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Students' Perceptions of University Health Service Utilization in Ondo State, Nigeria

A Cross-Sectional Survey

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ABSTRACT

Utilization of campus health facilities is influenced by students' perceptions of service quality, accessibility, trust, and awareness. This study examined students' perceptions of factors influencing campus health service utilization in Ondo State, Nigeria. A descriptive cross-sectional survey was conducted among 250 students selected from five public universities, with 50 respondents from each institution. Data were collected using a questionnaire comprising 18 statements rated on a four-point agreement scale. The instrument was assessed for content validity by measurement and evaluation experts and demonstrated a reported Cronbach's alpha of 0.71. Data were analyzed using frequencies, percentages, and means. The findings revealed that proximity to health facilities (96.0%), convenient opening hours (96.0%), availability of medications (92.8%), and healthcare staff attitudes (92.8%) were widely perceived as important considerations in service utilization. Awareness of available healthcare services (96.0%) and family background (87.2%) were also frequently endorsed, whereas age (26.0%) and sex (4.8%) were less commonly perceived as influential. These findings suggest that students consider accessibility, service availability, and healthcare personnel attitudes important factors when deciding whether to use campus health facilities. However, these perceptions do not establish actual determinants of healthcare utilization. Universities should prioritize improving access to essential medicines, service accessibility, communication, and patient privacy. Further research should examine actual healthcare utilization patterns and assess the associations between perceived service characteristics and students' healthcare-seeking behavior.

Keywords
Healthcare Utilization
Health-Seeking Behavior
Nigeria
Student Health Services
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Introduction

The provision of accessible, acceptable, and responsive healthcare is a key dimension of student welfare in higher education. University students negotiate academic demands, changing social environments, financial constraints, and emerging physical and psychological health needs. For many students, campus health facilities constitute the most convenient entry point to primary care, counseling, health education, routine treatment, and referral. Yet the availability of a university clinic does not necessarily establish that students will use it when care is needed. Health-seeking behavior also reflects perceived quality, practical accessibility, trust, and awareness of available services [1]–[4].

International health systems literature conceptualizes utilization as a product of both individual characteristics and organizational conditions. Andersen's behavioral model distinguishes predisposing characteristics, enabling resources, and need-related factors [5]. Donabedian's framework emphasizes the quality of healthcare structures and processes in shaping outcomes [6]. In a university setting, the availability of essential medicines and qualified personnel represents service capacity, whereas waiting times, respectful interaction, confidentiality, and convenient opening hours influence students' encounters with providers. These constructs complement rather than replace the assessment of need, financial protection, and continuity of care [7]–[9].

The Health Belief Model (HBM) provides a further interpretive lens. Its core propositions link health action to perceived susceptibility, perceived severity, expected benefits, perceived barriers, and cues to action; later applications also emphasize self-efficacy [10]–[13]. A student may recognize an illness but avoid a campus clinic if confidentiality is doubted, medicines are thought to be unavailable, or staff behavior is anticipated to be dismissive. Conversely, a positive prior encounter or trusted peer recommendation may promote care seeking. The HBM should not be treated as a complete causal explanation, however, because institutional constraints, social norms, service supply, and economic insecurity can influence choices independently of individual health beliefs [14], [15].

Nigeria's higher education sector operates within a broader policy context of expanding access to essential health services and financial protection. The National Health Insurance Authority Act 2022 restructured the statutory environment for health coverage [16]. The global commitment to universal health coverage underscores the importance of effective

service delivery, not merely the nominal existence of facilities [2], [17]. For campus facilities, ensuring a reliable stock of medicines, appropriate clinical staffing, confidential consultations, and clear referral pathways may be especially important for students who lack alternative affordable care. The World Health Organization has likewise highlighted the need for stronger, people-centered mental health services, an issue relevant to students experiencing stress and psychological distress [18].

Evidence from Nigerian tertiary institutions indicates that university health facility utilization is shaped by multiple dimensions of service experience. Obiechina and Ekenedo identified medication costs, medicine availability, waiting time, referral arrangements, and satisfaction as concerns reported by students in southwestern Nigeria [19]. Another Nigerian study found associations between service utilization and staffing, organization of care, continuity, and waiting time [20]. These findings suggest that students' assessments of healthcare provision should be studied as multidimensional rather than reduced to a simple approval or disapproval of university clinics. Nevertheless, associations observed at one university may not transfer unchanged to other states, institutional types, or student populations.

Ondo State provides an informative setting for examining how undergraduates appraise campus health services across different public universities. The original survey collected ratings on ten possible service-related considerations and eight personal or social considerations. Its two research questions concerned factors that students perceived as influencing campus healthcare patronage and whether selected sociodemographic characteristics were believed to matter. Because the survey captured agreement with statements instead of verified clinic visits, this article deliberately distinguishes perceived relevance from demonstrated behavioral determinants. The study aims to describe patterns of students' responses, interpret them against established health service utilization frameworks, and identify practical questions for university administrators and subsequent analytic research.

Methods

A. Study Design and Setting

This study employed a descriptive cross-sectional survey design to examine students' perceptions of factors influencing the utilization of campus health facilities in Ondo State, Nigeria. The study was conducted across five public universities: Adekunle Ajasin University, Akungba-Akoko; Federal University of Technology, Akure; Olusegun Agagu University of Science and Technology, Okitipupa; Adeyemi Federal University of Education, Ondo; and Federal University of Agriculture, Akure.

B. Population and Sampling

The target population comprised undergraduate students enrolled in the selected public universities. A total of 250 students participated in the study, with 50 respondents drawn from each institution. Participants were selected using a ballot-based simple random sampling technique within each university. Equal sample allocation was applied across the five institutions to ensure their inclusion in the survey.

C. Research Instrument

Data were collected using a researcher-developed questionnaire titled Questionnaire on Assessment of Students' Disposition towards Health Facilities Patronage in Public Universities. The instrument consisted of 18 items, including ten items assessing service-related factors and eight items addressing demographic and social influences on healthcare utilization. Responses were measured using a four-point Likert scale: strongly agree (4), agree (3), disagree (2), and strongly disagree (1). Content validity was evaluated by experts in measurement and evaluation to assess the relevance and clarity of the questionnaire items. The instrument demonstrated a reported Cronbach's alpha coefficient of 0.71, indicating acceptable internal consistency.

D. Data Analysis

Data were analyzed using descriptive statistics, including frequencies, percentages, and arithmetic means. The proportion of respondents agreeing with each statement was calculated by combining strongly agree and agree responses and dividing by the total number of respondents. Mean scores were computed using the weighted average of the four response categories. A mean score of 2.50 was used as the decision threshold, with scores of 2.50 or higher indicating overall agreement and scores below 2.50 indicating disagreement. The findings were interpreted as students' perceptions of factors potentially influencing campus health service utilization rather than evidence of causal relationships or statistically significant associations.

Results

A total of 250 questionnaire responses were reported across five public universities, with 50 respondents from each institution. The ten service-related statements address the availability, accessibility, and perceived interpersonal quality of university health facilities. Responses indicate how strongly students endorsed these features as relevant to healthcare use, not whether individual respondents actually attended campus clinics during a defined period.

Students most frequently endorsed proximity, opening hours, medicine availability, and staff attitudes. Table 1 presents the original response frequencies alongside recalculated percentages and means for each item. The negative wording of selected items requires care:

rejection of "staff wasting of time," for example, should not be conflated with evidence of objectively short waiting times. These are reported opinions rather than measured service performance.

Table 1. Students' perceptions of service-related considerations for university health facility utilization (N = 250).

Item	Statement	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean	Decision
1	Drug availability	213 (85.2)	19 (7.6)	14 (5.6)	4 (1.6)	3.76	Accepted
2	Staff attitudes	221 (88.4)	11 (4.4)	9 (3.6)	9 (3.6)	3.78	Accepted
3	Confidentiality of health information	199 (79.6)	11 (4.4)	31 (12.4)	9 (3.6)	3.60	Accepted
4	Staff wasting of time	23 (9.2)	17 (6.8)	19 (7.6)	191 (76.4)	1.49	Rejected
5	TISHIP coverage	132 (52.8)	75 (30.0)	25 (10.0)	18 (7.2)	3.28	Accepted
6	Peer influence	161 (64.4)	32 (12.8)	19 (7.6)	38 (15.2)	3.26	Accepted
7	Opening hours	179 (71.6)	61 (24.4)	6 (2.4)	4 (1.6)	3.66	Accepted
8	Health literacy	4 (1.6)	33 (13.2)	51 (20.4)	162 (64.8)	1.52	Rejected
9	Proximity to health facilities	224 (89.6)	16 (6.4)	6 (2.4)	4 (1.6)	3.84	Accepted
10	Quality of staff	188 (75.2)	33 (13.2)	19 (7.6)	10 (4.0)	3.60	Accepted

Note: SA = strongly agree; A = agree; D = disagree; SD = strongly disagree. Each item has N = 250; means and percentages recalculated from source frequencies. "Accepted" denotes mean ≥ 2.50, not statistical significance. Source: Field questionnaire, 2026.

The second set of eight items records respondents' views about individual, demographic, and social considerations. Table 2 preserves the original frequency distributions and shows recomputed statistics. Awareness and family background received substantial agreement, while respondents generally did not endorse sex, marital status, religion, or level of study as influential. These judgments must not be mistaken for statistical subgroup comparisons or evidence that demographic differences are absent.

Table 2. Students' perceptions of personal and social considerations related to university health facility utilization (N = 250).

Item	Statement	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean	Decision
11	Age	32 (12.8)	33 (13.2)	62 (24.8)	123 (49.2)	1.90	Rejected
12	Sex	5 (2.0)	7 (2.8)	69 (27.6)	169 (67.6)	1.39	Rejected
13	Marital status	6 (2.4)	2 (0.8)	9 (3.6)	233 (93.2)	1.12	Rejected
14	Religion	4 (1.6)	1 (0.4)	14 (5.6)	231 (92.4)	1.11	Rejected
15	Money at hand	25 (10.0)	23 (9.2)	66 (26.4)	136 (54.4)	1.75	Rejected
16	Awareness	231	9	6	4	3.87	Accepted

Item	Statement	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean	Decision
		(92.4)	(3.6)	(2.4)	(1.6)		
17	Level of study	10 (4.0)	16 (6.4)	56 (22.4)	168 (67.2)	1.47	Rejected
18	Family background	169 (67.6)	49 (19.6)	19 (7.6)	13 (5.2)	3.50	Accepted

Note: SA = strongly agree; A = agree; D = disagree; SD = strongly disagree. Each item has N = 250; means and percentages recalculated from source frequencies. "Accepted" denotes mean ≥ 2.50, not statistical significance. Source: Field questionnaire, 2026.

Discussion

The findings emphasize that students perceive the organization and accessibility of campus healthcare as highly relevant to their decisions about service use. Proximity, opening hours, drug availability, and attitudes of healthcare personnel drew particularly high agreement. This convergence is consistent with the view that utilization emerges from the interaction of service capacity and patient experience, rather than simply from having a clinic on campus [5], [6]. Nevertheless, responses reflect students' opinions about proposed influences. They do not establish how often care was sought, whether students bypassed campus facilities, or how strongly each factor predicts actual attendance.

The prominence of drug availability can be understood as a concern about the practical completeness of care. If a student expects to obtain a consultation but must subsequently travel elsewhere or pay additional costs for essential medicines, the perceived benefit of attending the university clinic may diminish. Earlier Nigerian research likewise reported medication availability and costs among factors affecting university health service utilization [19]. A functioning clinic should therefore be judged not only by infrastructure or staffing counts but also by dependable stock management, clear treatment protocols, and appropriate referral arrangements. These are recommendations, not demonstrated intervention effects.

The strong endorsement of staff attitudes, confidentiality, and staff quality highlights a relational dimension of healthcare acceptability. Respectful communication and confidence that personal medical details will remain private can influence willingness to disclose symptoms, particularly for stigmatized or sensitive conditions. Established quality-of-care frameworks stress that interpersonal processes are integral to effective health services [6], [7]. The observed pattern is also broadly compatible with provider-related evidence from a Nigerian university, where staff experience, organization of care, continuity, and waiting time were associated with utilization [20]. The present survey cannot independently validate those associations.

Access-related responses point to practical features that administrators may be able to improve. Proximity and opening hours were among the most frequently endorsed items, suggesting that convenient clinic locations and service schedules could matter for students balancing courses, examinations, and transportation constraints. Peer influence was endorsed

by many respondents, raising the possibility that informal communication affects perceptions of clinic responsiveness. Within the Health Belief Model, information from peers may operate as a cue to action, while inconvenient access may represent a perceived barrier [10]–[13]. The questionnaire did not validate separate HBM constructs.

The personal and social item responses require more cautious interpretation than the original manuscript offered. High endorsement of awareness and family background suggests that information access and social experience were viewed as meaningful. Low endorsement of age, sex, religion, marital status, or year of study does not demonstrate that these factors have no actual relationship with utilization. Such a conclusion would require comparing measured health-service use across participant subgroups, ideally with adjustment for perceived healthcare need, insurance coverage, and other confounders [5], [21]. The survey instead asked respondents to judge whether such characteristics matter. Causal interpretations are therefore inappropriate.

Several limitations affect interpretation. The sample allocation was equal across institutions despite potentially different student population sizes; sampling-frame and response-rate details were unavailable. The instrument was researcher-developed, and the reported internal consistency estimate of 0.71 did not establish the reliability of individual subscales. Some statements were ambiguously phrased, including “health literacy” and “staff wasting of time,” and their directionality complicates any pooled score. The source contained arithmetic inconsistencies, which have been resolved here only where frequencies permitted direct recalculation. Moreover, the study did not record objective utilization, illness severity, clinic capacity, or actual financial expenditure. Cross-sectional descriptive responses cannot be generalized without assumptions about selection and measurement.

For policy and practice, the findings support targeted service assessment rather than immediate claims of intervention effectiveness. University administrations could audit medicine stocks, protect consultation privacy, publicize clinic opening hours, monitor complaints, and assess physical access across campuses. Future investigations should link validated perceptions to documented or self-reported clinic visits over a specified period, include need and financial indicators, and examine differences between universities. A longitudinal or mixed-methods design incorporating interviews and facility audits could clarify why students choose university clinics, pharmacies, self-medication, or other providers. Such evidence could inform service planning [2], [17], [22].

Conclusion

This cross-sectional survey of 250 undergraduates across five public universities in Ondo State, Nigeria, describes students’ perceptions of considerations associated with university health facility use. Respondents frequently endorsed convenient location,

appropriate opening hours, medicine availability, positive staff attitudes, and protection of sensitive information. Awareness and family background were also commonly perceived as relevant, whereas several demographic characteristics received limited endorsement. The findings indicate priorities for reviewing the accessibility and perceived quality of campus healthcare, but they do not demonstrate which factors independently predict actual clinic attendance. The questionnaire measured agreement with statements rather than observed service utilization, and methodological details needed for broad generalization remain incomplete. University managers should assess service readiness, strengthen privacy safeguards, communicate service availability, and provide responsive student-facing care. Further research should combine validated measures of perceptions with utilization outcomes, demographic data, and institutional service assessments to establish whether improving these dimensions increases appropriate healthcare use.

Conflict of Interest

The authors declare that there is no conflict of interest.

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