

## EVALUATING THE UTILIZATION OF PRIMARY HEALTH CARE SERVICES AMONG WOMEN OF CHILD BEARING AGE IN SOUTHERN NIGERIA

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### ABSTRACT

**Background:** Widespread utilization of healthcare services among women of childbearing age is a major factor in reducing maternal mortality and promoting health status. The study was conducted to ascertain and evaluate the utilization of primary Healthcare services among women of childbearing age in Obudu LGA, Cross River State, with the hope of x-ray the factors affecting the utilization of those services at the PHCs level.

**Methodology:** This study is a cross-sectional study. Using a multistage sampling method to select, 410 women who met the inclusion criteria aged 15-49 years from 5 health facilities in this study. The data so obtained was checked for errors and omissions and later fed into Statistical Package for Social Sciences (SPSS) version 20 to generate frequency and proportion. The data was analysed with descriptive statistics and presented in frequency tables.

**Results:** The study participants were women of child bearing age (15-49 years) among which 29.3% were in the age of 35-39years, 60.4% were married, 45.4 had attained secondary school education and 48.8% were farmers. The majority of the respondents agreed that they have heard of Primary Health Care Services such as general outpatient care, immunization services before. The

respondents agreed utilizing general outpatient services, antenatal Services, Immunization Services, family planning but disagreed with the utilization of delivery services, post-natal services, and treatment of minor illness. Factors that negatively influence utilization of primary health care service were distant to the health facility, transportation method, and treatment decision by husband, preferred choice of a health facility, inadequate staff and high cost of services.

**Conclusion:** It is concluded with recommended that health education, provision of community based health insurance scheme and other community based health activities would help improve the uptake of primary health care services.

**Key words:** Knowledge, Utilization, Primary Health care services, Women of child bearing age

## **INTRODUCTION**

Primary health care, as defined by the World Health Organization in 1978, is defined as the basic medical care provided to all individuals and families in the community with their full participation and at a cost that the community and the country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination. It includes a broad range of healthcare services, such as disease prevention, disease screening, health education, counselling, and diagnosis and treatment, typically delivered in a community by community health, general practitioners, practice nurses, pharmacists, or other healthcare professionals employed by a facility that provides healthcare (WHO, 1978). The widespread utilisation of healthcare services by women, which is influenced by a number of circumstances, is a key element in the reduction of maternal mortality and promotion of health status. Adequate use of medical services promotes and improves the result of health through early detection and control of potential issues, which benefits maternal health. According to Thaddeus and Maine (2012), maternal deaths may be avoided if women had access to and used high-quality healthcare services. According to the World Health Organization study, maternal mortality rates are high in underdeveloped nations. For example, Nigeria had a maternal mortality ratio of 560 per 100,000 women as a result of inadequate use of healthcare resources (WHO, 2014). The low rate of healthcare use among women who are childbearing age has become a concerning, even though it can be attributed to a number of factors, including cost, accessibility to healthcare facilities, knowledge of available services, attitudes toward their use, marital status, access to healthcare resources, age of the women, and level of education. The level of utilisation of the services already provided in the community or at an organisation is referred to as service utilisation. Thus, the extent to which people utilise the

healthcare services offered in their community is known as health care service utilisation (Hampton & Nagy, 2016). There are still very few developing countries that use these health services, which leads to many different negative consequences (Ibebuike *et al.*, 2017).

The National Primary Health Care Development Agency (NPHCDA) in Nigeria is the national organisation in charge of providing a coordinated response to the implementation of high-quality and long-lasting primary healthcare services through collaborations and the creation of infrastructures and systems at the community level. The actual execution of this job has not yet been completed, especially given the appalling conditions of primary healthcare facilities across the country, which is most likely caused by inadequate funding of the overall health care system and a lack of human resources. Health services are also provided through a variety of health care providers such as secondary, tertiary facilities and primary health care facility. In Nigeria, there are 23, 641 health facilities registered; 62% of these facilities are controlled by the government and 38% are owned by by faith-based organizations and private individuals; about 86% of the total health facilities are primary health care providers (National Bureau of Statistics, 2009).

Although there is a reasonable distribution of PHCCs at the local government levels, the usefulness of these facilities is frequently none existent, and it has been noted that some are inconveniently located, which may impede access to care in the impacted areas (FMOH, 2010). This indicates that in some wards, Local Governments, and states, availability has not necessarily translated to functionality or accessibility. Research reveals that only 39% of women deliver in the presence of a trained birth attendant, and only 45% of expectant women seek antenatal services at least four times during their pregnancy (UNICEF, 2010). As regards the utilization of healthcare services, Anum (2015) stated that, education is the single most important factor that will improve utilisation of health care services among women. The highly educated childbearing women for example will patronize the best health institution based on their informed minds and perhaps affordability of the service. This is also because the highly educated women are likely to earn more to afford the service cost of the health facilities of their choice. The World Health Organization reported that the global maternal mortality rate (MMR) in 2015 was 216 per 100,000 live births. It is projected that there were 303,000 maternal fatalities worldwide, with poorer nations accounting for the majority of these deaths. Twenty times greater than in rich nations, or 239,000 deaths per live birth, is the maternal mortality rate in underdeveloped nations. According to reports, it is 12 per 100,000

live births in wealthy countries (WHO, 2015). In Africa and generally in Nigeria, protracted labour is still a factor in maternal mortality. The projected maternal mortality ratio over the seven years prior to the study was 512 deaths per 100,000 live births, according to the Nigerian Demographic Health Survey (NDHS). Thus, five women on average died during pregnancy, childbirth, or within two months of childbirth in Nigeria during the seven years prior to the 2018 NDHS. According to the 2018 NDHS, there were 556 pregnancy-related fatalities per 100,000 live births (NDHS, 2018). If women make proper use of high-quality medical treatment, maternal fatalities and health issues might be averted. The low use of healthcare services by women has been attributed to a number of reasons, which, if confirmed, can help to target programmes aimed at enhancing maternal healthcare. Nevertheless, numerous studies have been conducted among women in Cross Rivers State, including those by Ibebuikwe et al. (2017) on the factors that affect women's use of primary healthcare services in Calabar, Cross River State, Nigeria, and those by Bassey and Sunday (2021) on the use of maternal and child health care services in Nigeria's Cross River State's Akpabuyo Local Government Area. These researches mostly focused on urban-dwelling women who had a negative view of healthcare services; once more, these studies were carried out in locations different from Obudu Local Government Area where the present study was carried out. However, this study evaluates the knowledge of women of childbearing age towards utilization of Primary Health Care Services and factors associated with women utilizing primary health care services among women of childbearing age in Obudu Local Government Area of Cross River State as part of the objectives to Ascertain the knowledge of women of childbearing age towards utilization of Primary Health Care Services and to assess the level of utilization of primary health care services among women of childbearing age in Obudu Local Government Area.

## **MATERIALS AND METHODS**

### **Study Area**

The study was conducted in Obudu Local Government Area of Cross River State, which has two electoral districts — one (1) and two (2) — as a result it has political sharing formula with five (5) political wards that make up each constituency. To a certain extent, Obudu residents are deeply anchored in their culture with different languages. Both men and women in Obudu are of a certain age range, and the majority of the men enjoy ethnic dance as a hobby. Prior to becoming an

autonomous community in 1976, Obudu was formally known as Ugbudu. It gained its independence in 1960.

The Obudu Local Government Area, one of Cross River State's 18 L.G.A.s, is situated in the state's northern senatorial region. It is home to a tourist resort and the Obudu Cattle Ranch, which annually hosts the Obudu Ranch International Maintain Race. Its main office is at Obudu. Vandeikya in the state of Benue borders the Obudu local government area to the north, and the village of Akwaya in the republic of Cameroon and to the south and west by the Local Government Area of Boki, Ogoja and Bekwarra respectively. The four trade markets in Obudu—Katube Bette market, Ugbada Alege market, AsayaUkpe market, and Udama Utugwang market—have activities that are displayed on the views of native weeks that are counted every five notable days. Obudu local government has 55 health posts, one (1) comprehensive health centre, ten (10), general hospital, and five (5) private hospitals. Their primary sources of water are the large rivers Abeb, Echine, and Ayar, which intersect seven L.G.A. wards. According to the National Population Commission (2006), Obudu Local Government Area in the state of Cross River had 161,457 residents.

### **Study design**

The design of the study was a descriptive cross-sectional research design used to assess utilization of primary health care services among women of childbearing age in Obudu Local Govern

### **Study Population**

The study population are women of childbearing age (15-49 years) in Obudu Local Government Area of cross River State

### **Sample size determination**

The sample size was determined using Cochran's formula

$$n = \frac{z^2 p q}{d^2}$$

Where, n =the desired sample size.

z = the standard normal deviate, set at 1.96 which corresponds to 95% confidence level.

$p$  = the estimated percentage or prevalence of the attribute that is present in the population  $P = 44.1\%$  that is the proportion of women of child bearing age that had ever utilized primary health services (Egbewale and Odu, 2013).

$$q = 1 - p = 1 - 0.441 = 0.559$$

$d$  = degree of accuracy set at 0.05.

$$n = 1.96^2 \times 0.441 \times 0.559 / 0.05^2$$

= 379. Assuming a non- response rate of 10%, the sample size was 410

### Sampling Techniques

Multi- stage sampling method was used in the selection of women of child bearing age for the study

**Stage 1:** Selection of primary health centers, in this stage a sample frame was provided and used in the selection of selection of 5 primary health center from 10 primary health centers through simple random sampling by balloting method

**Stage 2:** Selection of women of child bearing age, women who met the inclusion criteria was selected using cluster sampling. The women were selected proportionate to health facility population (shown below the researcher went at different clinical days and recruited eligible women for the study. Mostly, those who attended antenatal care routine immunization, family planning and post natal clinic.

### Proportionate Allocation of Women in the Health Facilities

S/N	Political Ward	Health Centers	Population	Sample Size
1.	Urban1	PHC Urban1	1000	100
2.	Begiading	PHC Ohong	900	90
3.	Ukpe	PHC Ukpe	800	70
4.	Utugwang Center	PHC Utugwang	1000	100
5.	Utugwang South	PHC Okworogung	520	50
	<b>TOTAL</b>	<b>5</b>	<b>4220</b>	<b>410</b>

## **Method of data collection**

Data was collected using a semi-structured self-administer questionnaire. The researcher obtained an introductory letter from the Director of School of Public Health University of Port Harcourt seeking permission to carry out the study. The letter of introduction was attached to the ethical clearance and personal informed consent form which were presented to the respective ward focal persons through the Director local Government Health Authority Obudu Local Government Area, Cross River State. Approval was granted. The administration and collection of questionnaire was assisted by two researcher assistants and CHEWS working in those facilities. The respondents were contacted five (5) times across the five (5) selected Health centers during their primary health care services days specifically Mondays and Wednesdays. The respondents were required to complete the self-administered questionnaire and return immediately.

## **Inclusion criteria**

Women of childbearing age between the ages of 15-49years who utilize primary health care services such as antenatal service, routine immunization, labour and delivery, postnatal care and family planning services

**Exclusion criteria** Women critically ill to participate in the study at the time of the study

## **Data Analysis**

Data collected were checked for omission and errors and later coded and entered into Statistical Package for Social Sciences (SPSS) version 20. Data were presented with proportion on frequency tables for descriptive statistics,

## **Ethical Considerations**

Ethical approval for this study was obtained from UPTH, Research and Ethics Board committee before the commencement of the data collection. Permission was obtained from the head of facility in the selected health facilities in Obudu local government area where the study was conducted. Consent was sought for from participants during the interface interview. Confidentiality: The respondents were duly informed that information provided by them shall in no way be divulged to the third party.

**RESULTS:**

Four hundred and ten (410) respondents participated in the study and provided responses to the questions. The results obtained are shown below:

**Table 1: Socio-demographic characteristics of the respondents**

<b>Variables</b>	<b>Frequency(n=410)</b>	<b>Percentage (%)</b>
<b>Age(years )</b>		
15-19	15	3.6
20-24	45	11.0
25-29	64	15.6
30-34	78	19.0
35-39	120	29.3
40- 44	58	14.1
45 -49	30	7.3
<b>Marital status</b>		
Single	55	13.0
Married	255	60.4
Divorced	30	7.1
Widowed	70	16.6
<b>Religion</b>		
Christianity	310	73.5
Muslim	30	7.1
African traditional	52	12.3
Others	18	4.3
<b>Education</b>		
No formal education	56	13.6
Primary	118	28.7
Secondary	186	45.4
Tertiary	50	12.2
<b>Occupation</b>		
Farming	200	48.8
Trading/business	101	24.6
Civil servant	72	17.6
Others	37	9.0

Table 1 showed that the socio-demographic distribution of respondent. Respondent age were 15 (3.6%) in the 15-19age group, 78(19%) in the 30-34 age group, 120 (29.3%) in the 35-39, 58(14.1%). For marital status, 255 (60.4%) of the respondents were married, Greater proportions of the respondent were Christians 310 (73.5%), for education, 186 (45.4%) of respondent reported



attaining a secondary school education. Greater proportions of the respondent were farmers 200 (48.8%)

**Table 2: Knowledge on Primary Health Services among the respondents**

Variables	SA (%)	A (%)	D (%)	SD (%)	X	Remark
I have heard about primary health care services before	134(32.6%)	104(25.4%)	84(20.5%)	88(21.5%)	2.2	Agree
I know various services rendered in the Primary Health Care	124(30.2%)	114(27.8%)	89(21.7%)	83(20.2%)	2.2	Agree
My source of Information about PHC is from the Health educator, health worker and community volunteer	104(25.4%)	94(22.9%)	124(30.2%)	78(19.0%)	2.5	Disagree
I am aware of what general outpatient care is all about	114(27.8%)	124(30.2%)	89(21.7%)	183(44.6%)	2.2	Agree
I am aware of what Immunization services is all about	124(30.2%)	104(25.4%)	94(22.9%)	88(21.5%)	2.2	Agree

**SA-strongly agreed, A-agreed, D-disagreed, SD-strongly disagree**

Table.2 shows the knowledge on primary health care services among the respondents. In response to whether they have been were aware of primary health care services 134(30.4%) strongly agreed.. When the respondents were asked if they knew various services rendered in the primary health facility 124 (30.2%) strongly agreed. On finding out if source of the information about PHC is from the Health workers 104(23.4%) strongly agreed.. When the respondents were asked if they were what the general outpatient was all about 114(27.8%) strongly agreed. About 124 (30.2%) of women reported that they strongly agreed that they knew what immunization services was all about.

**Table 3: Level of Utilization of Primary Health Services among the respondents**

Variables	SA (%)	A (%)	D (%)	SD (%)	X	Remark
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<b>I have been utilizing the following PHC services</b>							
General services	Outpatient	124(30.2%)	104(25.4%)	94(22.9%)	88(21.4%)	2.2	Agree
Antenatal services		129(31.4%)	109(26.5%)	89(21.7%)	83(20.2%)	2.2	Agree
Delivery services		89(21.7%)	94(22.9%)	124(30.2%)	103(25.1%)	2.5	Disagree
Post Natal care		94(22.9%)	99(24.1%)	114(27.8%)	103(25.1%)	2.4	Disagree
Immunization services		124(30.2%)	104(25.4%)	99(24.1%)	183(44.6%)	2.3	Agree
Family planning		104(25.4%)	114(27.8%)	94(22.9%)	98(23.9%)	2.2	Agree
Treatment of Minor Illness		104(25.4%)	94(22.9%)	119(29.0%)	98(23.9%)	2.4	Disagree
Health Education		89(21.7%)	99(24.1%)	114(27.8%)	108(26.3%)	2.4	Disagree
<b>SA-strongly agreed, A-agreed, D-disagreed, SD-strongly disagreed</b>							

Table 3 show the level of utilization of primary health services among the respondents. In response to whether they have been using a particular form of health services, 124(30.2%) strongly agreed, 129 (31.4%) strongly agreed, using antenatal services, 94(22.9%) agreed, using delivery services, 94(22.9%) strongly agreed, utilizing post-natal care services. About 124 (30.2%) of women reported that they strongly agreed utilizing immunization services, 104(25.4%) strongly agreed using family planning services, 104(25.4%) strongly agreed utilizing treatment for minor illness in the PHC, 99 (24.1%) agreed, using receiving health education form the PHC.

**Table 4: Factors Associated with the Utilization of Primary Health Services among respondents**

<b>Variables</b>	<b>SA (%)</b>	<b>A (%)</b>	<b>D (%)</b>	<b>SD (%)</b>	<b>X</b>	<b>Remark</b>
<b>These factors affects my utilization of PHC services</b>						
Distant to the health facility	124(30.2%)	104(25.4%)	94(22.9%)	88(21.5%)	2.2	Agree
Transport methods	134(32.6%)	114(27.8%)	84(20.5%)	78(19.0%)	2.1	Agree

Treatment decision by husband 114(27.8%) 104(25.4%) 104(25.4%) 88(21.5%) 2.2 Agree

Preferred Health Facility 134(32.6%) 104(25.4%) 84(20.5%) 88(21.5%) 2.2 Agree

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**SA-strongly agreed, A-agreed, D-disagreed, SD-strongly disagree**

Table 4 shows the factors that affect the utilization of primary health services among the respondents. In response to when asked factors that affect the utilization of primary health services 124(30.2%)strongly agreed that distant to the health facility was a barrier, 134 (32.6%) strongly agreed that transport method was a factor, 114(27.8%) agreed that treatment decision by husband was a factor, 134(32.6%) strongly agreed that preferred choice of a health facility was a factor.

**Table 5: Ways to strengthen the Utilization of Primary Health Services among the respondents.**

Variables	SA (%)	A (%)	D (%)	SD (%)	X	Remark
<b>Ways to strengthen the utilization of PHC services</b>						
Provision of community based health insurance schemes	134(32.7%)	114(27.8%)	79(19.3%)	83(20.2%)	2.1	Agree
Intermediate form of transportation	124(30.2%)	94(22.9%)	104(25.4%)	88(21.5%)	2.2	Agree
Government increase in public expenditure on health	119(29.0%)	124(30.2%)	84(20.5%)	83(20.2%)	2.1	Agree
Community based care	124(30.2%)	104(25.4%)	94(22.9%)	88(21.5%)	2.2	Agree
Home visiting	129(31.5%)	109(25.6%)	89(21.7%)	83(20.2%)	2.1	Agree

Improvement on 124(30.2%) 104(25.4%) 94(22.9%) 88(21.5%) 2.2 Agree  
multigenerational  
dialogue

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**SA-strongly agreed, A-agreed, D-disagreed, SD-strongly disagree**

Table 5 shows ways to strengthen the utilization of primary health services among the respondents. In response to when asked ways to strengthen the utilization of primary health services 134(32.7%) strongly agreed that Provision of community-based health insurance scheme was a way to strengthen PHC utilization, 124 (30.2%) strongly agreed that Intermediate form of transportation was a way, 119(29.0%) strongly agreed that Government increase in public expenditure on health was a way, 124(30.2%) strongly agreed that Community-based care was a way to strengthen PHC utilization. About, 129(31.5%) strongly agreed that home visiting was a way, 124(30.2%) strongly agreed that Improvement in multigenerational dialogue was a way to strengthen PHC utilization

## **DISCUSSION**

This study was conducted to evaluate the knowledge, level of utilization of primary health care services, factors associated with women's utilization of primary health care services, ways to strengthen the utilization of primary health care among the respondents. The study participants were women of child bearing age (15-49 years) The majority 60.4% of the participants were married, greater proportions of the respondent were Christians 73.5%, about (45.4%) of respondent had attained secondary school education. Greater proportions of the respondent were farmers 48.8%. On the knowledge of Primary Health Care Services among women of Childbearing Age, The current finding revealed that respondents had a good knowledge about primary health services rendered at the Primary health centres. A greater proportion of the respondents agreed that they heard of Primary Health Care Services before, that they know various Services render at Primary Health Care, that they have knowledge of what general outpatient care is all about, that they have knowledge of immunization services in Primary Health Care. In contrary, Olayinka et al (2013) investigated the barriers to utilization of maternal health care services among reproductive women in Amassoma community and revealed that the majority of the respondents (94.8%) have heard of maternal health services but only few actually knew the main services rendered at maternal health

care services. The result on the knowledge sources of information about primary health care services among respondents contradicts with Ahmed (2019) findings in Kano State. The difference in the findings may be from the study location, population and methodological differences. With health education programmes conducted in locality of PHCs, social networks such as family and friends, religious organizations and elders there will be an increase in the knowledge and awareness of primary health care services rendered in different health facilities.

Level of Utilization of Primary Health Care Services among the respondents, The study finding revealed that respondents had a good level of utilization of primary health services rendered at the Primary health centres. A greater proportion of the respondents agreed services utilization such as general outpatient services, antenatal Services, immunization Services, and family Planning. Similar to the current study, Idris et al. (2013) investigated barriers to the use of maternal health services in a semi-urban community in northern Nigeria and found that only 2.7% used preconception services, 98.7% used antenatal care services (ANC), 24.0% delivered babies, and 35.3% used postnatal care services, while 14.0% used family planning services. Emelumadu et al. (2014) evaluated the quality of maternal healthcare services among women using prenatal services in certain primary health facilities in Anambra State, which is in line with the current study. They found that facility use for both antenatal services was relatively high. Contrarily, Ahmed and Husein (2020) discovered that the level of primary health care utilisation is subpar and lower than other studies around Somalia as well as the World Health Organization. They studied the utilisation of primary health care and its associated factors among women of childbearing age living in Mogadishu, Somalia (WHO). Additionally, Egbewale and Odu's (2013) study on the perception and use of primary health care services in a semi-urban community in South-Western Nigeria revealed that only 44.1% of the population had ever used a PHC health facility within the district, meaning that the facilities are still not being used to their full potential. Moreover, Singh et al. (2012) carried out a study on the determinants of maternity care services utilization among married adolescents in rural India and found that the rate of full postnatal utilization (24%) was very low among uneducated women. In Holeta town, central Ethiopia, Birmeta et al. (2013) conducted a study on the factors that influence maternal health care utilisation. It was determined that demographic, socioeconomic, and health-related factors affected the use of prenatal care and delivery care. This low level of consumption of some health services provided at primary health

centres may be caused by inadequate promotion of the services that are offered, which in turn results in low level of utilisation.

**Factors Associated with women utilization of primary health care services,** The study explored factors associated with utilization of primary health care services among respondents. The findings revealed that a greater proportion of the respondents agreed that distance to the health facility and transportation method was a barrier to accessing health care services from the primary health centres. In accordance with the current study, Ekpenyong et al. (2022) investigated the influence of distance and transportation on women of reproductive age's decisions to seek emergency obstetric care in south-south Nigeria and discovered that the mode of transportation affected regularity to health facilities. Additionally, Nxiweni et al. (2022) investigated the factors influencing the utilisation of antenatal services among women of childbearing age in South Africa and made the recommendation that maternal health services needed to be improved in terms of quality, accessibility, and use in order to lower maternal mortality and enhance outcomes for newborns. Similar to this, Iwelamira, Safari, and Stephen (2015) conducted research on the use of maternal postnatal care services among women in selected villages of Bahi and discovered that factors associated with non-use of maternal PNC services included low education level, a long commute to health facilities, low household income, a lack of attendance at health facilities for antenatal care services, home delivery, a negative attitude towards maternal PNC services, and a negative perception on quality of care. Idris et al. (2013) found, on the other hand, that despite residing close to a medical institution, the majority of the moms were not utilising maternal health services. Contrarily, Ibebuike (2017) discovered that the majority of the individuals said that travelling a long distance to a health facility did not affect how they used healthcare services. Another factor revealed from the study that negatively influences utilization of primary health services are treatment decision by husband and preferred choice of a health facility. Similar to the current study, Ahmed and Husein (2020) investigated the use of primary healthcare and the factors that influence it among women of childbearing age living in Mogadishu, Somalia, and discovered that only 3% of ever-married respondents made their own health-seeking decisions, while 97% were made by their husband. The husband's approval of the maternal healthcare services was found to be a factor impacting the utilisation in Olayinka et al's (2013) investigation into the obstacles to the use of maternal health care services among reproductive women in the Amassoma community. Male domination and women's enslavement are commonplace in this study, particularly in areas

where culture is dominant. Due to the patriarchal structure that is widespread, their spouse takes important decisions regarding their medical care. He determines when and where to seek treatment, when to deliver, and shares financial responsibility for the expense of care. This implies that a woman's right to procreate in Obudu L.G. is restricted. This is due to Nigeria's socio cultural norms and beliefs, which restrict women's autonomy and ability to care for their children independently, decision about self is limited including decision to seek appropriate health care. All these decision making power often lies with the husband.

**Health Facility Factors that Influence Utilization of Primary Health Care,** The study revealed health facility factors that influence the utilization of primary health care services. Majority of the respondents agreed that high cost of drug and services was a major health facility factor that influence utilization of primary health care services among women of childbearing age. In line with the current study, Ntoimo et al. (2022) investigated why women choose traditional birth attendants (TBAs) over skilled birth attendants (SBAs) for maternity care in rural Nigeria. They discovered that some justifications for choosing TBAs included beliefs in the greater efficacy of traditional medicines, long-standing cultural customs, ease of access to TBAs compared to SBAs, higher costs of services in health facilities, and the friendliness of TBAs. In a similar vein, Odetola (2015) conducted a study on health care utilisation among rural women of childbearing age: a Nigerian experience, and the results revealed that a higher percentage (65.3%) of respondents claimed that affordability of services delivered played a significant role in their choice of health care institution. This situation demonstrates how crucial cost is to the provision of primary healthcare. The majority of women may not be able to access healthcare services at health facilities because of economic hardships that affect everyone from the federal to the local level. Instead, they may choose to self-medicate or engage in unhealthy traditional health practises that could endanger their lives or the lives of their unborn children. In Ethiopia, Birmeta (2013) conducted a study that found that women with higher incomes started using prenatal care services earlier than women with lower incomes. This study was consistent with that research. Also, in line Awoyemi et al. (2011) concluded that household size, distance and total cost of seeking health care affect the utilization of government and private hospitals while total cost of seeking health care and the quality of access route affect the use of traditional care.

Non availability of essential drugs was another major factor agreed by the respondents that influence the utilization of primary health care services among women of childbearing age. This is a very important health facility factor identified by the respondent because the primary health care facility ought to treat their clients with essential drugs. However most times, these facilities lack essentials drugs due to non-availability or stock-out. With the issue of fake or substandard drugs in Nigeria it becomes worrisome for patients to be encouraged to source drugs by themselves. These may sometimes lead to self-medication as some of the patients may assume they know the drugs to get when they have similar symptoms since they could not get them from the facility. Other health facility factors identified to influence the utilization of primary health care services is attitude of staff. In accordance with the current study, Idris et al. (2013) investigated the factors that prevent women from using antenatal and delivery services in a semi-urban community in northern Nigeria. They discovered that negative provider attitudes and the absence of prior delivery complications were the main deterrents.

### **Study Limitations**

1. Financial Constraints
2. Difficult Terrain: Due to the topography of Obudu Local Government Area
3. Slow responses from the respondents: Due to the level of education, job, culture and values of the respondents.

### **Conclusion**

The study was conducted to evaluate the knowledge, level of utilization, factors associated with utilization and ways to strengthen the utilization of Primary Health Care Services among the respondents. It was revealed that the respondents had good knowledge on the various Services render at Primary Health Care. The respondents showed high utilization of PHC health services such as general outpatient services, antenatal Services, Immunization Services, family planning and low utilization of delivery services, post-natal services, treatment of minor illness and health education. The respondents identified factors that negatively influence utilization of primary health services as distant to the health facility, transportation method, treatment decision by husband and preferred choice of a health facility. Health facility factors that negatively influenced utilization of primary health services were inadequate number of staff in the health facility, non availability of



drugs, high cost of drugs and services, attitude of staff. The ways to strengthen PHC utilization were the Provision of community based health insurance scheme, Intermediate form of transportation, Government increase in public expenditure on health, Community based, that home visiting and Improvement on multigenerational dialogue

## Recommendations

1. Health education and community sensitization is required to improve the uptake of PHC services
2. Men involvement is very crucial since it was observed that the decision of the husband influenced the utilization of PHC services
3. Appropriate staffing should be provided through the State Primary Health Care Development Agency to supplement staff strength

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