



## Level of Utilization of Primary Health Care Services in a Selected Community in South-South Nigeria

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### Abstract

The study was on the Level of Utilization of Primary Health Care Services (PHCS) in Aguda-Epie community in Yenegoa Local Government Area of Bayelsa State. The aim was to determine the Level of Utilization of Primary Health Care Services in that community. It was a community based cross-sectional descriptive survey. Population consisted of 15,000 members of that community. A sample size of 330 respondents were selected by means of multi-stage sampling technique. Five objectives and four hypotheses guided the study. Instrument for Data collection was structured questionnaire schedule, (LUPHCSQ), which was validated both for face and content by experts. Reliability of the instrument was established by split –half method, with reliability co-efficient of  $r=0.98$ . Collected datum were analyzed with SPSS 25 and interpreted using frequencies, percentages, Mean Scores and one-way ANOVA statistics. Result showed that, 1) all Primary Health Care Services (PHCS) were provided at the Comprehensive Primary Health Care Centre Agudama-Epie, 2) There is high level of awareness of PHCS among the respondents (an average score of 88.65%), 3) overall level of utilization of PHCS was low (Grand mean = 2.0 against the criterion mean of 2.5). 4) the most influencing factor of level of utilization of Primary Health Care Services in Agudama-Epie community are: non availability of 24 hours' service, 303(91.8%), non-availability of advanced medical equipment 303(91.8%), non-availability of prescribed drugs, 280(84.8%). The study concluded that the level of utilization of PHCS is low and recommended that the media should be involved to educate citizens of availability and the need to make use of available PHCS to achieve the goal of universal health coverage.

**Keywords:** Utilization, Primary health care services, Agudama-Epie Community. Availability, Non-availability

### Introduction

Good health and wellbeing for all citizens of the world community have been the target of the United Nations health programmes globally. The need for the world communities to provide and promote essential health care for all their citizens led to the development of the concept of Primary health care (PHC) as a key to achieving good health for all citizens of the world. Primary health care as defined by World Health Organization <sup>[1]</sup> is essential health care based on practical, scientifically sound and socially acceptable methods of 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, (World Health Organization WHO; 1978) It is on the basis of universal accessibility that Primary Health Centers were established all over Nigeria, as in the other member countries of United Nations to serve as the mechanism to provide essential health care services to all citizens regardless of their location and socioeconomic status, (White, 2015).



Provision and utilization of Primary health care services varies from country to country taking into account the local health needs and problems of the people (Dassah, Aldersey, McColl, & Davison, 2018). Essentially, primary health care services (PHCS) includes but not limited to: Education concerning health related issues (nutrition education during antenatal, postnatal, infancy and early childhood, disease prevention and control, birth regulation and control, water and basic sanitation, oral health and encouragement of positive mental health status through community mobilization, sensitization and participation in recreational activities) (Nwokoro, Ugwa, Ekenna, Obi, Onwuliri, & Agunwa, 2022). Provision of Comprehensive Maternal and Child Health care services also include Family Planning and premarital counselling, while maternal health services include antenatal, natal, postnatal and family planning services. The Child Health service component of maternal and child health services includes Infant welfare services, immunization, growth monitoring, oral rehydration therapy, exclusive breast feeding programmes (Isabu; 2018). Other components of primary health care services are: family and reproductive health services, Youth health services, adult health services, health screenings and basic health checks, and programmes for prevention and control of communicable diseases, World Health Organization (2011). According to Basavanthappa (2013), primary health care services also encompass proper treatment of minor ailments, referral services, community health programmes, outreach for health care services, procurement and distribution of essential drugs in the community, community health surveillance, notification of communicable diseases. community/family health record keeping as well as community mapping and zoning for health monitoring and evaluations.

The essence of PHCS is to make health care services available and accessible to people where they live and work, Basavanthappa (2013). Amazingly, researchers have severally reported low level of utilization of these primary health care services offered in the primary health centers by the citizen in the communities, for instance <sup>[3]</sup>, poor utilization of Primary health care Services (PHCS) was reported by various researchers: <sup>[3], [4], [5], [6], [7], [9]</sup>. Even Nigerian Demographic Health Survey report noted that even though there were uprising of the utilization of some PHCS from the previous year's reports (15%, in 2013, to 17% in 2018), the increase in the utilization levels was minimal and there is need for improvement in the utilization of these services by continuous monitoring and evaluation of the use of these services. If these services are not put to use adequately by the citizen, how then can the Goal of United Nations health for all citizens be achieved? Little wonder the secondary and tertiary health care institutions are often overcrowded with health care consumers for all manners of health care services, even the most minor ones that could have been taken care of at the primary health care center are all crowded in the secondary and tertiary health facilities. But come to think of it, are these PHCS provided at the Primary Health Centers? There is need to find out!

The researcher feels that there is need to find out whether or not these PHCS are provided at the Primary Health Centers as contained in the strategic plan of United Nations and whether the citizens actually make use of the services as expected. In their study on understanding the barriers to the utilization of primary health care in a low-income setting: Implications for Health Policy and Planning in Batsari Local Government in Katsina State, Nigeria (Muhammed, Umeh, Nasir, & Suleiman, 2013)<sup>1</sup>, reported that majority of the respondents utilized patent medicine store services (53.63%) as against 7.6% who used PHCS. The reasons for low use of PHCS were given as: lack of essential drugs, poor infrastructural development of the PHC facilities, and high cost of treatment. Several other research studies



such as the study reports of Agofure and Sarki (2017) who studied the utilization of Primary Health Care Services in Jaba Local Government Area of Kaduna State Nigeria, and that of Taokik, Oluwatosin, Dipelu, Oluwasanu, and Adeosu (2023) who studied utilization of primary health care facilities in Lagun Community of Lagelu Local Government Area of Oyo State Nigeria, all implicated. lack of drugs and basic laboratory services, and a regular absence of physician on site at the facility as well as nonchalant attitudes of health care workers at the PHC facilities towards their clients of care. Several other literatures reviewed on barriers to effective utilization of PHCS, had similar reports. Incidentally none of those studies was carried out in Bayelsa State to the best knowledge of the researcher. Therefore, this study sought to investigate the level of utilization of PHCS in a selected community in Bayelsa State using Agudama Epie community.

The study aimed to ascertain i) the available Primary Health Care Services (PHCS) at Comprehensive Health Centre (CHC) Agudama-Epie Community in Bayelsa State ii) determine the level of awareness of PHCS provided by the Comprehensive Health Center among members of Agudama-Epie Community, iii) determine the level of utilization of PHCS among community members of Agudama-Epie. Iv) identify factors that may influence the level of utilization of PHCS among community members of Agudama-Epie in the PHC facility. The following hypotheses were tested at 0.05 level of significance: There is no significant influence of age, gender, level of education and occupation on the level of utilization of Primary Health Care Services in Agudama-Epie Community.

### **Materials and Methods**

The study adopted a descriptive cross-sectional research design carried out in Agudama-Epie Community, Yenagoa Local Government Area, Bayelsa State in the South-South Region of Nigeria. The choice of the community was on the basis of its social and demographic attributes which are variables of interest to the study. The community has a large population and the site of good comprehensive health care facility with an expected higher patronage among the people of Epie kingdom. The community also play host to Nigeria Law School (Bayelsa State Campus), 2-secondary and a primary school, with a Naval base of Nigerian Navy. Target Population was estimated 15,000 adults 18 - 55years residing in the Agudama-Epie Community at the time of study, May July 2021 (NDHS: 2018). Sample size of 390 respondents was calculated using Taro Yamen's formula. Therefore 390 copies of questionnaires were distributed to the respondents. However, only 330 questionnaires (representing 84.6%) were retrieved and used for data analysis for the study. Questionnaire used was subjected to face and content validity by experts. Reliability was established by means of split-half method. A total of 25 questionnaires was distributed in a nearby community (Azikoro Village) having similar characteristics of large population with good Comprehensive Health Care Center. Reliability coefficient of .98 was obtained and was deemed appropriate for the study. Ethical clearance was obtained from relevant authorities. Questionnaires were distributed and retrieved from participants after filling and those who could not fill theirs personally but were interested in the study were guided by the researcher and assistant. The entire process of data distribution and collection lasted for three (3) weeks, from 24<sup>th</sup> May– 7<sup>th</sup> June. The participants were reached in their compounds with consent of the paramount ruler and the compound chiefs. The data collected were analyzed using a descriptive statistic technique (simple frequencies, percentages, and Mean Score. with the aid of Statistical Package for Social Sciences (SPSS) version 25. One-way ANOVA was used to analyzed the association between dependent and independent variables.



## Results

**Table 1: Availability of Primary Health Care Service (PHCS) Provided at the Comprehensive Health Care Center (CHC) Agudama-Epie n=330**

S/N	Variable	F	%	CP=100.0
1	<b>Health Education:</b>			
	Available	330	100.0	100.0
	Unavailable			
2	<b>Antenatal Services:</b>			
	Available	330	100.0	100.0
	Unavailable			
3	<b>Maternity Services:</b>			
	Available	330	100.0	100.0
	Unavailable			
4	<b>Post-natal Services:</b>			
	Available	330	100.0	100.0
	Unavailable			
5	<b>Immunization:</b>			
	Available	330	100.0	100.0
	Unavailable			
6	<b>Growth Monitoring:</b>			
	Available	330	100.0	100.0
	Unavailable			
7	<b>Oral Rehydration Therapy:</b>			
	Available	330	100.0	100.0
	Unavailable			
8	<b>Provision of Essential Drugs:</b>			
	Available	330	100.0	100.0
	Unavailable			
9	<b>Promotion of Food Supply and Proper Nutrition:</b>			
	Available	330	100.0	100.0
	Unavailable			
10	<b>Exclusive Breast Feeding:</b>			
	Available	330	100.0	100.0
	Unavailable			
11	<b>Treatment of Minor Ailment and Common Diseases:</b>			
	Available	328	99.4	99.4
	Unavailable	2	0.6	100.0
12	<b>Family Planning Services:</b>			
	Available	330	100.0	100.0
	Unavailable			
13	<b>Outreach Services:</b>			
	Available	330	100.0	100.0
	Unavailable			
14	<b>Referral services:</b>			
	Available	329	99.7	99.7
	Unavailable	1	0.3	100.0

Table 1 shows that PHCS were available at the comprehensive health care center Agudama-Epie, 330(100%)



**Table 2: Community Members Awareness of the HC services provided by CHC among community members n=330**

S/N	Variable	F	%	CP=100.0
1	<b>Health Education:</b>			
	No	85	25.8	25.8
	Yes	245	74.2	100.0
2	<b>Antenatal Service:</b>			
	No	13	3.9	3.9
	Yes	317	96.1	100.0
3	<b>Maternity Service:</b>			
	No	17	5.2	5.2
	Yes	313	94.8	100.0
4	<b>Post-natal Service:</b>			
	No	49	14.8	14.8
	Yes	281	85.2	100.0
5	<b>Immunization:</b>			
	No	14	4.2	4.2
	Yes	316	95.8	100.0
6	<b>Growth Monitoring:</b>			
	No	55	16.7	16.7
	Yes	275	83.3	100.0
7	<b>Oral Rehydration Therapy:</b>			
	No	191	57.9	57.9
	Yes	139	42.1	100.0
8	<b>Provision of Essential Drugs:</b>			
	No	122	37.0	37.0
	Yes	208	63.0	100.0
9	<b>Promotion of Food Supply and Proper Nutrition:</b>			
	No	217	65.8	65.8
	Yes	113	34.2	100.0
10	<b>Exclusive Breast Feeding:</b>			
	No	73	22.1	22.1
	Yes	257	77.9	100.0
11	<b>Treatment of Minor Ailment and Common Diseases:</b>			
	No	135	40.9	40.9
	Yes	195	59.1	100.0
12	<b>Family Planning Services:</b>			
	No			
	Yes	71	21.5	21.5
13	<b>Outreach Services:</b>	259	78.5	78.5
	No			
	Yes	104	31.5	31.5
14	<b>Referral Services:</b>			
	No	226	68.5	100.0
	Yes	218	66.1	66.1
		112	33.9	100.0

Data on Table 2 show that the respondents were aware of the Primary Health Care Services provided at Agudama-Epie Comprehensive Health Care Centre



**Table 3: Level of Utilization of PHCS among Community Members of Agudama-Epie**

Variables	N	MN	MX		
UT Health Education	330	1	4	2.15	1.062
UT Ante-natal service	330	1	4	2.45	1.004
UT Maternity Service	330	1	4	2.35	1.012
UT Post Natal Service	330	1	4	2.32	1.017
UT Immunization	330	1	4	*2.70	.932
UT Growth Monitory	330	1	4	2.44	1.021
UTORT	330	1	4	1.79	.941
UT PEDs	330	1	4	1.84	.923
UT PFSP	330	1	4	1.57	.849
UT EBF	330	1	4	1.95	1.036
UT TMACDs	330	1	4	1.92	1.028
UT Family Planning	330	1	4	1.62	.871
UT OS	330	1	4	1.82	.923
UT REFS	330	1	4	1.38	.792
<b>Valid N (list wise)</b>	<b>330</b>				

**KEY: UT =Utilization**  
**Grand Mean =2.02**

Data on Table 3 show that immunization services ( $X= 2.70$ ) is the most utilized PHCS among Agudama-Epie Community members.



**Table 4: Factors that may influence utilization levels of PHCS among community members of Agudama-Epie Community**

S/N	Variables	F	%
1.	Lack of money	202	61.3
2.	Ignorance of need of PHCS	95	28.8
3.	Bad attitude of Health care providers	193	58.5
4.	Unavailability of PHC services in the clinic	92	27.1
5.	Availability of health personnel at home or in the neighborhood	208	63.0
6.	Uncooperative attitude of my husband towards family planning	120	36.4
7.	Non-availability of drugs in the clinic	178	53.9
8.	Non-availability of trained medical health personnel in the PHC	230	69.7
9.	Non-availability of clinic equipment e.g. needles and syringes, thermometer, etc	100	30.3
10.	High cost of drugs and services	186	56.4
11.	Difficulty in getting transport to the clinic	26	7.9
12.	Religious belief	80	24.2
13.	Superstitious beliefs, for example, that immunization exposes to HIV	18	5.5
14.	Lack of awareness of available PHCS in the community PHC	37	11.2
15.	Lack of advanced medical equipment	36	10.9
16.	Inadequate health care personnel in the PHC	271	82.1
17.	High cost of treatment (service charges)	189	57.3
18.	Not satisfied with the service received	220	66.7
19.	Inadequate equipment in primary health care facility	185	56.1
20.	Workers complains that there are no materials to work with	184	55.8
21.	Non availability of health workers	197	60.0
22.	Unfriendly attitude of health workers	214	64.8
23.	Wasting of too much time to attend to patient	231	70
24.	Non availability of 24Hrs services	303	91.8
25.	Lack of essential drugs	241	73.0
26.	non-availability of advanced medical equipment	303	98.8

Data on table 4 shows that non-availability of advanced medical equipment 303 (91.8%), non-availability of 24Hrs services 303(91%), inadequate health care personnel in the PHC 271(82.1%), lack of essential drugs 241(73.0%) and Wasting of too much time to attend to patient 231(70%) were the topmost factors that influence utilization levels of PHCS among community members of Agudama-Epie Community



**Table 5: Summary of One-way ANOVA on significant influence of Age on the utilization of Primary Health care services in Agudama-Epie Community**

Variable (AGE)	N	Mean	Standard Deviation	Standard Error	DF	F	P.Value
a < 20years	23	30.7	8.3	1.7	4	5.7	.000
b – 20 – 29years	84	27.6	8.4	.91			
c – 30 – 39years	109	29.1	9.1	.87			
d – 40 – 49years	81	30.2	13.2	1.5			
e – 50years and above	33	21.0	8.5	1.5			
<b>TOTAL</b>	<b>330</b>	<b>28.3</b>	<b>10.3</b>	<b>.57</b>			

\*Significant at 0.05

Data on table 5 shows that  $F = 5.7$  and  $P\text{-value} = .000$ , indicating that p-value was less than the significant value of  $<0.05$ . Therefore there is significant influence of age on the level of utilization of PHCS.

**Table 6: Summary of One-way ANOVA on significant influence of gender on the utilization of Primary Health Care Services in Agudama-Epie Community.**

Variable (GENDER)	N	Mean	Standard Deviation	Standard Error	Df	F	P-Value
a – Male	28	26.1	11.2	2.1	328	.63	.43
b – Female	302	28.4	10.1	.59			
<b>TOTAL</b>	<b>300</b>						

\*Significant at 0.05

Data on table 6: shows that  $F = .63$  and  $P\text{-Value} = .43$  which is greater than 0.05, indicating that P-Value is greater than significant value of 0.05, therefore there is significant influence of gender on the utilization of Primary Health Care Services.

**Table 7: Summary of One-way ANOVA on significant Influence of level of education on the utilization of Primary Health Care Services among Community members of Agudama-Epie Community.**

Variable	N	Mean	Standard Deviation	Standard Error	Df	F	P.Value
a – No formal education	48	24	9	1.3	3	5.7	.001
b – Primary Education	53	28	10	1.4			
c – Secondary Education	146	28.3	10.1	.84			
d – Tertiary Education	83	31	11	1.2			
<b>TOTAL</b>	<b>330</b>	<b>28.3</b>	<b>10.2</b>	<b>.56</b>			

\*Significant at 0.05

Data on table 7 shows that  $F = 5.7$  and  $P\text{-Value} = .001$  which is less than significant value of 0.05, therefore, significant Influence of level of education on the utilization of Primary Health Care Services among Community members of Agudama-Epie Community





**Table 8: Summary of One-way ANOVA on significant influence of Occupation in the utilization of Primary health Care Services among Community members Agudama-Epie Community.**

Variable (Occupation)	N	Mean	Standard Deviation	Standard Error	DF	F	P.Value
a – Civil Servant	67	30	9.2	1.1	4	7.6	.000
b – Business	102	30.4	11.7	1.2			
c – Trader	87	29	9.5	1.0			
d – Farmer	50	22	8.0	1.1			
e – Others	24	27	7.7	1.6			
<b>TOTAL</b>	<b>300</b>	<b>28.2</b>	<b>10.2</b>	<b>.6</b>			

\*Significant at 0.05

Data on table 8 shows that  $F = 7.6$ ,  $P\text{-Value} = .000$ , which is less than significant value of 0.05, indicating that there is influence of Occupation in the utilization of Primary Health Care Services among Community members Agudama-Epie Community.

**Summary of Findings; 1)** All PHCS were provided at the Comprehensive Primary Health Care Centre Agudama Epie. **2)** There is high level of awareness of PHCS among the respondents (an average score of 88.65%). **3)** overall level of utilization of PHCS was low (mean =). **4)** the most influencing factor of utilization of Primary Health Care Services in Agudama-Epie community are: non-availability of advanced medical equipment 303 (91.8%), non-availability of 24 hours service, 303 (91%), non-availability of drugs, 280 (84.8%), not enough health personnel, 271 (82.1%), lack of essential drugs, 241 (73.0%), wasting too much time to attend to patients 231 (70%) non-availability of trained medical personnel, 230 (69.7%), lack of money, 202 (61.2), and high cost of treatment, 189 (57.3%). **5)** Age with p-value of .000, occupation p-value of .001, Level of education p-value of .000 influence significantly the level of utilization of Primary Health Care Services in Agudama-Epie community.

## Discussion

Data on Table 2 showed that all PHCS were provided at the Comprehensive Primary Health Care Centre Agudama Epie. This means that the Government of Bayelsa State has done their duty of provision of the needed Health care services. The use of these services now lie on the choice of the citizens. Probably there may be other underlying issues that have not been encouraging the community members to make effective use of the PHCS provided for their health care and well-being. This finding is in line with the research report of Taokik, Oluwatosin, Dipelu, Oluwasanu, and Adeosu, (2023) who studied the utilization of primary health care facilities in Lagun Community of Lagelu Local Government Area of Oyo State Nigeria and Rushender, Balaji, & Parasuraman, (2016), who studied effective utilization of health care services provided by primary health Centre and sub-centers in rural Tamilnadu, India.



Data on Table 3 also shows high level of awareness of PHCS among the respondents (an average score of 88.65%). This means that the community members were aware of the availability of the PHCS but due to one reason or another are unable to effectively use them. The finding is in line with the report that examined the Problems of effective use of primary health care in Owan East and Owan West Local Government Areas of Edo State and that of Yawei, Chenging, Qin, Junhui and Chonghua, (2020), who studied factors influencing utilization of primary health care by elderly international migrants in China

Data on Table 4 revealed that overall level of utilization of PHCS was low, though immunization services was the most utilized services with the mean of 2.70 while the point of criterion was 2.50. The finding is in line with the study reports of Umunna, (2012), a study explored the factors that contribute to poor utilization of Primary Health Care Services in Nasarawa State, Northern Nigeria, Egbewale and Odu (2013) who studied utilization of primary health care facilities: Lessons from a rural community in Southwest Nigeria and Agofure and Sarki (2017) who studied utilization of Primary Health Care Services in Jaba Local Government Area of Kaduna State Nigeria. The findings imply that there is low utilization of PHCS in most parts of Nigeria. It is disappointing to note that in spite of efforts made by both World Health Bodies (WHO, UNICEF, DFID, USAID and others) and the Government of Nigeria to provide PHCS to the citizens, the PHCS are not fully utilized for the purposes for which they were meant.

Furthermore, the finding revealed that the most influencing factor of utilization of Primary Health Care Services in Agudama-Epie community are: non availability of 24 hours service, 303 (91.8%), non-availability of advanced medical equipment 303 (91.8%), non-availability of drugs, 280 (84.8%), no enough health personnel, 271 (82.1%), lack of essential drugs, 241 (73.0%), wasting too much time to attend to patients 231 (70%) non-availability of trained medical personnel, 230 (69.7%), lack of money, 202 (61.2), and high cost of treatment, 189 (57.3%). The finding is in line with the reports of Yawei, Chenging, Qin, Junhui, and Chonghua (2020, who studied Factors influencing utilization of primary health care by elderly international migrants in China & Taokik, Oluwatosin, Dipelu, Oluwasanu, and Adeosu (2023), who studied utilization of primary health care facilities in Lagun Community of Lagelu Local Government Area of Oyo State Nigeria. These studies revealed importantly the negative effect of time wastage in the PHC facility. The health care providers need to show more commitment to their duties by proper planning of their health care activities and judicious use of time to encourage citizens to attend and use the available PHCS.

Age (p -value - .000), level of Education (P-value – 001), and occupation (p - value – 000) were associated with utilization of PHCS. This finding is not surprising because immunization services are mostly utilized by children, while antenatal, maternity and postnatal services are for women. The finding is in line with the report of Onyenweze, (2010) who studied utilization levels and trends of Child Health Services in Primary Health Centres in Enugu Urban of Enugu State Nigeria. Furthermore, Alarima and Obikwelu (2018) reported in their study that the community members that have little or no education (< secondary education) may be more



inclined to alternative health care than use of PHCS. For occupation, it is worthy to know that self-employed community members may not want to attend PHC that may waste their time and so would rather opt for a quick chemist mix than to use PHCS. The finding is in line with the report of Nwokoro, Ugwa, Ekenna, Obi, Onwuliri, and Agunwa, (2022) who studied Determinant of primary health care utilization in an under-resourced rural community in Enugu State, Nigeria, and Oyeyemi, Awesu, Amubieya, Dipeolu, Oluwasanu, and Adedosu, (2023) who studied utilization of primary health care in Lagun Local Government Area of Oyo State Nigeria.

### **Summary**

The study determined utilization of PHCS in a selected community in South-South Nigeria. Results showed that 14 primary health care services were available in the community's comprehensive health care center. There was 88.65% awareness of the 14 primary health care services. Immunization services were the only primary health care services that recorded high utilization level. Antenatal care, maternity services, postnatal care, growth monitoring and health education were moderately utilized. Then the remaining eight primary health care services were underutilized. The study revealed that on the average, overall utilization of primary health care services was low. Most of the factors that influenced the utilization of primary health care services in the study were, availability of health care personnel in the neighborhood, non-availability of trained medical personnel, not enough health care personnel, not satisfied with health care received, unfriendly attitude of health workers, lack of essential drugs, non-availability of advanced medical equipment and non-availability of 24hrs service.

### **Implication for Community Health Nursing**

Low utilization of PHCS implies that the health status of the citizens in the community is at risk. Therefore, community health nurses should take the lead and be in forefront to help save the situation through directed and focused health education, home visits and most especially maintaining positive and friendly attitude towards health care consumers. Their role as patients advocate in promoting the nurse and patient's relationship should also be scaled-up.

### **Conclusion**

The study concluded that on the average overall utilization of primary health care services were low. There is need for intervention to scale-up the level of utilization of primary health care services, by timely addressing those identified factors that affect utilization of PHCS negatively, in order to achieve the United Nation Vision 2030 goals which is universal health coverage.

### **Recommendations**

1. Health care workers should endeavor to treat their client of care with courtesy and empathy.



2. Government should provide needed resources (human and materials) to run Primary Health Care Services effectively
3. Media should be involved in information dissemination about availability and use of Primary Health Care Services by community members.
4. Community sensitization and mobilization for self-help health Programme funding and participation to back-up government efforts should be advocated.
5. There should be continuous monitoring and evaluation of level of utilization of PHCS through research

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