a stratified sampling technique. A chi-square was used to analyze the data. The findings of the study revealed that knowledge, attitude and practices significantly influenced expectant mothers in relation to antenatal care in Abha community.

Murthy, Siddalingappa and Mishra investigated the utilization of antenatal care services by mothers attending immunization sessions at a primary health centre in Mysore using a cross sectional survey design [17]. A sample of 200 mothers was selected using a simple random sampling technique. Data for the study were collected using questionnaire. A chi-square method of data analysis was used to analyze the data. The result revealed that, awareness and utilization of ANC services were high in the study area.

Panezai, Ahmed and Saqib examined factors affecting the access to primary health care services in Pakistan: a gender based analysis [18]. A questionnaire was used to collect data from 302 respondents which were randomly selected. The data were analyzed using chi-square and independent sample t-test. The findings revealed that women accessed primary health care services more than men due to their greater health needs.

4. OBJECTIVE OF THE STUDY

The objective of this study was to assess the level of community participation in primary health care service delivery in Bayelsa State, Nigeria, using demographic characteristics such as age, religious affiliation, parity, gender, socio-economic and educational statuses of residents as determinants.

5. METHODS

This study adopted a descriptive survey design and was carried out in Bayelsa State, Nigeria. The population was 5,196,716 with a purposive stratified sample size of 1600 which was determined using the Krejcie and Morgan's formula. The instruments were structured in a four-point Likert Scale and titled "Assessment of Community participation in Primary Health Care Service delivery in Bayelsa State". The data were analyzed using simple percentage with Chi-square as the Test Statistic. Level of significance was at $p<0.05$. The software used was SPSS version 23. The instrument was validated by research experts; test and retest method of reliability was used and validated with Cronbach's Alpha which reported a coefficient of 0.88.

6. ETHICAL CONSIDERATION

The participants were informed about the research and its objectives. They were assured of confidentiality during and after the study; and were assured that any information they provide would be used only for the research purpose. They consented.

7. RESULTS

TABLE 1: DEMOGRAPHIC CHARACTERISTICS

Age	**Frequency**	**Percentage (%)**
20 – 40	320	20.0
41 – 60	740	46.2
61 and above	540	33.7
Total	**1600**	**100**
Gender	-	-
Male	982	61.4
Female	618	38.6
Total	**1600**	**100**
Marital Status	-	-
Single	162	10.1
Married	681	42.6
Separated	320	20.0
Divorce	280	17.5
Widow	157	9.80
Total	**1600**	**100**
Religious Affiliation	-	-
Christianity	1320	82.5
Islam	123	7.7
African Traditional Religion	157	9.8
Total	**1600**	**100**
Level of Education	-	-
No Formal Education	241	15.1
Primary Education	372	23.2
Secondary Education	769	48.1
Tertiary Education	218	13.6
Total	**1600**	**100**
Occupation	-	-
Farming	374	21.6
Trading	230	14.4
Civil Service	548	43.3
Self-employed	475	29.7
	1600	**100**

Table 1 – Demographic Characteristics:

For demographic characteristics, age bracket 20-40 reported 20%; 41- 60 = 46.2%, while 60 years and above reported 33.7%. Gender reported males (62.4%) and females (38.6%). For marital status, singles reported 10.1%; married (42.6%); separated (20.0%); divorced (17.5%) while widowed reported 9.8%. Religious Affiliation - Christians (82.5%); Muslims (7.7%), and African Traditional Religion (9.8%). For Level of Education, those with formal education reported 15.1%; primary education (23.2%); secondary education (48.1%); and tertiary education (13.6%). As for occupation of the respondents, farming reported 21.6%; Trading (14.4%); Civil service (43.3%); and self-employed (29.7%).

TABLE 2: HYPOTHESIS TESTING WITH CHI-SQUARE TEST STATISTIC

Determinants	Degree of Difference	X^2 Critical	X^2 Calculated	Decision
Age	3	3.841	6.147	Rejected
Educational Status	3		10.713	Rejected
Religious Affiliation	2		2.663	Not Rejected
Parity	1		3.516	Not Rejected
Gender	1		13.303	Rejected
Socio-Economic Status	1		2.31	Not Rejected

Source: Researchers' SPSS Computation, 2023

Decision Rule: If X^2 Calculated is less than X^2 Critical at p = 0.05, do not reject, otherwise reject.

Table 2 – Hypothesis Testing: Interpretations

H1: There is no significant relationship between age and level of participation in community primary health care service delivery in Bayelsa State. This hypothesis was rejected (X^2 Cal. = 6.147, p > 0.05). This means that age influences the level of participation in primary health care service delivery in Bayelsa State, Nigeria.

H2: That there is no significant relationship between educational status and level of participation in community primary health care service delivery in Bayelsa State was rejected (X^2 Cal. = 10.713, p > 0.05). This means that there is a significant relationship between educational status and level of participation in community primary health care service delivery in Bayelsa State. It is inferred that the higher the level of awareness among the people in the community, the higher the level of participation in primary health care service delivery.

H3: There is no significant relationship between religious affiliation and level of participation in community primary health care service delivery in Bayelsa State. This hypothesis was not rejected (X^2 Cal. = 2.663, p < 0.05). This means that religious affiliation does not influence the level of participation in primary health care service delivery in Bayelsa State, Nigeria.

H4: The hypothesis that there is no significant relationship between parity and level of participation in community primary health care service delivery in Bayelsa State was not rejected (X^2 Cal. = 3.516, p < 0.05). This is to infer that parity does not influence level of participation in primary health care service delivery in Bayelsa State, Nigeria.

H5: There is no significant relationship between gender and level of participation in community primary health care service delivery in Bayelsa State. The hypothesis was rejected (X^2 Cal. = 13.303, p > 0.05). This means that gender influences level of participation in community primary health care service delivery in Bayelsa State.

H6:The hypothesis that there is no significant relationship between socio-economic status and level of participation in community primary health care service delivery in Bayelsa State was not rejected (X^2 Cal. = 10.713, p < 0.05). It is inferred that socio-economic status does not influence the level of participation in primary health care service delivery in Bayelsa State, Nigeria.

8. DISCUSSION OF FINDINGS

The findings of the study revealed that age, educational status and gender are the factors that influence or determine the level of participation in community primary health care service delivery in Bayelsa State, Nigeria. This means the level of low participation in community primary health care service delivery could be due to lack of interest among young people with vibrancy of age on their side. On the other hand, it was found that old people, going by their nature were wearied in in

active participation. Thus the findings of this study is in line with a previous findings that posited that age and gender significantly influenced community participation in health care programme in a study conducted in Osun State, Nigeria [5].

It was found that level of education of persons determine their level of participation in primary health care service delivery in Bayelsa State. If the people's awareness level is high, their participation becomes high and vice versa. Finally, the study revealed that gender also influences level of participation in primary health care service delivery. That means women participation rate is directly related. That is, when their participation is low, overall participation level becomes low. The findings of this study is in line with the findings where it was opined that women accessed primary health care services more than men due to their greater health needs [7] ,[18]. This accounts for higher level of participation when women are associated. However, religious affiliation, parity and socio-economic status did not influence participation in primary health care service delivery in Bayelsa State.

9. CONCLUSION AND RECOMMENDATION

This study assessed the level of community participation in primary health care service delivery in Bayelsa State, Nigeria. It was identified that the rate of participation in community primary health care service delivery was low in Bayelsa state. This was attributed to age, educational status and gender. Religious affiliation, parity and socio-economic status did not influence the level of participation, leading to an inference that the low level of participation in community primary health care service delivery is attributed to age, gender and educational status.

Based on the findings of this study, the following recommendations are made:

i. The Ministry of Health should increase the level of enlightenment on the importance of participating in primary health care service by communities.

ii. The State government through the Ministry of Health should encourage women participation in primary health care service delivery, thereby helping to tune their husbands' attention to the programme.

iii. Both old and young people should be encouraged to participate in primary health care service delivery by the government.

Conflict of Interest: None

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