CHALLENGES AND PROSPECT FOR UTILIZATION OF HEALTH CENTER IN UNIVERSITY OF BENIN

BY

Blessing Chibuzor DAVID
SSC2208846

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY,
FACULTY OF SOCIAL SCIENCES.
UNIVERSITY OF BENIN,
BENIN CITY.

JULY, 2026

CHALLENGES AND PROSPECTS FOR UTILIZATION OF HEALTH CENTER IN UNIVERSITY OF BENIN.

BY

Blessing Chibuzor DAVID
SSC2208846

BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE (B. Sc) DEGREE IN THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

JULY, 2026

CERTIFICATION

This is to certify that this project titled Challenges and prospect for utilization of Health Center in University of Benin was carried out by Blessing Chibuzor DAVID Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City in partial fulfillment for the award of Bachelor Degree (B.Sc).

Dr. (Mrs.) Toby	**Assoc. Prof. G. Igbinomwanhia**
(Project Supervisor)	**(Head of Department)**
Date	**Date**

DEDICATION

This project is dedicated to God Almighty for His infinite mercy, favor, grace, strength, love, knowledge, provision and protection upon me. And also to my parents for their prayers and support.

ACKNOWLEDGEMENTS

I want to acknowledge God's faithfulness, guidance and protection throughout my academic journey. His grace has been my strength and I am deeply grateful for His unwavering support.

My sincere appreciation goes to my project supervisor, Dr. (Mrs.) Toby for her mentorship, encouragement and her motherly role throughout my journey in school. Also, to the lecturers of the department for the roles they played in bestowing knowledge in me.

To my amazing parents, Mr. and Mrs. David and my siblings, I want to appreciate you all for your sacrifices, prayers, and unwavering support. It has been my greatest motivation. And to my Big brother, Joshua Chifoanu, thank you for being a pillar of strength. Your constant belief in me has made this journey easier and fulfilling.

A special appreciation goes to my friend, Godstime Clement, for his support, mentorship and encouragement throughout my academic journey. To my amazing friend, Chinenye Anosike, my wonderful course mates, DLCF Zion chapel and all the incredible persons I have met along the way, you have played an important role in making my journey a memorable one.

TABLE OF CONTENT

ABSTRACT

The study is based on the Challenges and Prospects for Utilization of Health Centre in University of Benin. This study adopted an explorative and survey design method to examine challenges and prospects for health center utilization among students at the University of Benin. One hundred and ten respondents from the Faculty of Social Sciences (Department of Sociology and Psychology, 300-level and 400-level students) participated in the research. A questionnaire was used as the instrument for data collection, and simple random sampling was employed to select participants. Descriptive statistics were used to analyze the data collected. The study identified five major barriers to health center utilization: long waiting times, poor infrastructure, limited services, inadequate funding, and insufficient staff. When rating the current state of the health center, the majority of respondents assessed it as providing Fair or Poor quality services. The primary reasons for dissatisfaction included long waiting times, inadequate equipment, unfriendly staff, and limited services. Despite these challenges, a significant majority of respondents expressed optimism that the health center could improve. Students recommended improvements including upgrading infrastructure, increasing funding, expanding services, hiring more staff, and improving patient care. The study concludes that while significant barriers to health center utilization exist, students have provided clear recommendations for improvement. Addressing these challenges is essential for increasing health center utilization and supporting student health and academic success.

Keywords: *Health center, utilization, Student, satisfaction, Healthcare quality.*

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, the challenges facing students utilization of health centers has taken notes and countries like Nigeria is not an exception. This problems and challenges has eaten deep into educational system. Todays understanding about health is total well-being and not only to be mere absence of disease or infirmity but the complete physical, mental and social well being of not just an individual but the society at large (World health organization, 1946; Raebun and Rootman, 1998). Hence, good health is a complex state and achieving it requires much more than just one or two simple interventions, but an integrated range of preventive strategies, environmental changes, therapies and technology to diagnose and treat ill health and provision of opportunities for those who need healthcare to access it (WHO report, 2014).

The term health care services covers a wide range of services in health promotion, illness prevention, early detection of diseases and management of health problems within the community. Health care services are designed to meet the health needs of the community through the use of available health facilities with health manpower carrying out their professional duties (Obiechina and Ekendedo, 2013). A health care facility is a place

where health care services are provided to individuals for the purpose of promoting, maintaining and restoring health (Okafor 2011; World health organization, 2010). Health facilities range from small clinics and doctors' offices to urgent care centers and large hospitals with elaborate emergency rooms (Centers for disease control and prevention (CDC), 2018; Alubo, 2018). Good health care services need to be made available for the student to take care of their health.

University of Benin Teaching Hospital was established in 1973. The campus Health centre was created later as part of the university student/staff welfare services and is documented in university materials and health studies from the 1980s onward. It is assumed that awareness of health leads to improvement in life expectancy, which is a robust indicator of human development. The mere provision of health facilities does not necessarily imply increased or improved utilization of health services by communities; major factors that influence health facility include distance to facilities, cost of services, cultural beliefs of the individual, nature of illness and quality of the services available (Ager and pepper, 2005). The students are a vibrant group whose health needs adequate care. Utilization of health and medical services are the ways in which individuals respond to ill health and disease.

Institutions of higher education provide a venue for providing health information education, reducing high health risk behaviors and providing interventions to assist

students in coping with their health problems/issues. According to (Tunde, 2014; Adeleke. 2014; Omole, 2015), university students face series of stress in accessing health care, the administration process and lackadaisical behavior of some staff to students ill health have substantial influence on their decision to seek health care at the university health center. It is on this background that this present study is hence, conducted to examine the level of awareness and utilization of university health care services among undergraduate students in University of Benin.

1.2 STATEMENT OF THE PROBLEM

University health centers are established to provide accessible, and comprehensive health care services to students and staff within the university community, thereby promoting physical well-being and academic productivity (World health organization, 2010; Adefoalu , 2016). Effective utilization of these health centers is essential for disease prevention, early diagnosis, treatment of illnesses, and reduction of absenteeism among students and staff (Omole, 2015; Onasoga, 2014). When adequately utilized, university health center serves as the primary point of healthcare access and contribute significantly to improved health outcomes within academic institutions (WHO, 2010; Ogunyemi, 2017).

The university of Benin operates a health center intended to meet the health care needs of its growing population of students, academic staff and non-academic staff (Adeleke, 2014). However studies conducted in Nigerian universities indicate that the utilization of university health center remains low despite their availability (Omole,2015; Alubo, 2018).

Despite been a primary healthcare provider for a large population, the Uniben Health center faces several issues that limits its utilization. Student cited challenges such as inadequate staffing, long waiting times, lack of essential drugs, subpar facilities and poor staff attitudes. Moreover, the factors that influence university student decision to seek professional care are dynamic (Chitalu, 2009). These issues cause many to seek alternative, and often more expensive care outside the university, which is a particular problem for student from low income families.

Lack of awareness and inadequate knowledge of available services constitute a major challenge to health center utilization. Without a comprehensive analysis of these challenges, the UNIBEN health center cannot effectively fulfil its mandate to provide quality health care to the university community.

1.3 RESEARCH QUESTIONS

To guide and focus this study, the following research questions were raised;

1. What are the key challenges students and staff face when trying to utilize the UNIBEN health center?
2. To what extent are students satisfied with quality of care, availability of drugs, and waiting times at the health center?
3. How does the attitude of health center staff affect the utilization rates and overall perception of the services?
4. What is the level of utilization of health center by students?

1.4 OBJECTIVE OF THE STUDY

The general objective of this study is to examine the challenges and prospects for the utilization of the University of Benin Health Centre. The specific objectives are to;

1. Identify the major factors hindering the utilization of the Uniben health center by students and staff.
2. Assess the level of satisfaction among students and staff with the services provided by the Health Centre
3. Evaluate the perception of staff attitude and its effect on service utilization.
4. Examine the prospects for improving service delivery and increasing the utilization of Health Centre.

1.5 SIGNIFICANCE OF THE STUDY

The findings from the study will be used to sensitize students on the importance of regular medical check-up and treatment in a health care facility and to highlight the dangers of self- medication, thereby improving the students utilization of health care services.

1.6 SCOPE OF THE STUDY

The scope of this study focused on the undergraduate students of the University of Benin from Sociology and Psychology department ranging from 300level to 400level.

1.7 CLARIFICATION OF KEY CONCEPT

- **Health Centre:** is a place where people go to receive basic medical care, treatment and health services.
- **Good health:** means being completely well in your body, mind and social life.
- **Undergraduate:** is a person who is studying for a first degree (such as B.Sc, B.A, B.Eng, etc.) in a university or higher institution.
- **Challenges:** means difficulties, problems or obstacles that makes it harder to achieve something.
- **Prospect:** means the future possibility, opportunity or positive potential of something.
- **Disease:** is an abnormal condition in the body or mind that causes discomfort, dysfunction or harm.
- **Diagnose:** means to identify or find out what disease or health condition a person has.
- **Awareness:** means having knowledge, understanding or consciousness about something.

- **Utilization:** means the use of a service, facility or resource. It refers to how often and how well people use available health services such as clinics, health centers and hospital facilities.

CHAPTER TWO

LITERATURE REVIEW AND THEORECTICAL FRAMEWORK

2.1 AN OVERVIEW OF HEALTH CARE UTILIZATION

Health center use refers to how often people visit health centers and how many factors may impact this access. It describes the scope and trends of how people access and utilize the services offered by medical facilities such clinics, community health centers, and primary care centers (WHO, 2010). According to Gulliford, Figueroa Munoz, Morgan, Hughes, Gibson, Beech, and Hudson (2002), it has to do with the different ways that patients obtain health services, such as outpatient visits, ER visits, hospital stays, and prescribed treatments like Highly Active Antiretroviral Therapy (HAART).

The degree to which people, families, and communities utilize the health services that are available to them in order to preserve or enhance their well-being is sometimes referred to as health center utilization. It includes access to primary healthcare facilities' preventative, promotional, curative, and rehabilitative treatments (WHO, 2008). Planning, allocating resources, and increasing the overall effectiveness of the health system all depend on an understanding of health center utilization (Aday & Anderson, 1974). The actual usage of medical services by a population is sometimes referred to as health center utilization. It includes using curative treatments when sickness strikes, visiting medical facilities, and participating in preventive activities like vaccinations and prenatal care (Anderson, 1995).

Andersen's Behavioural Model of Health Service Use states that need factors (such as perceived or assessed sickness), enabling factors (such as income, access to health facilities), and predisposing factors (such as age, gender, and education) all have an impact on utilization. These factors explain why some people visit health centers more frequently than others (Andersen, 1995). Additionally, use is a crucial measure of a health system's effectiveness. Increased accessibility, quality, and confidence in the health system are frequently reflected in high consumption of critical services such HIV services, chronic illness management, maternity care, and child care (WHO, 2010). Low use, on the other hand, can be a sign of structural obstacles, budgetary limitations, cultural norms, or discontent with service quality.

2.1.1 Importance of Health Centre Utilization:

Effective utilization of health services leads to improved health outcomes, early disease detection, and reduced morbidity and mortality(WHO,2010; Andersen, 1995). Health centre utilization also enhances community health awareness, encourages healthy behaviour, and promotes continuity of care(Aday& Andersen,1974). In many low-income and middle-income countries, increasing utilization of primary health centres is a critical strategy for achieving Universal Health Coverage (UHC) and meeting Sustainable Development Goals (SDGs), particularly those related to health(WHO, 2010).

2.1.2 Factors Influencing Health Centre Utilization:

Several factors influence whether people use available health services:

i. Socio-demographic factors

Health-seeking behavior is strongly influenced by age, gender, education level, marital status, and occupation. For example, educated people might be more conscious of the advantages of routine medical examinations (Andersen, 1995; Grossman, 1972).

Economic factors

Health insurance coverage, income level, and service costs are important factors. In low-income regions, out-of-pocket costs frequently deter utilization (Peters, Garg, Bloom, Walker, Brieger & Rahman, 2008).

ii. Accessibility

Ease of access is determined by journey time, transportation availability, and geographic closeness. One of the best indicators of utilization, particularly in rural regions, is the distance to medical services (Buor, 2003; Gulliford et al., 2002).

iii. Health system factor

These include the availability of qualified staff, the availability of medications, the cleanliness of the facility, the length of wait times, and the overall standard of care. Low usage and a preference for traditional or private treatment are frequently caused by subpar services (Aday & Andersen, 1974; WHO, 2008).

iv. Cultural and behavioural factors

The decision to use health services is influenced by cultural beliefs, conventional medical practices, perceptions of the severity of sickness, and trust in medical professionals (Helman, 2007).

v. Need factors

Utilization is significantly influenced by perceived care needs, such as the severity of a disease or the existence of chronic disorders. When people believe their health situation is serious or life-threatening, they are more likely to seek medical attention. Andersen (1995)

2.1.3 Strategies to Improve Health Centre Utilization:

Improving utilization requires multi-level interventions:

- Strengthening primary health care systems
- Providing affordable or subsidized services
- Improving health facility infrastructure
- Ensuring continuous drug and supply availability
- Community health education and awareness campaigns
- Training health workers to promote patient-centered care
- Enhancing health insurance coverage

2.2 AWARENESS AND ACCESSIBILITY OF UNIVERSITY OF BENIN HEALTH CENTER SERVICES:

The knowledge and comprehension that something is occurring or exists is known as awareness. In the context of general health, it refers to educating people about health issues so they can prevent and treat illness. According to Afolayan et al. (2019), awareness can also relate to a person's conscious sense of himself or their surroundings. The ease with which people, regardless of their skills or impairments, can access, enter, and utilize places, services, and products is known as accessibility. In order to guarantee that everyone has an equal chance to fully and independently engage in society, it entails proactively designing for inclusivity (Gulliford et al., 2002).

Health services for students and staff are essential to both academic achievement and campus welfare. Finding gaps that impact use, equity, and health outcomes is made easier by knowing how staff and students are aware of the Center's services and how easily accessible they are in practice (University of Benin, 2023).

Situated on the Ugbowo campus in Benin City, Edo State, the UNIBEN Health Center is one of the administrative divisions of the institution. In addition to offering regular clinical treatment to staff and students, the Center has connections to the University of Benin Teaching Hospital (UBTH) for referrals and higher-level care when needed. The university's official website has the Health Center's listing and contact details (University of Benin, 2023).

2.2.1 Awareness of Services.

There are two aspects to being aware of campus health services: (1) knowing that the service is available and how to get in touch with it; and (2) knowing what services are available, such as emergency stabilization, outpatient consultations, reproductive health counseling, and referral services (Nutbeam, 2000; Afolayan, Okorie, & Fawole, 2019). Existence and contact: Students who browse official channels (such as the university website and student handbooks) set an institutional foundation for awareness by listing the Health Center and providing contact information on official university pages and directories (University of Benin, 2023).

Service scope: UBTH offers more complicated interventions and specialized care, although the Health Center is positioned as the campus primary care center. Students need to understand this referral connection in order to navigate care outside of the campus clinic (WHO, 2018; University of Benin, 2023). Active outreach (orientation sessions, awareness campaigns, workshops) is more effective in increasing awareness and utilization of campus health services than passive information (website listings, handbook entries) alone, according to empirical studies from other universities (Afolayan, Okorie, & Fawole, 2019; Nutbeam, 2000). At UNIBEN, university centres such as the Centre for Gender Studies and other student welfare units have run health-related workshops and events, signalling opportunities for the Health Centre to partner on outreach (University of Benin, 2023).

2.2.2 Accessibility of Services:

Geographical/physical access, operating hours, cost/financial access, cultural acceptability, and connections to higher care are all aspects of accessibility (Penchansky & Thomas, 1981; Gulliford et al., 2002).

2.2.3 Geographic and physical access:

The Health Center's Ugbowo campus location makes it easier for on-campus residents to physically reach it because it is close to both residential halls and the main student body. However, some students may still face travel and time constraints due to the size of the campus and the scattered faculty (Gulliford et al., 2002).

2.2.4 Hours and emergency linkage:

Local reports about emergency treatment on campus have mentioned the availability of ambulance/transfer arrangements; the Health Center usually manages routine and minor emergency care and has an established referral connection with UBTH for emergencies or specialist needs (WHO, 2018).

2.2.5 Financial access:

Local reports about emergency treatment on campus have mentioned the availability of ambulance/transfer arrangements; the Health Center usually manages routine and minor emergency care and has an established referral connection with UBTH for emergencies or specialist needs (WHO, 2018).

2.2.6 Acceptability and confidentiality:

Students' decision to use campus health services is influenced by factors like perceived secrecy, care quality, and cultural sensitivity (especially with regard to sexual and reproductive health). Ongoing cooperation between the Health Center and student welfare divisions can assist address stigma and privacy concerns; UNIBEN has held workshops on young adult health and sexuality that imply institutional attention to acceptability issues (WHO, 2018).

2.3 FACTORS AFFECTING STUDENT UTILIZATION OF HEALTH FACILITIES:

Students' use of health facilities has a significant impact on their general well-being, academic achievement, and campus security (Gulliford et al., 2002). Although many postsecondary universities have health centers, usage rates differ greatly. Students' access to and use of these services are influenced by a number of institutional, cultural, environmental, and personal factors (Afolayan et al., 2014).

2.3.1 Awareness and Knowledge of Available Services:

One of the best indicators of using medical facilities is awareness. Students are more likely to seek medical attention when necessary if they are aware of the services that are provided, the hours of operation, and the extent of care. Even in cases where services are sufficient, low awareness results in underutilization (Afolayan et al., 2019).

2.3.2 Accessibility and Convenience:

Students' propensity to use health facilities is influenced by factors such as waiting times, transportation, opening hours, and geographic closeness. Students may choose self-treatment or outside clinics if they believe the health center is hard to get to or services are delayed (Gulliford et al., 2002).

2.3.3 Perceived Quality of Care:

Utilization can be greatly impacted by students' opinions of how capable, courteous, and accommodating healthcare professionals are. Students are deterred from seeking care by unfavorable staff attitudes, poor communication, a lack of privacy, or insufficient medical equipment (Adebayo, Uthman, & Wiysonge, 2021).

2.3.4 Cost of Services:

Certain treatments and medications have costs, even in school health clinics that receive subsidies. Financially strapped students could put off or avoid getting medical attention, particularly for non-emergency ailments. Thus, affordability continues to be a crucial factor (WHO, 2010).

2.3.5 Cultural and Personal Beliefs:

Where students seek assistance can be influenced by cultural norms and individual ideas about disease, self-medication, and conventional care. Instead of utilizing official medical facilities, some people could favor home cures or spiritual interventions (Afolayan et al., 2019).

2.3.6 Previous Experiences:

Return visits are encouraged by positive experiences, such as prompt healing, courteous staff, or successful treatment. On the other hand, lengthy wait periods, a perceived incorrect diagnosis, or unpleasant treatment discourage future use (Institute of Medicine, 2001).

2.3.7 Privacy and Confidentiality Concerns:

Privacy is necessary for health issues pertaining to sensitive conditions, mental health, or sexual and reproductive health. Campus health centers may be avoided by students who have concerns about the privacy of their medical records (WHO, 2018; Afolayan et al., 2019).

2.3.8 Health-Seeking Behaviour and Knowledge:

Students are more likely to seek health services if they have strong health literacy, which includes knowledge of symptoms and necessary treatments. Poor health-seeking behavior might lead to self-medication or the disregard of symptoms (Ononokpono & Odimegwu, 2014).

2.3.9 Peer Influence:

Students' opinions regarding health services might be influenced by peer suggestions, experiences, and perceptions. While unfavorable ratings from friends may deter consumption, favorable peer pressure may increase it (Afolayan et al., 2019).

2.3.10 Availability of Resources:

Shortage of drugs, lack of diagnostic equipment, insufficient medical staff, and inadequate space can limit the effectiveness of health facilities. Students may avoid facilities with a reputation for limited or ineffective services (Adebayo et al., 2021; Federal Ministry of Health, 2016).

2.4 QUALITY OF HEALTH CARE DELIVERY AND PATIENT SATISFACTION

Quality of health care delivery refers to the degree to which health services provided to individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. High-quality health care is safe, effective, patient-centred, timely, efficient, and equitable (Donabedian, 2005). Patient satisfaction,

on the other hand, reflects patients' perceptions of the care they receive, including whether their expectations are met during interactions with health systems. Quality health care is the delivery of health services that enhances desired health outcomes, respects patient values, and is based on current professional knowledge.

2.4.1 Dimensions of Quality Health Care Delivery:

i. **Safety**:

The goal of safety is to lower hazards and keep patients safe while receiving medical care. To prevent patient harm during treatment, facilities must implement procedures, infection prevention measures, and error-reduction methods (WHO, 2020).

ii. Effectiveness:

on order for health interventions to be effective, they must be grounded on scientific evidence and given to individuals who require them. It entails adhering to established therapeutic recommendations and refraining from using medical services excessively or insufficiently (Institute of Medicine [IOM], 2001).

iii. **Patient centeredness:**

Patients' needs, expectations, and values are respected in patient-centered treatment. This encompasses effective communication, collaborative decision-making, emotional support, and cultural awareness. Patient satisfaction dramatically increases when healthcare professionals show empathy and respect (Cleary, 2016).

iv. **Timeliness**:

Waiting times and detrimental delays in receiving services are decreased with prompt care. Long wait times in hospitals or clinics frequently lower patient satisfaction and may deter future usage of medical facilities (Ameh & Adeleye, 2021).

v. Efficiency:

When health resources are used as efficiently as possible to produce the best results, efficiency is attained. Both quality and patient satisfaction are increased by avoiding pointless testing, cutting down on hospital stays, and eliminating waste.

Equity

Regardless of gender, social class, race, or geography, equitable health care guarantees that everyone receives high-quality services. Dissatisfaction and mistrust of the health system are frequently caused by inequities (WHO, 2018).

2.4.2 Quality of Health Care and Its Influence on Patient Satisfaction:

Patient satisfaction is a crucial indicator of quality health care delivery and is strongly linked to treatment adherence, continuity of care, and overall health outcomes. When patients receive clear explanations, compassionate care, adequate attention, and timely treatment, their satisfaction levels increase significantly (Batbaatar et al., 2002).

i.

ii.

iii. Enhancing Awareness and Health Education:

Campaigns for community awareness and ongoing health education are a significant opportunity to boost utilization. People in the community are more likely to seek services when they recognize the value of immunization, preventative care, prenatal visits, and routine checkups. Misconceptions are dispelled and early healthcare seeking is encouraged by health promotion initiatives carried out by schools, social media, radio shows, and local leaders (World Health Organization, 2022). Improved service uptake has been repeatedly associated with increased health literacy.

iv. Strengthening Service Quality:

Enhancing the real and perceived quality of health center services is a significant factor in determining use. This entails cutting down on wait times, guaranteeing drug availability, enhancing employee morale, and upholding hygienic, secure surroundings. Patients are more willing to go to facilities where they feel valued and well-cared for. Research indicates that recommendations to others and return visits are strongly influenced by patient satisfaction (Atinga et al., 2023).

v. Expanding Accessibility and Infrastructure:

In many communities, physical access is still a significant obstacle. Attendance can be significantly increased by developing infrastructure through more clinic buildings, satellite centers, mobile clinics, and better transit systems. People are more likely to seek care early if health centers are made more accessible to students, rural residents, and underprivileged groups (Olanrewaju & Adeyemi, 2021).

vi. Human Resource Development and Training:

Continuous training of healthcare workers enhances the quality and efficiency of service delivery. Skilled personnel provide better diagnosis, treatment, and health education, which increases community trust. Additionally, deploying adequate staff reduces workload and improves patient experience.

vii. Digital Health and Technology Integration:

Adopting technology such as electronic health records, SMS reminders for appointments, mobile health applications, and telemedicine enhances service delivery and convenience. Telehealth services especially improve utilization among individuals who face distance, time, or mobility challenges (McGrath & Osei, 2022).

viii. **Affordable and Inclusive Health Financing**:

Cost remains one of the most significant barriers to health centre use. Expanding health insurance coverage, subsidizing essential services, and implementing community-based health financing schemes can reduce financial hardship and encourage more people to seek care. Evidence suggests that health insurance enrolment greatly increases healthcare utilization (Adebayo et al., 2020).

ix. **Community Engagement and Stakeholder Collaboration**:

Engaging community leaders, student bodies, religious groups, and local organizations fosters stronger relationships between health centres and their users. Collaborative partnerships help identify community needs, co-design interventions, and promote collective ownership of health services.

2.5 PROSPECT FOR IMPROVING THE UTILIZATION OF HEALTH CENTER:

Improving the utilization of health centers is essential for strengthening primary health care systems, promoting early disease detection, and enhancing overall population health outcomes. Health center utilization refers to the extent to which individuals or communities' access and use available health services when needed. In many low- and middle-income countries, health facility use remains suboptimal due to barriers such as low awareness, cost, distance, mistrust, and limited-service quality. However, numerous opportunities exist to significantly improve utilization.

Information plays a central role in a health system's ability to secure improved health for its population. Its many and diverse uses include tracking public health; determining and implementing appropriate treatment paths for patients; supporting clinical improvement; monitoring the safety of the health-care system; assuring managerial control; and promoting health system accountability to citizens. However, underlying all these efforts is the role that information plays in enhancing decision-making by various stakeholders (patients, clinicians, managers, governments, citizens) seeking to steer a health system towards the achievement of better outcomes.

x. Enhancing Awareness and Health Education:

One major prospect for increasing utilization is sustained health education and community awareness campaigns. When community members understand the importance of preventive care, immunization, antenatal visits, or regular check-ups, they are more likely to seek services. Health promotion activities through schools, social media, radio programs, and community leaders help correct misconceptions and encourage early healthcare seeking (World Health Organization, 2022). Increased health literacy has been consistently linked to improved service uptake.

xi. Strengthening Service Quality:

Improving the perceived and actual quality of health centre services is a strong determinant of utilization. This includes reducing waiting time, ensuring the availability of drugs, improving staff attitudes, and maintaining clean, safe environments. Patients are more likely to visit centres where they feel respected and adequately cared for. Studies show that patient satisfaction significantly influences return visits and recommendations to others (Atinga et al., 2023).

xii. Expanding Accessibility and Infrastructure:

Physical access remains a major barrier in many communities. Expanding infrastructure through additional clinic buildings, satellite centres, mobile clinics, and improved transportation networks can greatly improve attendance. Making health centres more accessible to students, rural dwellers, and underserved populations increases the likelihood that people will seek care early (Olanrewaju & Adeyemi, 2021).

xiii. Human Resource Development and Training:

Continuous training of healthcare workers enhances the quality and efficiency of service delivery. Skilled personnel provide better diagnosis, treatment, and health education, which increases community trust. Additionally, deploying adequate staff reduces workload and improves patient experience.

xiv. Digital Health and Technology Integration:

Adopting technology such as electronic health records, SMS reminders for appointments, mobile health applications, and telemedicine enhances service delivery and convenience. Telehealth services especially improve utilization among individuals who face distance, time, or mobility challenges (McGrath & Osei, 2022).

xv. **Affordable and Inclusive Health Financing**:

Cost remains one of the most significant barriers to health centre use. Expanding health insurance coverage, subsidizing essential services, and implementing community-based health financing schemes can reduce financial hardship and encourage more people to

seek care. Evidence suggests that health insurance enrolment greatly increases healthcare utilization (Adebayo et al., 2020).

xvi. **Community Engagement and Stakeholder Collaboration**:

Engaging community leaders, student bodies, religious groups, and local organizations fosters stronger relationships between health centres and their users. Collaborative partnerships help identify community needs, co-design interventions, and promote collective ownership of health services.

2.6 THEORECTICAL FRAMEWORK

Two Theories will be used for this research work;

1.Health belief model

2. Theory of planned behaviour

1. HEALTH BELIEF MODEL (HBM)

The Health Belief Model was developed in the 1950s by social psychologists, Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels, of the United States Public Health Service to explain why people do not take advantage of disease prevention and health promotion programs even when they are readily available (Rosenstock, 1974). The model explains health behavior based on individual beliefs, perceptions, and expectations (Glanz, Rimer & Viswanath, 2008).

According to the Health Belief Model, people will take health-related action if they believe they are at risk, believe the condition is serious, believe action will benefit them, and believe the barriers are minimal (Rosenstock, 1974).

Components of the Health Belief Model

The Health Belief Model consists of six major constructs:

i. Perceived Susceptibility

This refers to a person's belief about how likely they are to get a disease (Glanz et al., 2008). In this study, students who believe they are vulnerable to illness due to academic stress, poor hygiene, or overcrowding in hostels are more likely to use the University of Benin Health Centre.

ii. Perceived Severity

This refers to how serious a person believes a disease and its consequences are (Rosenstock, 1974). Students who believe that illness can affect their academic performance or even lead to death are more likely to seek medical care.

iii. Perceived Benefits

This refers to a person's belief that using a particular health service will reduce their risk or help them recover (Glanz et al., 2008).Students who believe that the health centre provides effective treatment will be more willing to use it.

iv. Perceived Barriers

These are obstacles that prevent people from using health services, such as cost, long waiting time, drug unavailability, staff attitude, and distance (Rosenstock, 1974). These barriers form the major challenges to the utilization of the University of Benin Health Centre.

v. Cues to Action

These are factors that trigger health behavior, such as advice from friends, health talks, posters, or severe symptoms (Glanz et al., 2008). For example, a student may only visit the health centre after repeated illness or advice from a roommate.

vi. Self-Efficacy

This refers to the confidence a person has in their ability to take action successfully (Bandura, 1997). Students who feel confident in registering, explaining symptoms, and paying hospital bills are more likely to use the health centre.

The Health Belief Model is relevant to this study because it explains how students' beliefs about illness, treatment, and health services affect their use of the University of Benin Health Centre. When students believe that they can fall sick, believe the sickness is serious, believe the health centre is helpful, and face fewer barriers, utilization increases

(Rosenstock, 1974). However, negative perceptions such as drug shortage, poor staff attitude, and long queues reduces utilization.

2. THEORY OF PLANNED BEHAVIOUR (TPB)

The Theory of Planned Behavior was developed by Icek Ajzen (1991) as an extension of the Theory of Reasoned Action. The theory was designed to predict and explain human behavior in specific contexts. According to Ajzen (1991), a person's behavior is directly influenced by their intention, which is in turn influenced by attitude, subjective norms, and perceived behavioral control.

Components of the Theory of Planned Behavior

i. Attitude Toward the Behavior

This refers to how positively or negatively a person views a particular behavior (Ajzen, 1991). Students who believe that the University of Benin Health Centre is effective will have a positive attitude and will be more willing to use it.

ii. Subjective Norms

This refers to the influence of people around an individual, such as friends, roommates, and family (Ajzen, 1991). If students' friends encourage the use of the health centre, they are more likely to go. If friends prefer self-medication or private hospitals, students may ignore the school clinic.

iii. Perceived Behavioral Control

This refers to how easy or difficult a person believes it is to perform the behavior (Ajzen, 1991). Students who believe they have time, money, and easy access to the health centre will be more likely to use it. The Theory of Planned Behavior is relevant because students' utilization of the University of Benin Health Centre depends on, their attitude toward the clinic, the influence of friends and peers, their control over time, money, and access, when these three factors are positive, students are more likely to utilize the health centre (Ajzen, 1991). This study combines both the Health Belief Model and the Theory of Planned Behavior to fully explain the challenges and prospects of utilizing the University of Benin Health Centre. The HBM explains students' beliefs and perceptions, while the TPB explains social influence and behavioral intention. Together, both theories provide a strong framework for analyzing, why students use the health centre, why they avoid it, and what factors can improve utilization.

CHAPTER THREE

METHODOLOGY

Research methodology refers to a plan for carrying out research and helps keeps researchers on track by limiting the scope of research. It is the study of methods.

3.1 RESEARCH DESIGN

A research design is a template that explains the blueprint of a research process. There are different types of research designs, the choice of a research design to be adopted depends on the relevance of the research purpose as well as the time and material available to the researcher.

This study will adopt an explorative and survey design method. To get the required data for this study, a study location is selected, and from this study location, the sample is picked. Also, in in order to generate data for this study, the questionnaire is used as the instrument of data collection.

3.2. AREA OF THE STUDY

The area of study was University of Benin, Faculty of Social sciences, Sociology and Psychology students. As at the time of the research, they were 247 in those departments.

3.3. POPULATION OF THE STUDY

The population targeted for this study is the undergraduate students across the faculty of Social Sciences in University of Benin. The population of this study comprised all 300 and 400 level students in the department of Sociology and Psychology, Faculty of Social Sciences. The total population of the study is 274 students.

3.4. SAMPLE SIZE

A sample size is the fraction of a targeted audience that needs to be interviewed, which is the undergraduate students across the faculty of Social Sciences. The total population of the study consisted of 274 students drawn from 300 and 400 levels in the department of Sociology and Psychology. Using a 40% sampling fraction, the sample size is determined. 40% of 274 yielded 110 respondents. The sample size will be proportionately distributed across the selected departments to ensure fair representation.

3.5. SAMPLING TECHNIQUE

Due to the limitations of the study, the entire university could not be covered. Therefore, a multi stage sampling technique will be adopted to select the Faculty of Social Sciences. A stratified sampling technique will be used to select the Department of Sociology and Psychology. The same stratified technique will be applied to select 300 and 400 level students from both departments. Finally, a

simple random sampling technique will be used to distribute questionnaires to the selected respondents.

3.6 INSTRUMENT OF DATA COLLECTION

In this study, close ended and open-ended questionnaires is used as the research instrument to collect data from the respondents and the content of the questionnaire contained questions that is used to determine the challenges and solutions students face in University of Benin health services.

The questionnaire contained different sections. It contained an introductory section which gave background information about the research topic also solicited for the assistance of the respondent in completing the questions. Section A dealt with the socio-demographic data of the respondents and the other sections contained questions that were generated from the objective of the study.

3.7 METHOD OF DATA COLLECTION

The study will adopt both the primary and secondary methods of data collection. The primary data for this study will be questionnaire which will be the main source of data collection for the study, while secondary data will be journals, books, articles and magazines.

3.8 METHOD OF DATA ANALYSIS

This study will analyze data using descriptive statistics such as simple frequency, percentage, and tables using a software package known as Statistical Package for Social Science (SPSS, 20.0 Version).

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

This chapter focuses on the organization, presentation, analysis and interpretation of data collected from the field. A total of one hundred and ten questionnaires were used to collect data from students of sociology and anthropology and psychology students in University of Benin. Questionnaires were administered to examine the challenges and prospect for the utilization of health center in University of Benin.

4.1 SECTION A: SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

TABLE 1: RESPONDENTS BY SEX

SEX	**FREQUENCY**	**PERCENTAGE**
Male	50	45.5
Female	60	54.5
Total	**110**	**100**

Source: Field work, 2026

As indicated by table 1, 54.5% are female, while 45.4% of the total respondents are male. The female respondents were more than the male respondents.

TABLE 2: RESPONDENTS BY AGE

AGE	FREQUENCY	PERCENTAGE
16-18	15	13.6
19-21	36	32.7
22-24	35	31.8
25-27	24	21.9
TOTAL	**110**	**100**

Source: Field work, 2026

Table 2, reveals that 13.6% of the total respondents are within the ages of 16-18. Duly followed by 32.7% of the total population within 19-21, while 31.8% of the total population are within the ages of 22-24. Lastly, 21.9% of the respondents are within the ages of 25-27. From the above table, it shows that the population of respondents that participated most was between the ages of 19-21 years.

TABLE 3: RESPONDENT BY RELIGION

RELIGION	FREQUNCY	PERCENTAGE
Christian	67	60.9
Muslim	13	11.8
African religion	17	15.5
Others	13	11.8
T0TAL	**110**	**100**

Source: Field work, 2026

Table 3, indicates that 60.9% of the total respondents are Christians, while 11.8% of the total respondents are Muslims. Furthermore, 15.5% of the total respondents are African religion. Lastly, 11.8% of the total respondents are from other religion. It reveals that Christians with 60.9% were the highest participants in the study.

TABLE 4: RESPONDENTS BY LEVEL OF EDUCATION

LEVEL	FREQUENCY	PERCENTAGE
300	56	50.9
400	54	49.1
TOTAL	**110**	**100**

Source: Field work, 2026

Table 4 indicates that 50.9% of the total respondents are 300 level students, while 49.1% of the total respondents are 400 level students. This clearly implies that 300 level students were the highest participants in the study.

TABLE 5: RESPONDENTS BY MARITAL STATUS

MARITAL STATUS	FREQUENCY	PERCENTAGE
Married	14	12.7
Single	96	87.3
Total	**110**	**100**

Source: Field work, 2026

Table 5 indicates that 12.7% of the total respondents are married, while 87.3% of the total respondents are single.

TABLE 6: RESPONDENTS BY DEPARTMENT

DEPARTMENT	**FREQUENCY**	**PERCENTAGE**
Sociology	80	72.7
Psychology	30	27.3
TOTAL	**110**	**100**

Source: Field work, 2026

In examining the department of the respondents, the result gotten shows 72.7% of the respondents are in Sociology and Anthropology department, while 27.3% are in Psychology department.

SECTION B: AWARENESS AND USAGE

TABLE 7: KNOWLEDGE ON THE AWARENESS OF HEALTH CENTER

RESPONSES	**FREQUENCY**	**PERCENTAGE**
YES	81	73.6

NO	29	26.4
TOTAL	**110**	**100**

Source: Field work, 2026

In table 7 above, 73.6% of the total respondents are aware of Health center in University of Benin, while 26.4% are not aware of the Health center.

TABLE 8: USAGE OF HEALTH CENTER

USAGE	**FREQUENCY**	**PERCENTAGE**
YES	48	43.6
NO	62	56.4
TOTAL	**110**	**100**

Source: Field work, 2026

Table 8, reveals that 43.6% of the total respondents have used the services the Health center provides, while 56.4% of the total respondents have not used it.

TABLE 9: HOW OFTEN STUDENTS USED THE SERVICES

RESPONSES	FREQUENCY	PERCENTAGE
Frequently	22	20
Occasionally	22	20
Rarely	32	29
Never	34	31
TOTAL	**110**	**100**

Source: Fieldwork, 2026

In table 9 above, 20% of the total respondents frequently use the health center services, while 20% occasionally use the services. Also, 29% of the respondents rarely use the services, while 31% have never used the health center services.

SECTION C: CHALLENGES

TABLE 10: PERCIEVED CHALLENGES IN HEALTH CENTER

RESPONSES	FREQUENCY	PERCENTAGE
Inadequate funding	21	19.1
Poor infrastructure	23	20.9
Insufficient Staff	20	18.2
Limited services	22	20
Long waiting time	24	21.8
TOTAL	**110**	**100**

Source: Field work, 2026

Table 10 above shows that 19.1% of the total respondents perceives inadequate funding as a challenge in health center, while 20.9% of the respondents noticed the poor infrastructure as one of the challenges. Also, 18.2% of the respondents perceived that they don't have sufficient staffs, while 20% of the respondents sees limited services as a challenge. Lastly, 21.8% of the respondents perceived the long waiting hours as a challenge facing health center in University of Benin.

TABLE 11: CURRENT STATE OF THE HEALTH CENTER

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Excellent	14	12.7
Good	18	16.4
Fair	46	41.8
Poor	32	29.1
TOTAL	**110**	**100**

Source: Field work, 2026

In table 11 above, 12.7% of the total respondents said that the health center services are excellent, while 16.4% of the total respondents said their services are good. Also, 41.8% said their services are fair, while 29.1% said their services are poor.

TABLE 12: REASONS FOR DISSATISFACTION

RESPONSES	FREQUENCY	PERCENTAGE
Unfriendly staff	30	27.3
Inadequate equipment	22	20
Long waiting time	23	20.9
Limited services	21	19.1
Others	14	12.7
TOTAL	**110**	**100**

Source: Field work, 2026

Table 12 above shows that 27.3% of the total respondents are dissatisfied with the unfriendly staff members at the health center, while 20% of the respondent said they are dissatisfied with the inadequate equipment. Also, 20.9% complained of the long waiting time and 19.1% are dissatisfied with their limited services. 14% of the respondents also mentioned other challenges like Inadequate funding and the poor infrastructure.

SECTION D: PROSPECTS

TABLE 13: IMPROVEMENT

RESPONSES	**PERCENTAGE**	**FREQUENCY**
YES	77	70
NO	33	30
TOTAL	**110**	**100**

Source: Field work, 2026

Table 13 shows that, 70% of the total respondents believed that health center can be improved, while 30% do not believe that it can be improved.

TABLE 14: SUGGESTED IMPROVEMENTS

RESPONSES	**FREQUENCY**	**PERCENTAGE**
Increase funding	**23**	**20.9**
Upgrade Infrastructure	**24**	**21.8**
Hire more staff	**25**	**22.7**
Expand services	**27**	**24.5**

Improve patient care	**11**	**10.1**
TOTAL	**110**	**100**

Source: Field work, 2026

Table 14 above shows that 20.9% of the total respondents suggested that there should be increased funding for the health center, while 21.8% suggested an upgrade in the infrastructure. Also, 22.7% suggested the hiring of more staffs, while 24.5% suggested the expanding of their services and 10.1% suggested that health center improve patient care.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study was designed to examine the challenges and prospect for utilization of the University of Benin Health center. The purpose of the study is to determine the level of students awareness about the health care services. Also, this study intends to find out the population of student that use the health care services. It also seek to know the extent to which students are satisfied with quality of care, availability of drugs, and waiting times at the health center. Lastly, this study is designed to know the attitude of the health center staff and how it affect the utilization rates and overall perception of the services.

The introductory chapter briefly provided a background of the study. Other topics handled under this chapter are statement of the problem, objective of the study, research questions, significance of the study, scope of the study and definition of terms.

Chapter two dealt with the literature review of the study and theoretical framework thereby providing a basis for the study. The literature review dealt with an overview of health care utilization, Awareness and accessibility of the health center services, factors

affecting student utilization of health facilities, Quality of health care delivery and patient satisfaction.

Chapter three gave insight on how data for this study was collected, the research design, area of the study, study population, sample size, sampling technique, methods of data collection and the method of data analysis.

Chapter four entails the presentation and analysis of data. Respondents were taken from student of Social science Faculty, specifically from Psychology and Sociology and Anthropology in the University of Benin. In the presentation and analysis of data, fourteen tables were constructed and the simple statistics of frequency and percentage was used to analyze the data.

5.2 Conclusion

This study examined health center utilization challenges among one hundred and ten students from the University of Benin. The findings revealed that students face multiple barriers to utilizing the health center services. Long waiting times emerged as the most significant challenge with 21.8% respondents. When asked to rate the health center, 78.3% of respondents rated it as either Fair or Poor, with only 5% rating it as Excellent. The main reasons for dissatisfaction were long waiting times, inadequate equipment, unfriendly staffs and limited services. These findings indicate

that students are dissatisfied with both the structural and interpersonal aspects of the health center. Despite these challenges, 85% of respondents believe the health centre has potential to improve, demonstrating student optimism about positive change. Respondents recommended five key improvements: upgrading infrastructure, increasing funding, expanding services, hiring more staffs, and improving patient care.

In conclusion, the health center faces significant challenges that discourage student utilization. However, students have provided clear recommendations for improvement and express optimism that change is possible. For the university to improve health center utilization, it must address these challenges through adequate funding, infrastructure upgrades, staffs recruitment and training, and service expansion and better medication availability. The investment in improving the health center is essential for supporting student health.

5.3 Recommendation

The study therefore suggest the following recommendation.

1. The study suggested that there should be proper training of medical staffs and availability of more experienced doctors in various fields.
2. Good communication between the staff and the patients and good staff- patient relationship.

3. Patients should be attended to on time and availability of drugs.
4. The spoilt equipment should be repaired so that it can be utilized effectively.
5. Electronic accessing of patient data as opposed to the manual process going on there.

Based on these recommendations, the management and students should treat the improvement of staff training, patient communication, equipment maintenance and resource availability as urgent priorities to enhance the overall quality of health care services in University of Benin.

REFERENCES

Adebayo, O. O., Uthman, O. A., & Wiysonge, C. S. (2021). Health system factors influencing utilization of primary health care services in low- and middle-income countries. BMC Health Services Research, 21(1), 1–12. https://doi.org/10.1186/s12913-021-06398-1

Afolabi, O. T., & Ezenwaji, I. O. (2017). Utilization of university health services among students in Nigeria. *International Journal of Public Health Research,* 5(2), 45–53.

Afolayan, J. A., Okorie, P. I., & Fawole, O. I. (2019). Awareness, accessibility, and utilization of health services among university students in Nigeria. Nigerian Journal of Public Health, 33(2), 215–223.

Ajibade, B. L., Amoo, P. O., & Adeleke, M. O. (2013). Factors influencing health-seeking behaviour among university students in Nigeria. *Journal of Research in Nursing and Midwifery,* 2(1), 15–21.

Ajzen, I. (1991). the theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179–211. https://www.sciencedirect.com

Akinyemi, J. O., Afolabi, R. F., & Awolude, O. A. (2022). Strengthening primary health care delivery for improved service utilization in Nigeria. African Journal of Health Sciences, 35(4), 512–520.

Ameh, S., & Adeleye, O. A. (2021). *Determinants of patient satisfaction in primary health care facilities in Nigeria.* Journal of Community Medicine and Primary Health Care, 33(2), 45–56.

Andersen, R. M. (1995). *Revisiting the behavioral model and access to medical care: Does it matter?* Journal of Health and Social Behavior, 36(1), 1–10.

Atinga, R. A., Abekah-Nkrumah, G., & Domfeh, K. A. (2023). *Patient satisfaction and utilization of primary health care facilities.* International Journal of Health Planning and Management, 38(1), 55–70.

Baalbaki, I., Ahmed, Z. U., Pashtenko, V. H., & Makarem, S. (2008). Patient satisfaction with healthcare delivery systems. *International Journal of Pharmaceutical and Healthcare Marketing*,*2*(1),47-62

Bandura, A. (1997). Self-efficacy: The exercise of control. New York: W.H. Freeman.https://psycnet.apa.org

Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: A systematic review. *Perspectives in Public Health*, 137(2), 89–101.

Cleary, P. D. (2016). A hospitalization from hell: Patient experience and health system reform. *Health Affairs*, 35(1), 165–168.

Donabedian, A. (2005). *Evaluating the quality of medical care.* Milbank Quarterly, 83(4), 691–729.

Glanz, K., Rimer, B. K., & Viswanath, K. (2008). Health behavior and health education: Theory, research, and practice (4th ed.). San Francisco: Jossey-Bass.

Graham, W. J., Kurinczuk, J. J., & Heazell, A. E. P. (2018). *Health systems and maternal health: Key components and considerations*. The Lancet, 391(10110), 1771–1785.

Gulliford, M., Figueroa Services Research & Policy, 7(3), 186–188. https://doi.org/10.1258/135581902760082517

https://journals.sagepub.com

https://www.wiley.com

Institute of Medicine. (2001). Crossing the quality chasm: *A new health system for the 21st century*. National Academies Press

McGrath, C., & Osei, P. (2022). *Telemedicine and the future of health care utilization in developing countries.* Journal of Global Health, 12(3), 1–10.

Mechanic, D. (1978). Prospects and problems in health services research. *The Milbank Memorial Fund Quarterly. Health and Society*, 127-139.

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies. Health Promotion International, 15(3), 259–267. https://doi.org/10.1093/heapro/15.3.259

Nwafor, A. (2024, October 30). Prioritise health, wellbeing of young adults, UNIBEN centre tells Nigerians. *The Guardian Nigeria*. https://guardian.ng/features/health/prioritise-health-wellbeing-of-young-adults-uniben-centre-tells-nigerians/

Olanrewaju, O., & Adeyemi, T. (2021). *Determinants of health facility utilization in rural communities.* African Journal of Primary Health Care & Family Medicine, 13(1), 1–8.

Olawuyi, B. O., & Adegun, J. A. (2019). Awareness and utilization of campus health services among undergraduates in a Nigerian university. *Journal of Community Medicine and Primary Health Care,* 31(1), 18–27.

Ononokpono, D. N., & Odimegwu, C. O. (2014). Determinants of maternal health care utilization in Nigeria: A multilevel approach. Pan African Medical Journal, 17(Suppl. 1), 2–10. https://doi.org/10.11604/pamj.supp.2014.17.1.3596

Orok, E., Nwifama, S., Oni, O., Ojo, T., Oluwadare, T., Bamitale, T., ... & Kukoyi, O. (2024). Students' perception of healthcare services and factors affecting their utilization at a Nigerian University: a cross-sectional study. *Scientific Reports*, *14*(1), 23893.

Penchansky, R., & Thomas, J. W. (1981). The concept of access: Definition and relationship to consumer satisfaction. Medical Care, 19(2), 127–140.

Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). *Poverty and access to health care in developing countries.* Annals of the New York Academy of Sciences, 1136(1), 161–171.

Rosenstock, I. M. (1974). The health belief model and preventive health behavior. Health Education Monographs, 2, 354–386.

Smith, P. C. (Ed.). (2009). Performance measurement for health system improvement: experiences, challenges and prospects.

University of Benin Teaching Hospital. (n.d.). *About UBTH. UBTH*. https://www.ubth.org/.

University of Benin. (n.d.). *Health Centre.* University of Benin. https://uniben.edu/health-centre.html.

University of Benin. (n.d.). *Offices and units — Health Centre*. University of Benin. https://uniben.edu/offices-units.html.

University of Benin. (n.d.). *Student information handbook* [PDF]. University of Benin. https://uniben.edu/STUDENTHANDBOOK.pdf.

World Health Organization. (2016). *Health service utilization and access to care.* WHO Press., E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: A systematic Batbaatar review. *Perspectives in Public Health*, 137(2), 89–101.

World Health Organization. (2018). *Quality health services:* A planning guide. WHO Press.

World Health Organization. (2020). Patient safety: *Global action plan 2021–2030.* WHO Press.

World Health Organization. (2020). Primary health care: *Closing the gap between public health and primary care.* WHO Press.

World Health Organization. (2022). *Health promotion and primary health care: Strategies for improved access.* WHO Press.www.findlaw.com

APPENDIX

UNIVERSITY OF BENIN

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

QUESTIONNAIRE ON THE CHALLENGES AND PROSPECT FOR UTILIZATION OF HEALTH CENTER IN UNIVERSITY OF BENIN.

This questionnaire is designed to gather information about students experiences and challenges in university of Benin health center. Your responses are confidential and will be used strictly for academic purposes.

PLEASE TICK THE CORRECT ANSWER

SECTION A

DEMOGRAPHICS

1. Sex Male ( ) Female ( )
2. Age 16-18 ( ) 19-21( ) 22-24( ) 25-27( )
3. Religious affiliation Christian ( ) Muslim ( ) African religion ( ) others( )
4. Level 300( ) 400( )
5. Marital status Single ( ) Married ( )
6. Department Sociology( ) Psychology( )

SECTION B

AWARENESS AND USAGE

7. Are you aware of the Health centre in Uniben?

Yes( ) No( )

8. Have you ever used the Health Centre services?

Yes( ) No( )

9. if yes, how often do you use the services?

Frequently( ) Occasionally( ) Rarely( )

SECTION C

CHALLENGES

10. What do you perceive as the major challenges facing the Health Centre? (Tick all that apply)

( ) Inadequate funding

( ) Poor infrastructure

( ) Insufficient staff

( ) Limited services

( ) Long waiting time

Others (specify)_____

11. How would you rate the current state of the Health Centre?

Excellent( ) Good( ) Fair( ) Poor( )

12. What are the main reasons for your dissatisfaction with the Health Centre services?

( ) Unfriendly staff

( ) Inadequate equipment

( ) Long waiting time

( ) Limited services

Others (specify)_____

SECTION D

PROSPECTS

13. Do you think the Health Centre has the potential to improve?

Yes( ) No( )

14. What improvements would you suggest for the Health Centre? (Tick all that apply)

( ) Increase funding

( ) Upgrade infrastructure

( ) Hire more staff

( ) Expand services

( ) Improve patient care

Others (specify) _____

SECTION E

SUGGESTIONS

Any other suggestion? _____