# ASSESSMENT OF LEVEL OF AWARENESS OF PREVENTIVE HEALTHCARE SERVICES AMONG THEACADEMIC AND NON- ACADEMIC STAFF OF FEDERAL UNIVERSITY GUSAU, ZAMFARA STATE, NIGERIA

BY

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#### **Abstract**

This study assessed level of awareness of preventive healthcare services among the academic and non-academic staff of Federal University Gusau, Zamfara State, Nigeria. The study employed descriptive survey research design. The population comprised all staff of Federal University Gusau, Zamfara State, which was 1456 in 2021-2022 academic session. Purposive and simple random sampling techniques were used to draw samples for this study. The instrument used for the study was a researcher - developed questionnaire with the internal consistency of 0.719 after pilot tested. The research questions were answered using mean and standard deviation. Inferential statistic of independent t-test wasused to test the hypotheses at 0.05 level of significance. The findings of the study revealed that, awareness of preventivehealthcare services among the staff of Federal University Gusau was found to be significance. The level of awareness of preventive healthcare services among the staff was significantly positive. The study concluded that, academic and non-academic staff of Federal University Gusau Zamfara State were adequately aware of preventive healthcare services. It was recommended that; seminars and workshop should be organized for both academic and non-academic staff of Federal University Gusau in Zamfara State on preventive healthcare services inorder to improve their awareness and having appropriate information.

Keywords: Assessment, Awareness, Healthcare, Academic, Non-Academic

#### Introduction

The University community comprises of heterogeneous groups of workers with varying job-specific occupational hazards. The frequency and degree of exposure to various classes of hazards vary with the job specification of universityworkers, hence, the need for an individualized periodic health examination. The university community comprising the academic and non-academic staff is a well-structured community with fair representation of all professions and variations in socio-demographic variables as presented in the general community. Early diagnosis through screening and treatment, coupled with the avoidance of modifiable risk factors remains the key to controlling the rising scourge of these diseases among university workers (Akinyemi, Afolabi, Adeomi & Olugbade, 2021). Healthcare services cover a wide range of services in health promotion, illness prevention, early detection of diseases and management of health problems within the community. Healthcare services are designed to meet the health needs of the community through the use of availablehealth facilities with health manpower carrying out their professional duties. A health care facility, in general, is any location where health care is provided. Health facilities range from small clinics and doctor's offices to urgent care centers and large hospitals with elaborate emergency rooms and trauma centers (Ofoli, Ashau-Oladipo, Hati, Ati, & Ede, 2020).

Hence, preventive health care services are necessary measures undertaken by people to improve and protect their healthand wellbeing. Quality of life and life expectancy of people are improved when preventive health care services are utilized because these identify treatable health problems and puts in check life-threatening diseases (Obi, Obi, Seer-Ike, Onuorah, & Okafor, 2021). Disease and disability are dynamic processes which begin before individuals realize they are affected; therefore, prevention of diseases largely relies on anticipatory actions which are termed preventive care. It consists of measures taken for disease prevention, as opposed to disease treatment. Preventive care services encompass a wide rangeof healthcare measures including routine check-ups, disease screenings, and immunizations, which can be undertaken toprevent the

occurrence of disease and detect disease early (Ofoli, et al, 2020).

According to Hornly (2001), awareness applies to facts, information, understanding and skills that a person acquired through experience or education. Awareness has close knit with knowledge which relates to the fact one has in understanding events, issues or objects that are acquired through learning or experiences. Musa (2003), posit that awareness does not stop at only on understanding phenomena, but that it also implies comparing, interpreting, application, analysis, synthesis and evaluation of what is known. Awareness can be classified into various types thus: empirical awareness is the knowledge acquired through senses (Omoregbe, 1998). Inferential awareness is the type that is acquired through inference (Kent, 2000). Intuitive awareness is acquired directly by an immediate contact with the mind with an object without going through the processes of reasoning (Omoregbe, 1998). Prior awareness is acquired prior to experience and independently of experience (Kent, 2000). Preventive health care services are designed to avert or delaythe onset of various health and mental health problems, or to identify these problems early in order to reduce their impactmore effectively. Although preventive health care services can be medical in nature such as immunization for infectious diseases, screening for testicular cancer, many of the most important preventive services focus on behavioural change (Akinyemi, Afolabi, Adeomi, & Olugbade 2021). With the high level of awareness of preventive healthcare services many of most common and most serious health problems can be preventable through screening and prophylaxis, treatment and management, and lifestyle change. Yet chronic conditions such as heart diseases, cancer and diabetes account for 75 percent of healthcare problems in the United States and 7 out of every 10 deaths (Center for Disease Control and Prevention, 2012).

Awareness of preventive healthcare services has potential benefits for both individuals and society. Prevention can helpindividuals avoid disease, disability and premature death, improve their health and well-being and be more productive atschool and work. This translates into societal benefits including lower healthcare costs and a more productive workforce(WHO, 2013). Considering the health benefits and the potential risks of a range of preventive services, several groups of experts have recommended those that should be provided at different ages and frequencies and that should be among themeasures of the quality of care provided. The United States Preventive Task Force (USPSTF), an important panel of experts in preventive medicine convened by the Agency for Healthcare Research and Quality (AHRQ) recommended a number of preventive healthcare services for infants, children, adolescents and adults including developmental and behavioural health screening, height and weight measurements, autism counseling, sexually transmitted infections (STI)screening and counseling, and the wellness visits (WHO, 2013).

Falasoya, Oluwasegun, Samsudin, Saudi, Osman and Hamet (2017) carried out a study to assess awareness level, attitude, risky behaviours and preventive practices on sexually transmitted diseases among health and non-health science university students and future healthcare providers in the central zone of Malaysia. A total of 700 health and non-healthscience university students aged between 17 and 30 years were surveyed by using a self-administered questionnaire. The findings indicted that majority (86.6%) had heard of STDs, and 50.4% knew STDs could be present without symptoms. Gender, age group, educational level and faculty type were strongly associated with awareness level (p value < 0.05). Most of them (88.8%) were aware that STD screening was important while use of condom was protective (63.8%). The majority of them strongly felt that treatment should be sought immediately if they (85.5%) and their partners (87.4%) have symptoms. Among the sexually active students, 66.7 % and 18% had sexual intercourse with multiple partners and commercial sex workers, while 17.4 and 9.4% took alcohol and drugs before having sex, respectively. It was recommended that there is need to revisit the existing STD education curriculum in both schools and universities so that appropriate intervention on STDs can be implemented.

Gerber, Palacios, Beingolea, Vangas, Mujica, Moreno, Seminairo, Smithwick and Tauxe (1996) conducted a study on awareness, attitudes and practices using survey, to supplement findings of an outbreak investigation of cholera preventionmeasures during the 1991 epidemic. Using 67 urban, 61 rural households to determine diarrhea rates, sources of cholera, prevention information, attitudes and practices regarding ten cholera preventive measures. The results indicated that 25% of 482 urban and 11 of 454 rural household members had diarrhea during the first 3-4 months of the epidemic. Exposureto mass media education was greater in urban areas and education through interpersonal communication was more prevalent in rural villages (93%) of rural and 67% of urban respondents believed they could prevent cholera. The mean numbers of correct responses to ten awareness questions were 7.8% for urban and 8.2 for rural respondents. Mean correct

responses to ten possible, urban 4.9% and rural 4.6%. 75% of respondents drank untreated water and 91% ate unwashedproduce, both of which were identified as cholera risk factors. It was concluded that preventive campaign successfully educated and created awareness to the respondents, but did not cause many to adopt preventive behaviours.

Gulitat and Tiruneh (2014) conducted a study to assess awareness, attitude and practice of health care workers on infection prevention in health institution in Bahir Dar. Using 354 health workers selected by simple random sampling technique, results showed that overall awareness scores of respondents were 84.5% and about 55.6% had positive attitude and 54.2% of respondents had safe infection prevention practices. It was concluded that participants had better awarenessand positive attitude, their practice of infection prevention was not optimum as per the national guide line. Therefore, improving institutional supplies like hand hygiene materials, water supply and personal protective equipment may improve safe infection prevention among the health workers. Ifunanya, Kamtoochukwu, Nguungwan, et al (2021) studyon awareness and attitudes of infection, prevention and control among health sciences students at university of Namibiaindicated that medical students had better overall scores (73%) compared to nursing students (66%) and radiology students (61%). There was no significant difference in scores between sexes or location of the high scores being either in rural or urban setting. It was concluded that serious efforts are needed to improve or review curriculum so that healthscience students' awareness on infection prevention and control is imparted early before they are introduced to the wards. With the fore-mentioned observations and submission prompted the researcher to assess the awareness of academic and non-academic staff of Federal University Gusau Zamfara State on of preventive healthcare services.

### **Objective**

To assess the level of awareness of academic and non-academic staff of Federal University Gusau Zamfara State on ofpreventive healthcare services.

**Hypothesis:** There is no significant difference between the level of awareness of Academic and Non-Academic staff of Federal University Gusau Zamfara State on of preventive healthcare services.

#### Methodology

The research design adopted for this study is descriptive survey research method. The population for this study comprisethe Academic and the Non-Academic staff, male and female in different Departments of Federal University Gusau Zamfara State, with total population of 1456 in the year 2021. To select the sample size of the respondents for the study, twenty (20%) of the population in each of the Academic and Non-Academic Staff were chosen at random. This is in linewith Nwana (1991) suggested that the rule of the thumb can be used to select a sample size of a population. The Rule of the thumb states that, when the population of a study is few hundreds, the sample size should be 40-50 percent. If they are few thousands, 10 – 20% of them can be sampled and if several thousand 2-5 percent of the population could be considered respectively. Thus, the 20% of the population of 1456 was 291 that was used for this study. A self-developed questionnaire on level of awareness of preventive healthcare services (AUPHS) was used for this study. To validate the questionnaire for face and contents validity, a copy was given to three experts in the Department of Human Kinetics and Health Education, Federal University Dutsin-Ma. Their observations and suggestions were considered and the instrumentwas used for the pilot study. The result of validation of the instrument using Guttman Split-Half Coefficient was 0.719, which shows a high reliability index and hence the instrument is reliable for the main study. A total of 291 copies of questionnaire was administered to the respondents with the help of three research assistants. The respondents were purposively reached in their various offices between Monday to Friday for one month. The filled copies of questionnairewere collated and subjected to statistical analyses. The hypotheses formulated were tested using the inferential statistics of independence t-test at 0.5 level of significance.

**Results Table 1**Analysis of Means and Standard Deviations Scores on the level of awareness of academic and non-Academic staff on preventive healthcare services utilization

Items	N	Mean	Std. Deviation
I believe that regular medical check-up will help in maintaining one's health.	291	2.96	.401
I know that National Health Insurance Scheme (NHIS) will help to improve health status of an individuals.	291	3.44	.497
I believe that immunization health programme is good to prevent the spread of infectious diseases	291	3.36	.645
I am aware that isolation techniques could help to prevent the outbreak of deadly diseases.	291	3.21	.456
I believed that prevention is better than cure	291	2.86	.761
It is good to through test and screening to determine health status.	291	2.96	.401
I am aware that going through the Laboratory services could improve preventives health care services among staff.	291	3.44	.497
When one delay to seek preventive healthcare service could complicate illness in the body.	291	3.36	.645
I am aware that Medical checkup once in every three 3 months is necessary to maintain good health of the university staff.	291	3.21	.456
I believe that Counseling is good before receiving health services.	291	2.86	.761
Total	291	31.66	5.52

Table 1 revealed that the total mean of the responses of respondent was 31.66 (average of 3.17) out of the total mean of

40.0 (average of 4.00) which implies that the level of awareness of academic and non-Academic staff on preventivehealthcare services utilization in Federal University Gusau Zamfara State was high based on the responses of respondents.

**Table 2** *t-test analysis of hypothesis on the level of awareness of Academic and Non-Academic staff* 

Groups N	Mean	SD	t-value		P-value	DecisionTeaching Staff
	116	35.41	1.593	289	16.51	Significant 0.000
Non-Teaching Staff	175	32.31	1.549			

Table 2 revealed that the t-value computed was 16.51 and the p-value of 0.000 was observed. Since the obtained p-value of 0.000 is less than the alpha value of 0.05, based on the decision rule, this study therefore rejected the null hypothesis which says there is no significant difference between the level of awareness of Academic and Non-Academic staff of Federal University Gusau Zamfara State on preventive healthcare services. The decision implies that, there is a significant difference between the level of awareness of Academic and Non-Academic staff of Federal University Gusau Zamfara State on preventive healthcare services. This indicates that the Academic staff of Federal University Gusau Zamfara State performed significantly better than Non-Academic staff on level of awareness of preventive healthcare services

# **Discussion of Findings**

The findings of this research indicated that, there is a significant difference between the level of awareness of Academic and Non-Academic staff of Federal University Gusau Zamfara State on the preventive healthcare services. However, thelevel of the awareness based on the responses was high but Academic staff scored significantly higher. This finding concurred with Ilochonwu, and Adedigba, (2017) that knowledge and

awareness are key determinants to the adoption of new health techniques or events in any population especially in places where health awareness is very poor. There is need to provide basic information concerning healthcare issues to equip the populace so that voluntary actions can be adopted for ultimate health promotion of the population. The study is also line with that of Obi et al (2021) on determining the level of dental service awareness and utilization in the University of Nigeria Teaching Hospital (UNTH) by inhabitants of the two host communities while highlighting the predisposing factors and barriers to the use of the services. From their results, the study involved 278 villagers aged 18 to 80 years, 140(50.4 %) were from Ozalla and 138(48.6%) from ItukuCommunity; 119/138 (86.2%) and 130/140 (92.9%) were aware of a dental clinic respectively. Also, 58/278 (20.9%) of the participants had previously used dental services at UNTH: [22 (37.9%) Ituku and 36 (62.1%) Ozalla (p=0.045)], but only 12/58 visited the clinic in the year prior to the study, so the utilization rate was only 20.6%. Scaling and polishing 29/58 (50.0%), and filling 20/58 (34.5%) were the popular treatments/services. The main reasons for seeking care at UNTH were severe pain 41/58 (70.7%) and inability to eat 17/58 (29.3%). Lack of perceived need was the most prevalentbarrier 101 /220 (45.9%) to using dental services, followed by unawareness of a dental clinic in UNTH for 38/220 (17.3%). The Association between awareness of the dental clinic and its utilization shows that it was exclusively amongthose who were aware (p< 0.001). Study of Amani, Nawal and Boshra (2020) posit that health field emphasized that prevention against diseases is the best way to cope and respond to the disease before it occurs.

Awareness is considered one of the most important educational processes, and an important means for lecturers to develop a cognitive and affective knowledge towards visiting hospitals for preventive health services, such as; screening, immunization purchase of safe drugs and better treatment. While Akinyemi, *et al* (2021) suggested in their study that the University Health Centre need to create more awareness of the existence of preventive health services (PHS) within the university and affiliated teaching hospital. Though the major determinants of uptake of PHS were more among academic staff and who claim to have high awareness of chronic medical condition. Majority of the respondents perceived themselves to be in a good state of health. Akinyemi, *et al* (2021) therefore proposed the need for regular uptake of PHS because of the long latent period of most chronic non-communicable diseases. This is similar to the study conducted among Korean workers which showed that having at least one chronic disease was associated with a higher uptake of preventive health services.

#### Conclusion

Based on the findings of this research, it can be concluded that, Academic staff of Federal University Gusau ZamfaraState performed significantly better than Non-academic staff in the level of awareness on preventive healthcare services.

#### Recommendations

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

- 1. There is the need for the university management to create more enlightenment by all means with an emphasis onpreventive approaches that should be done rather than symptom-driven visits.
- 2. Seminars should be organized for both Academic and Non-Academic staff of Federal University Gusau ZamfaraState in order to improve their awareness on the utilization of preventive healthcare services.

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