

**Knowledge and Attitude of Patients in Relation to the Primary Health Care Services  
Provided by Nurse at Okuryanagava Health Centre**

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**Abstract**

The purpose of this study was to assess and determine the knowledge levels and attitude of patient with regards to the health services provided by nurses at Okuryangava heath centre. The study employed a quantitative and descriptive study design, on a convenient sample of 80 patients from the average number of patients (100) that visit the Okuryanava health centre using a simple random sampling method. Data was collected using a structured questionnaires during the month of October 2017. Data was analyzed using a computer software package, statistical package for social science (SPSS) version 22. This was done after permission was granted from the University Of Namibia, the Ministry of Health and Social Services and informed consent was obtained from the participants. The study concluded that a significant number patients have high level of knowledge on different services provided e.g. family planning, immunization against major infectious diseases is provided etc. and their importance. As a result, the researcher recommendations focused on the need of Policies, guidelines, enough booklets/leaflets and pamphlets/posters regarding all available health services at facility, importance of essential services such as Pap smear, family planning, immunization etc. as this will bridge the knowledge gap. And regular evaluations, continuous supervisions and reassessing of community awareness programs and community knowledge levels to identify areas that need reinforcement or further health education.

**Keywords:** Primary health care, Health center, Knowledge, Attitude, Patient.

**1. INTRODUCTION AND BACKGROUND**

Primary health care (PHC) is a concept developed in the 1940s and 1950s, when the governments of several countries were urged to rationalize their highly technical approaches to the health care and broaden their coverage by providing better basic services that impact health positively. And to enforce this ideas clinics and health centers were formed in all different districts country wide in many countries. In the 1890's the first health services in Namibia was established in Windhoek and Swakopmund to serve German soldiers. Soon after, missionaries set up several clinics in the north part of Namibia. Which lead to the formation of a specialized

branch in nursing described as community nursing. Anderson & Douglas (2008) defined this branch as a field of nursing that is a blend of primary health care and nursing practice with public health nursing.

Van Wyk (2011) views primary health care as the anchor around which the entire health care delivery system is organized and as the first line of health care system and its where most of our population is attended to, treated or either referred to the next level in the health system. Dennil, King and Swanepoel (1999) described primary health care as an essential care based on practical, scientifically and socially accepted methods and technology, made universally accessible 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 and self-determination.

Baggott stated that the primary functions of a clinic or health center are primary medical or curative care, diseases prevention, screening and rehabilitation (2000). Ministry Of Health and Social Services (2001) described the objectives of primary health care as translating and overseeing the implementation of Health policies and programs as an integral part of the health care delivery network based on the strategy and philosophy of Primary health care. Primary health care services are provided at communities, clinics, health centers and district hospitals. This study, there , intends to assess and improve knowledge of patients about primary health services, with the aim of giving recommendations on increasing awareness on primary health care and its importance.

Provision of primary health care is a basic services designed to be cost effective and bring healthcare as close as possible to the population , particularly to those people of low economic status. It is a service which is provided as part as a millennium health goals, intended that the services should be accessible to the population and be effectively utilized.

Auala (2017) stated that all health Centers in Namibia should provide services such as immunizations, prevention, controlling and provide appropriate treatment for the major infectious and endemic diseases. Furthermore, offer education training concerning prevailing health and social problems in the communities. Occasionally these objectives are not all met and this leads to loss of faith among patients, this greatly influences the knowledge and attitude in relation to primary health care.

Auala further stated that from the available data it is estimated that only a small percentage of mentally disordered individuals are receiving appropriate evidence-based mental health services. This situation is attributed to various factors but most importantly; inaccessibility of available services, supervision and monitoring. Evaluation of the programs for re-planning. Mid and end term services evaluation and continuous monitoring of the implementation process.

## **2. PROBLEM STATEMENT**

This study intends to assess the knowledge and attitude of the patients in relation to the primary health care provided at Okuryangava health center. The researcher became interested in this topic due to the following reasons; a lecture on primary health care present in class and came to realize that most people aren't aware and lack knowledge with regards to the services provided at okuryangava health center during the student clinical placement at facility and he is part of the target population for the research. Namibia is ranked 66th in terms of capital expenditures according to the World Health Organization rankings due to Namibia's rank position the level of health should be much higher due to the money spent. The health system is now more equitable and accessible but it's still lagging in its quality and efficiency (MOHSS, 2001). These factors can lead to loss of faith in health care and greatly influence the attitude of the patient and nation at large.

## **3. PURPOSE AND OBJECTIVES**

The purpose and objectives were the same which is to assess and determine the knowledge levels and attitude of patient with regards to the health services provided by nurses at Okuryangava health center.

## **4. METHODOLOGY**

The study employed a quantitative, descriptive study design. The was quantitative on the basis that it focused on moderately small number of concepts and numeric information, which was analysed through statistical procedure in determining and assessing the knowledge and attitude of the patient in relation to the Primary health care provided at the Centre (Brink, 2010). Equally, the study was a descriptive as it was directed to determining and understanding the knowledge and attitude of the patients in relation to the Primary health care services provided.

The population for this study were all the individuals present at the Okuryangava health center during the day of data collection. (n-100)

The sample for this study was drawn from the target population using a simple random sampling method were participants were drawn using the basic probability sampling technique. Participants will be chosen in random ways (Table of random numbers) from the sampling frame solely depending on the numbers given to them as they enter the clinic.

A pilot study was conducted were researcher handed and collect 5 structured questionnaire participant in the target population prior to the study in order to determine if questionnaires question were clear, understandable and would lead to reliable and valid results (Polit & Beck.2012).

A Self-administered questionnaire consisting of three sections namely demographic data, knowledge and attitude was used in collecting the data was used to collect the data at the Okuryangava health center during the month of October 2017.

## **5. DATA ANALYSIS**

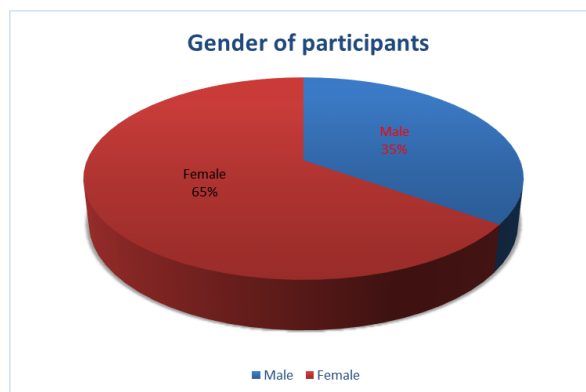
Data collected was analyzed and organized to make it easier for interpretation, through a computer software package, statistical package for social science (SPSS) version 22. Immediately after the data collection process was concluded, data was transcribed on a firstly on paper and then typed on the computer to avoid risk of losing the data. Questionnaires were checked on a daily basis for consistency, accuracy and completion. And will be coded before data entry. The quantitative data was be summarized and presented in bar graphs and pie charts.

## **6. RESULTS**

Data collected were transcribed through a computer software package, statistical package for social science (SPSS) version 22.

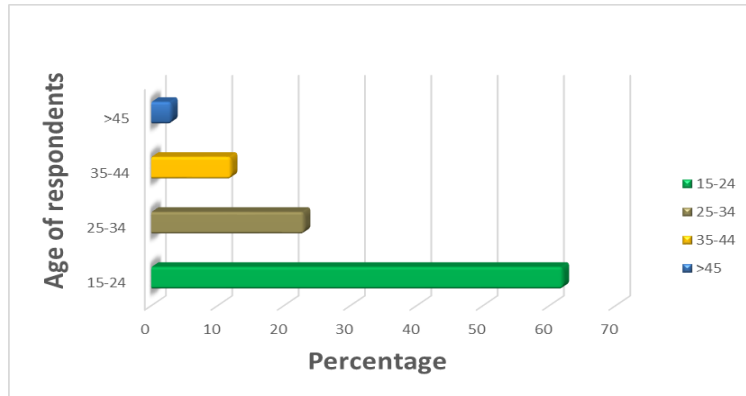
### **4.4.1 Section A: Demographic data**

This section focused on describing the demographic data of the participants at the Okuryangava health centre



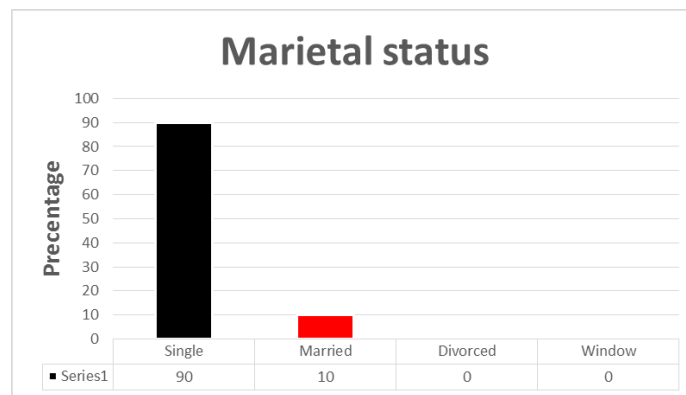
**Fig 4.1. The graph indicate the graph of gender of participants**

Sixty participants participated in this research. Twenty one (35%) were males and thirty nine (65%) were females. Participants come from the Okuryangava health center.



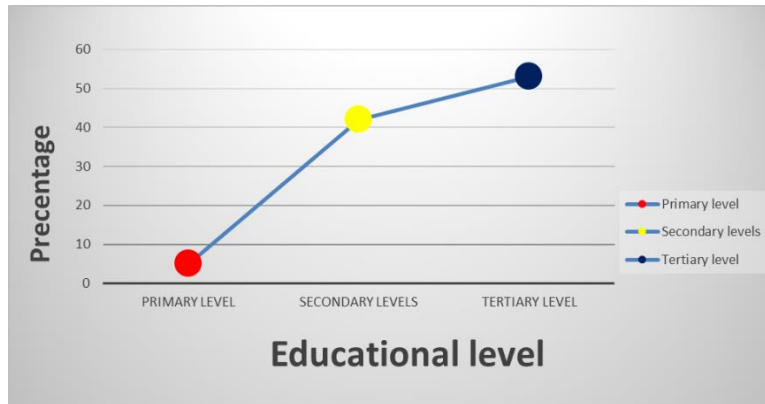
**Fig.4.2 The graph shows the age distribution of participants**

The majority of participants 37 (62%) were aged between 15-24 years old, 14(23%) were aged between 25-35 years old, while 7 (12%) were aged 35-44 years old. And finally, 2 (3%) participants aged above 45 years old.



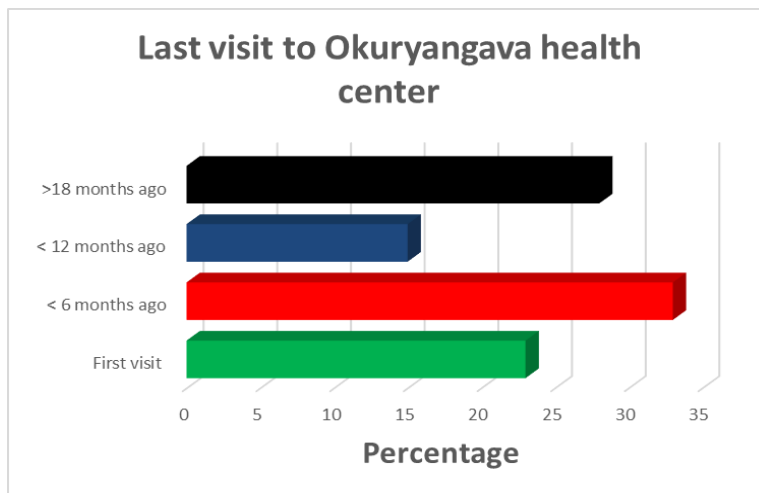
**Fig 4.3. The graph shows marital status of different participants**

The graph indicates that fifty four (90%) of the participants were single and only 6 (10%) were married completing the number of participants that took part in the study.



**Fig 4.4. The graph shows the education levels of all participants**

The graph indicates that most of the participants are well educated as thirty two (53) are all at tertiary level while twenty five (42%) are at secondary level and only 3(5%) of the participants are at a primary level of education.



**Fig 4.5. The graph shows participants last visit to the facility**

The graph above shows that fourteen (23%) participant were at the facility for the first time on the days data was collected. Meanwhile, twenty (33%) were seen about 6 months ago or more, nine (15%) were seen about 12 months ago or more. And seventeen (28%) 18 months or more.



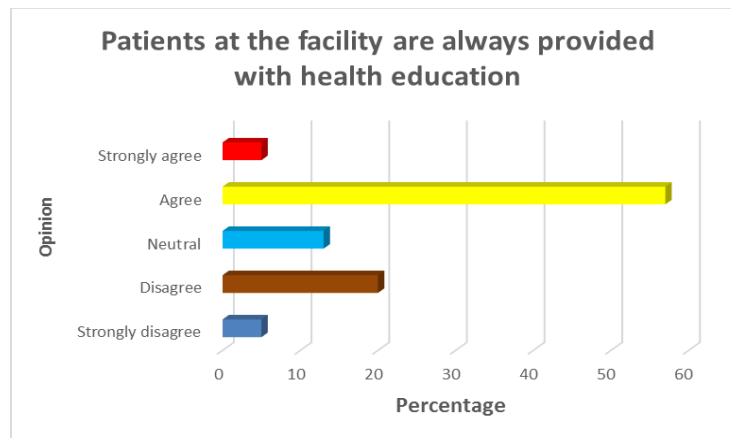
**Fig 4.6. The graph shows different locations that participants live.**

The graph indicates that majority of the patients seen at the facility are from Okuryangava with twenty six (43%) participants. Ombili and Havana have nine (15%) each respectfully meanwhile the remaining sixteen (27%) live in other locations surrounding the health center.

**4.4.2 Section B: Patient’s knowledge**

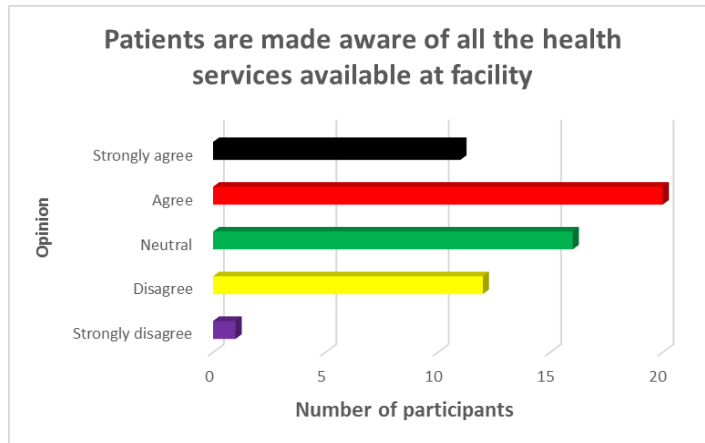
One of the objective of the study was to determine the knowledge of participants in relation to the health care provided at Okuryangava Health Centre. Participants were asked to indicate to what extent they agreed with the statements by indicating their answers using the following 5- points scale where :

1= strongly disagree, 2= Disagree, 3= Neutral, 4= Agree 5= strongly agree



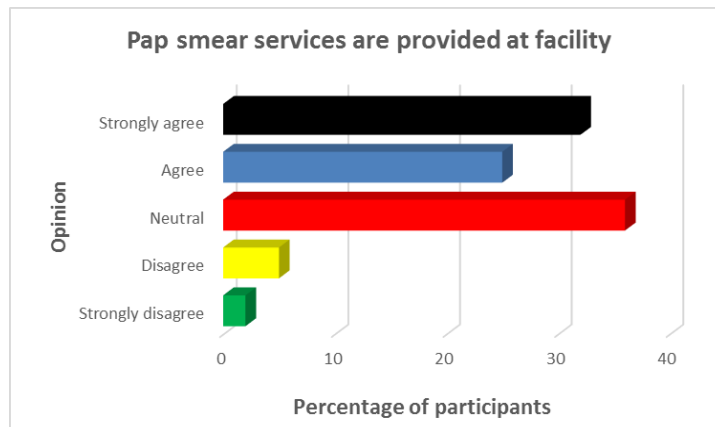
**Fig 4.7. The graph indicate the opinions expressed by participants regarding health education.**

The first statement was asking whether health education is provided at the facility with thirty four (57%) agreeing with the statement, 3(5%) participants strongly agreed, 12(20%) participants disagreed and 3 (5%) participants strongly disagreed. Meanwhile 8 (13%) participants were neutral.



**Fig 4.8.** The graph indicate the opinions express by participants regarding whether patients are made aware of all available health services at facility

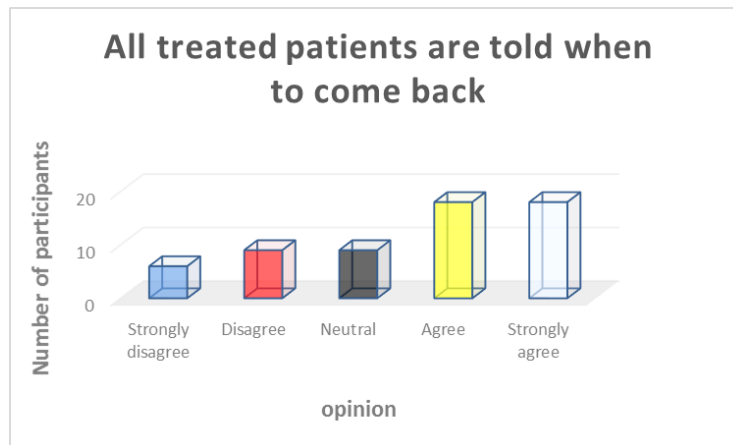
The second statement stated that all patients are made aware about the available health services at the facility. A large number of participants 20(33%) agreed and 11 (18%) participants strongly agreed. Twelve (20%) participants disagreed and one (2%) strongly disagreed with the statement. Meanwhile sixteen (27%) were neutral.



**Fig 4.9.** The graph indicates the awareness of participants on the availability of Pap smear is provide at facility

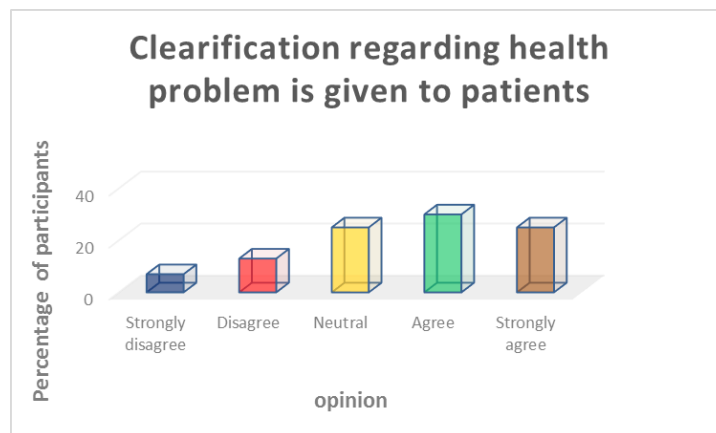


The third statement was questioning whether Pap smear services are available at facility. Majority of the participants 22(36%) were neutral with nineteen (32%) strongly agreeing and fifteen (25%) agreed. Only three (5%) disagreed and one (2%) strongly disagreed respectfully.



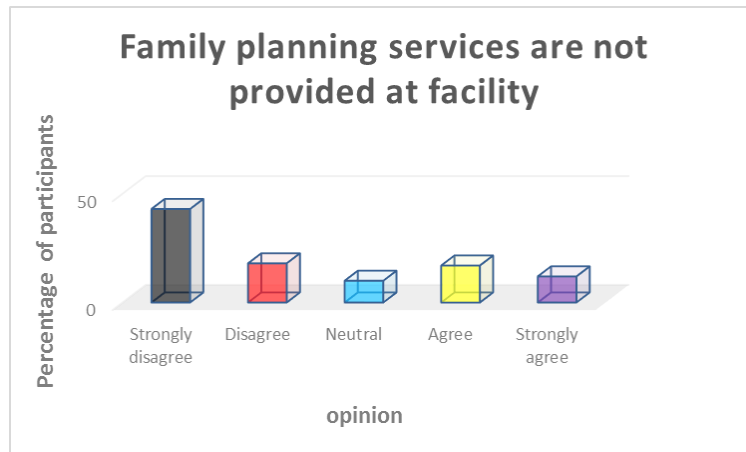
**Fig 4.10. The graph indicates participant’s opinions on whether treated patients are given follow up dates.**

The fourth statement is questioning whether patients are provided with follow up dates. Eighteen (30%) participants agreed and strongly agreed respectfully. And nine (15%) participants disagreed and were neutral respectfully. Only six (10%) strongly disagreed.



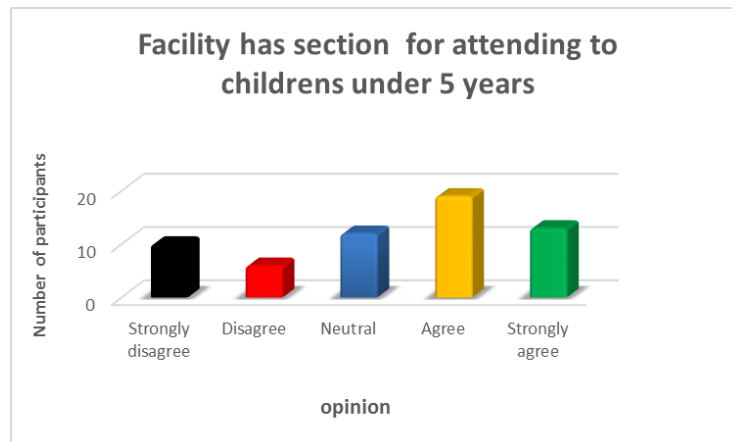
**Fig 4.11. The graph indicates participant’s opinions on the provision of clarification of health problem**

The fifth statement was determining whether health education regarding health problem is given. Fifteen (25%) participants were neutral and strongly disagreed respectively. With the majority of eighteen (30%) agreeing with the statement. And only eight (13%) participants disagreed.



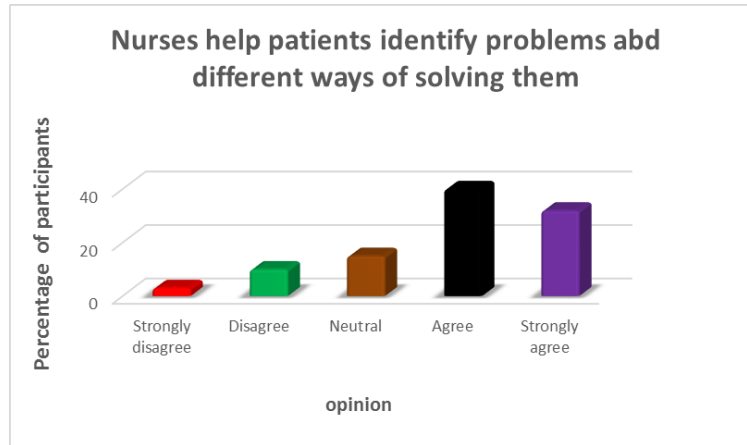
**Fig 4.12.** The graph indicates the participant’s knowledge in relation to family planning at facility.

The sixth statement is assessing participant’s knowledge with regards to family planning. With as much as more than half of the participants being knowledgeable in the family planning section as twenty six (43%) participants strongly disagreeing with statement and eleven (18%) disagreed. Six (10%) participants couldn’t decide whether they agreed or not. The reminding participants agreed with the statement with seven (12%) strongly agreed and ten (17%) agreed.



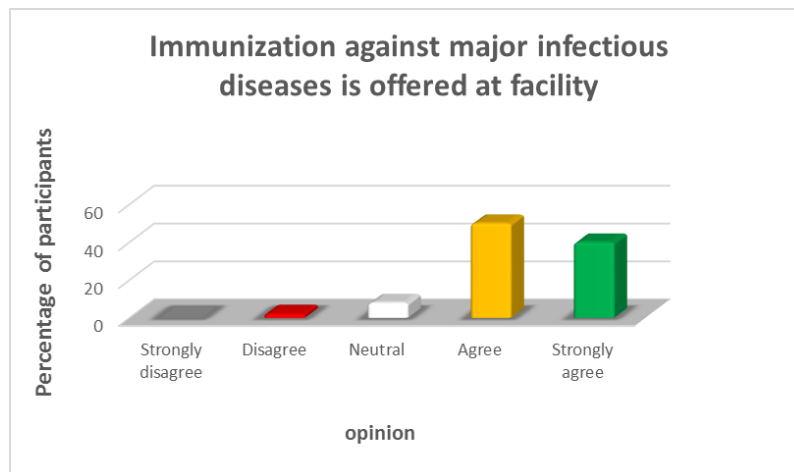
**Fig 4.13.** The graph indicates the awareness of participants on whether facility has a different section for treating children under five years.

The seventh statement is asking whether facility has a different section for treating children under five. Twelve (20%) participants were neutral, nineteen (32%) agreed with statement and thirteen (21%) strongly agreed. Meanwhile sixteen participants disagreed with ten (17%) strongly disagreeing and six (10%) disagreed.



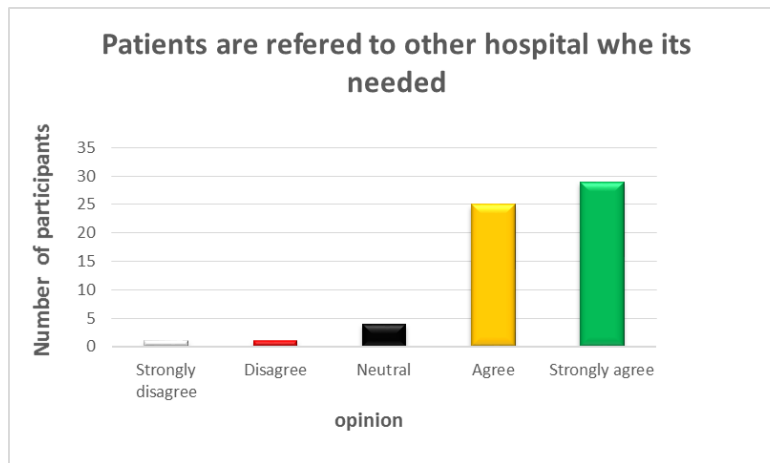
**Fig 4.14. The graph indicates the willingness of nurses to provide participants with different ways to solving their problems.**

The eighth statement is asking whether participants are given different solutions to solving their problems. A great number of participants agreed with statement with 24 (40%) agreeing and 19 (32%) strongly agreeing with the statement which makes up more than 70% of the participants. Nine (15%) were neutral while six (10%) disagreed and two (3%) stating that nurse at the health facility don't provide patients with different ways of solving their problem by disagreeing and strongly disagreeing with statement respectfully.



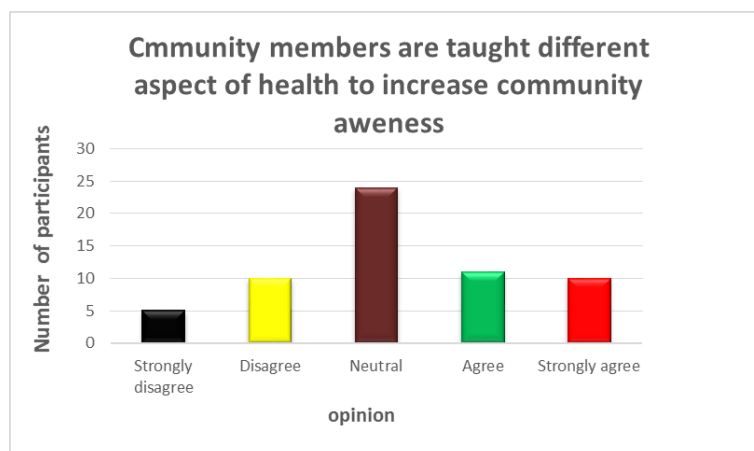
**Fig 4.15. The graph indicates the awareness of participants on immunization programs available at facility.**

The ninth statement is determining the awareness of participants of different immunization programs available at facility. With this statement 30 (50%) of the participants agreed with statement and 24 (40%) participants strongly agreed with it. Only 1 (2%) disagreed and 5 (8%) couldn't decide whether they agreed or disagreed. None of the participants strongly disagreed with the statement.



**Fig 4.16. The graph indicate the opinions of participants with referring of patients to other facilities.**

The tenth statement is asking whether patients are referred to other facilities when needed. Only 1 (2%) of the participants strongly disagreed and disagreed respectfully. With four (7%) participants being unable to decide whether they agreed or disagreed. Majority of the participants agreed with the statement with 25 (42%) agreeing and 29 (47%) strongly agreeing with the statement.



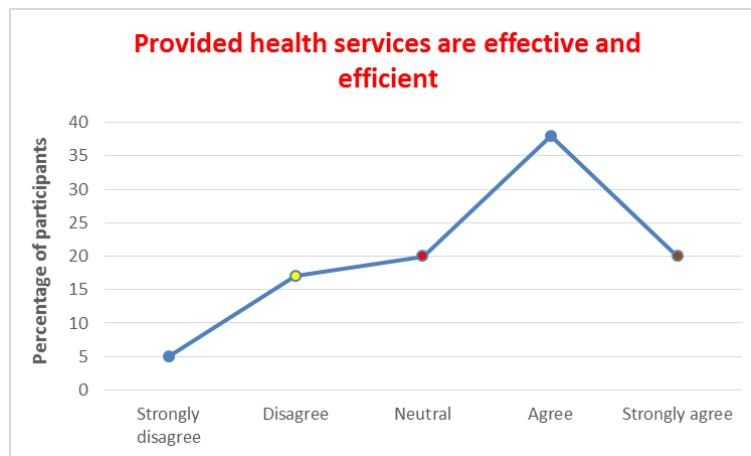
**Fig 4.17. The graph indicates the opinions of participants on whether community members are taught different aspect of health to increase community awareness.**

The eleventh statement was asking if community members receive teaching on different health aspects with the aim of improving community awareness and understanding. The majority with 24 (40%) were neutral. Eleven (18%) agreed and ten (17%) strongly agreed with statement. While 10 (17%) disagreed and only 5 (8%) participants strongly disagreed.

**4.4.3 Section C: Attitude of patients**

The objective of this section was to determine the attitude of participants in relation to the health care provided at Okuryangava Health Centre. Participants were asked to indicate to what extent they agreed with the statements by indicating their answers using the following 5-points scale where:

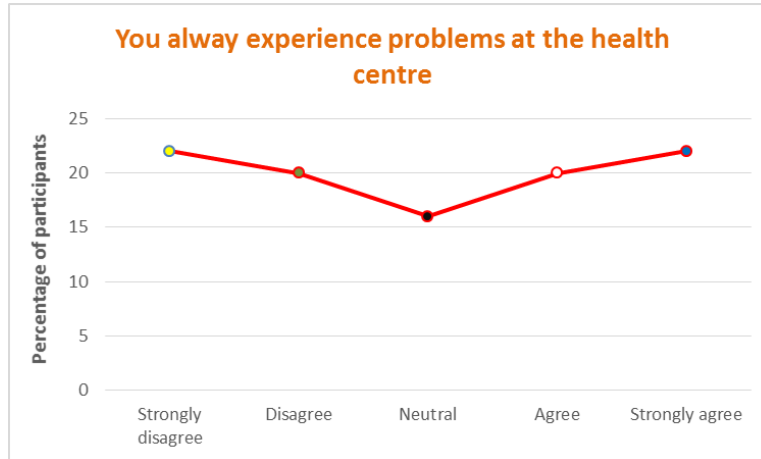
- 1= strongly disagree
- 2= Disagree
- 3= Neutral
- 4= Agree
- 5= strongly agree



**Fig 4.18. The graph indicates the opinions of participants on whether health services provided are effective and efficient.**

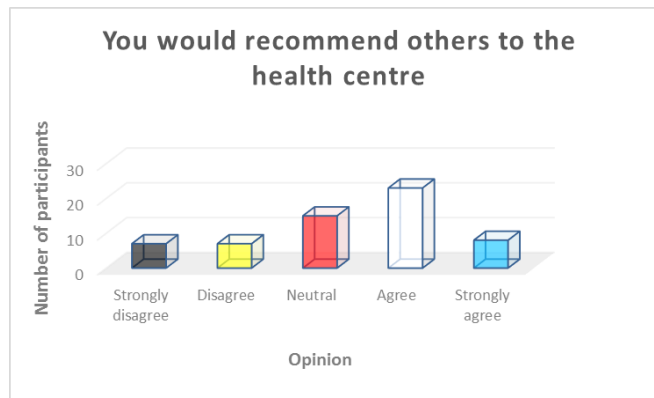
The first statement was asking whether the health services provided at facility are effective and efficient. With 23 (38%) participants agreeing with the statement and 12 (20%) strongly agreeing

and being neutral respectfully. Only 3 (5%) participants strongly disagreed and 10 (17%) disagreed



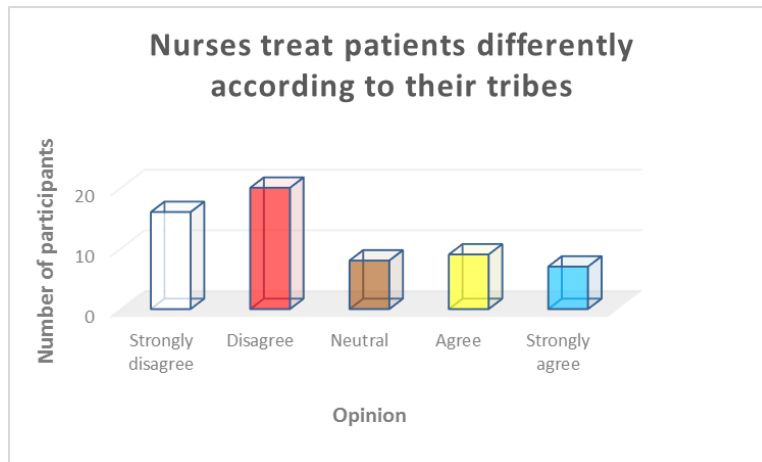
**Fig 4.19.** The graph indicates participants’ opinions on whether they encounter problems at health facility.

The second statement was assessing whether patients encountered problems at health facility. With 13 (22%) of the participants strongly agreeing and strongly disagreeing with the statement. While 12 (20%) participants disagreed and agreed respectfully. Only 10 (16%) were neutral.



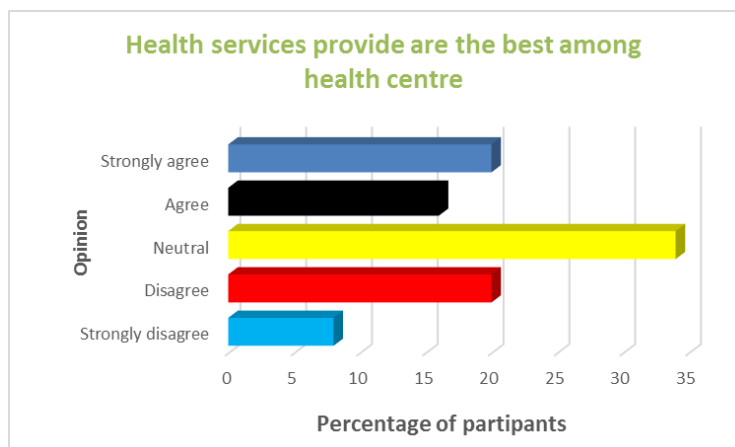
**Fig 4.20.** The graph indicates the participants’ opinion on whether they would recommend others to the facility.

The third statement was asking whether they would recommend others to the health facility. Majority of the participants agreed with 42% (23) and 12% (8) strongly agreed. Seven (11%) of the participants strongly disagreed and agreed respectfully. While fifteen (24%) were neutral.



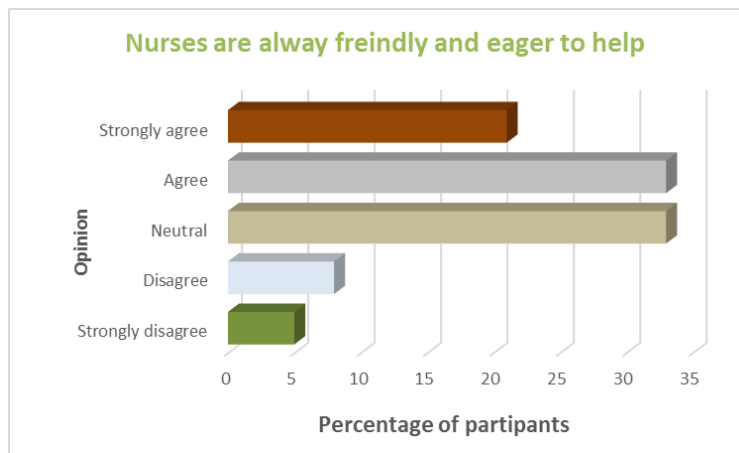
**Fig 4.21. The graph indicates the participant’s opinion on whether nurse treat patient according to their tribes**

The fourth statement aim was to determine whether patient are treated differently according to their tribes. With majority of the participants disagreeing with the statement as 16(27%) strongly disagreeing and 20 (33%) disagreed. Nine (15%) participants agreed and seven (12%) strongly agreeing. While 8 (13%) of the participant couldn’t decide whether thy agreed or disagreed.



**Fig 4.22. The graph indicates the opinion of the participants in relation to whether health services provide at the facility are among the best in health centres**

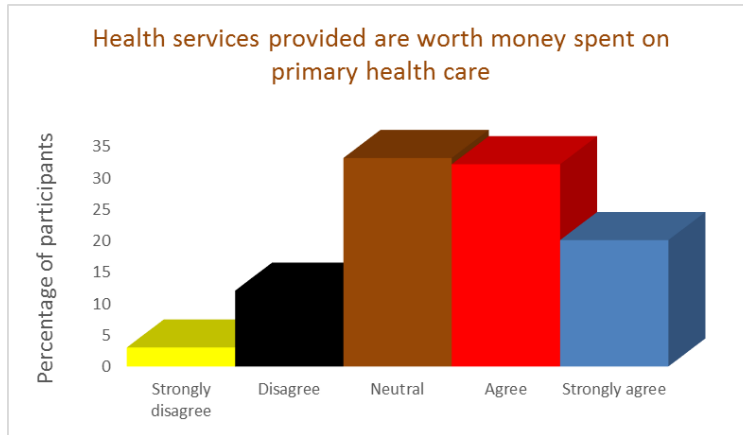
The fifth statement stated that health services provided at the facility are among the best in health centres. Twelve (20%) participants disagreed and strongly agreed with the statement. Twenty (34%) were neutral and eleven (18%) agreed with statement while only five (8%) strongly disagreed.



**Fig 4.23. The graph indicates the participants’ opinion on whether nurses are always friendly and eager to help.**

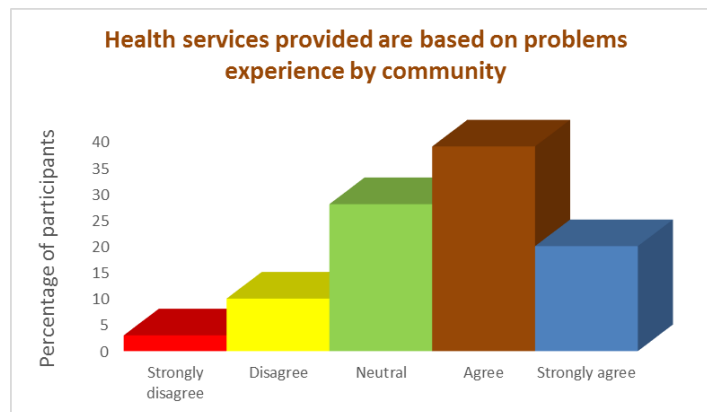
The sixth statement stated that nurse at the facility are always friendly and eager to help. Nineteen of the participants agreed and were neutral respectfully. While twelve (21%) strongly agreed. And the remaining eight participants disagreed (5%) 3 and strongly disagreed (8%) 5.





**Fig 4.24.** The graph indicates the participants’ on whether health services provided are worth money spent on primary health care.

The seventh statement was asking whether health services provided are worth money spent on primary health care by government. With the majority of participants, 20 (33%) were neutral and 19 (32%) agreeing with statement. Only 2 (3%) of the participants strongly disagreed while 7 (12%) disagreed. And 12 (20%) of the participants strongly agreed



**Fig 4.25.** The graph indicates the participants’ opinion on whether health care is based on problems experience by community.

The eighth statement stated that health services provided are based on community problems. Twenty three (39%) of the participants agreed with the statement .Twelve (20%) participants

strongly agreed and seventeen (28%) were neutral. While six (10%) participants disagreed and two (3%) strongly disagreed.

## **7. DICUSSION**

The discussion of this study derived from demographic characteristics and the data collected regarding knowledge and attitude of patients in relation to the primary health care services provided by nurse at okuryanagava health centre.

### **5.2.1 Demographic findings**

The analysis of the demographic characteristics of the respondents in this study looked at three demographic details; the gender of respondents, age, marital status, location and the last time the respondents visit Okutyangava health center. And the results were described as follow:

#### **5.2.1.1 Gender**

The findings on demographic characteristics of the participants showed that there were more female respondents (65%) as compared to their male counterparts (35%).According to UNESCO Institute for Statistic (2017) females are more than males in Namibia with a percentage of 50.3% (1 301 224) with the males being at 49.7% (1 285 531) this is simply indicates the females dominance in the society which explains the higher percentage of females in this study.

#### **5.2.1.2 Age**

The majority of respondents were 37 participants of the age ranged from 15 to 24 representing 62%, followed by 14 participants of the age group ranged 25-34 representing 23%, 7 participants representing 12% ranged from 35-44, and the fewest age group in this study were forty five (45) years old and above contributing 3% to the total population. It tells that most of the respondents in this study were of younger age. This is due to the fact that 61.7% of the entire population is made up of 15-64 year old indicating the dominance of the age groups that fall in this category in the study(United Nation Statistic, 2017).

#### **5.2.1.3 Marital status**

This study was carried out to determine knowledge and attitude of patients in relation to the primary health care services provided by nurse at okuryanagava health centre. A majority of the participants 54 (90%) were single, while 6 (10 %) were married participants. And that completed

the entire sample size with none of the participant being widows nor divorced. This in accordance with the age group of the majority of the participants.

#### 5.2.1.4 Educational level

The education level of the participants was key because it influences their level of understanding. The majority of the participants were at tertiary level of education with 32(53%) of the participants. Followed by 25 (42%) at a secondary level and only 3 (5%) at a primary level of education. UNESCO Institution of Statistics estimated that about 81.8% of the adult population (aged 15 years and above) in Namibia are able to read and write.

#### 5.2.1.5 Last visit to Okuryangava clinic

If participants have been to okuryangava health centre previously this makes the knowledge they provide more accurate as they have received services from time to time rather than someone who is there for the first time. Twenty (33%) of the participants last visit to the facility was six months ago or less, nine (15%) it was 12 months ago or less and seventeen (28%) 18 months ago or less. While only fourteen (23%) were there for the first time. This indicates that 77% of the participants previously visited the facility making the information provide more accurate.

#### 5.2.1.6 Location of participants

Majority of the participants are from Okuryangava with 26 (43%) of the participants. This is due to the location of the health center Nine (15%) of the participant staying in Ombili and Havana respectfully. While sixteen (27%) were classified as other location as the study didn't specified to which other location the participant stayed in as the study did not require any specification on other marital status.

### **5.2.2 Knowledge of participants on primary health care services.**

#### 5.2.2.1 Provision of health education and follow up date to all patients at the health facility

Van Wyk (2011), stated that in all health centres its essential to develop a health education plans, presented to the patient and their outcomes should be evaluated .The majority of the participants 37(62%) agreed that health education is provided at the facility. The finding of this study revealed that 62% of the participants had knowledge and are aware of health education and

different types of health educations. Which is importance function of a health centre as it increase individual and community awareness and knowledge levels. While From the compiled results of the study it was also estimated that the majority of the participants (30%) eighteen strongly agreeing and agreeing respectfully. This indicates a high level of knowledge of patients on the provision of follow up dates to patients and their importance.

#### 5.2.2.2 Awareness of all health services provided at the facility

Based on the findings of the study, more than half of the participants 31 (51%) showed good awareness as they agreed and strongly agreed respectfully with the statement that nurse at the facility make patients aware of different health services provided by the health centre. But a large number of 49% were neutral, disagreed or strongly disagreed respectfully. The result of the study suggest that a large number of patients are unaware of all health services provided at the centre as 20% disagreed and this might be the reason why some patients opt to go to other health facilities at times.

#### 5.2.2.3 Pap smear services being available at facility

Eileen (2017) described a pap smear as a medical procedure that test for pre-malignant cells on a women's cervix and described is as a vital test that give women an opportunity to prevent or treat any abnormalities before they became life-threatening. The study found that a high of participants lacked knowledge when it came to Pap smear as twenty two (36%) of the participants were neutral, three (5%) disagreed and one (2%) of the participants strongly disagreed. This indicated that a large number of participants lacked knowledge in relation to Pap smear as researcher was constantly asked to clarify on what exactly is meant by Pap smear regardless of the 57% of the participants that agreed with the statement

#### 5.2.2.4 Family planning and Immunization against major infectious diseases is provide at the facility.

Auala (2017) stated that all health Centres in Namibia should provide the following services. Promoting of proper nutrition, adequate supply and utilization of safe water as well as reproductive health and family planning and Immunizations against the major infectious. Majority of the participants thirty seven (61%) answered question correctly. The result of this study indicates good awareness among participants as more than half of the participants showing high knowledge levels with regards to family planning services at the facility. This is because of the high number of female participants and increased awareness of health education. Meanwhile seventeen (29%) had less knowledge as the agreed and strongly disagreed with statement that state that family planning isn't provide at the facility. Only six (10%) couldn't decide whether

they agreed or disagreed. The results of the study also indicated that Immunization against major diseases is provide at facility and there's increased awareness among participants with 90 % of the entire population agreed with the statement as thirty (50%) participants agreed and twenty four (40%) strongly agreed with the statement. While only one (2%) disagreed with statement.

5.2.2.5 Nurses help to identify problems and different ways of solving them and offers clarification on health problem.

The results of this study more than half of the participants agreed with 44 (72%) participants acknowledging that nurse helps identify problem and different ways of solving them while a much less percentage of 55% agreed that clarification on health problems is provide and 15 (30%) couldn't decide whether they agreed or not. Van Wyk (2011) described the identify and clarify on problems that should be solved, help patient to identify and evaluate alternative solution or in other words community nurse are required to be counsellors when needed as a key part in improving and increasing the community's' health status and awareness..

5.2.2.6 Patients are referred to other health facilities when needed.

Referral of patients is an important essential part of PHC as patients who require urgent or special care that can't be provided at the facility are referred to other facilities that cater for this care, ensuring quality nursing care. Based on the results of the study majority of the participants 89% agreed with the statement that the facility refers patients to other facilities when need arise indicating high knowledge levels of referral policies and its importance among community members with 47% strongly agreeing.

5.2.3 Attitude of patients with regards to primary health care

The result of the study show a positive attitude toward primary health care services provided at Okuryangava health centre as with 54% patients stating they would recommend others to the health facility and 58% agreeing with statement that health services provided are effective and efficient. Although 42% of the participants stated that they encountered problems at the facility but the study didn't specified to what kind of problems the participant encountered as the study did not require any specification on the type of problems.

## **8. LIMITATION**

This study was conducted only among patients at Okuryangava health center. Therefore the findings did not represent the whole population of the constituency. Insufficient time; there was not sufficient time to conduct this study due to some other commitments. Since the researcher was having other responsibilities time was so limited. Limited Resources; No same study was conducted before, therefore the researcher found it difficult to compare as to what was done before.

## **9. CONCLUSION**

The conclusion of this study was drawn from the findings that were discussed and described as per study aim and objectives.

### **5.3.1 Aim**

This study's aimed to assess the knowledge levels and attitude of patient with regards to the health services provided by nurses at Okuryangava health centre. The study provided evidence that a significant number of patients have high level of knowledge on different services provided and their importance. The findings showed that the majority of the patients had knowledge with regards to family planning, immunization against major infectious diseases is provided at the facility, Provision of health education and follow up care to all patients at the health facility and others.

### **5.3.2 Objectives**

The objectives of this study were to assess and then determine the knowledge levels and attitude of the patients or clients regarding the Primary health care services being provided by nurses at the Okuryangava clinic

The study concludes that most of the patients have good knowledge with regards to the PHC services provided at Okuryangava clinic. But a concerning number of patients showed low knowledge with regards to essential PHC services such as Pap smear, overall awareness of all services provided at PHC centre etc. There were also positive attitudes toward primary health care in general among patients.

## **10. RECOMMENDATION**

The recommendations are made regarding the possible further research and possible interventions or improvements regarding resources and facility management.

- Management

There is a need of Policies, guidelines, enough booklets/leaflets and pamphlets/posters regarding all available health services at facility, importance of essential services such as Pap smear, family planning, immunization etc. This will allow patients to read, understand and acquire knowledge as they wait in line or receive their treatment. Regular evaluations, continuous supervisions and reassessing of community awareness programs and community knowledge levels to identify areas that need reinforcement or further education.

- Research

A similar or further study can be conducted to determine the types of problems patient are encountering and the knowledge levels and further examine the causes of this gap in knowledge and the results should be made available to all nurses and patients in order for nurses to play their proper role in improve their level of knowledge with regards to primary health care services as well as the patients themselves.

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