

**FACTORS AFFECTING THE UTILIZATION OF PRIMARY
HEALTH CARE AMONG BREASTFEEDING MOTHERS IN
EGOR LOCAL GOVERNMENT AREA, EDO STATE**

**Ruth IKPERAH
EDU2009133**

**UNIVERSITY OF BENIN
FACULTY OF EDUCATION
BENIN CITY**

MAY, 2024

**FACTORS AFFECTING THE UTILIZATION OF PRIMARY
HEALTH CARE AMONG BREASTFEEDING MOTHERS IN
EGOR LOCAL GOVERNMENT AREA, EDO STATE**

**Ruth IKPERAH
EDU2009133**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH,
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION,
UNIVERSITY OF BENIN, BENIN CITY, EDO STATE, IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE
EDUCATION DEGREE B.Sc.(Ed.) IN HEALTH EDUCATION, UNIVERSITY OF
BENIN, BENIN CITY.**

MAY,2025.

CERTIFICATION

We, the undersigned, acknowledge that this research work was carried out by **Ruth IKPERAH EDU2009133** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin.

DR. E.O IGUDIA
Project Supervisor

DATE

DR. E.O IGUDIA
Project Coordinator

DATE

DR. S. O. OLIKIABO
Head of Department

DATE

DEDICATION

I dedicate this project to God Almighty for his guidance, provision and wisdom upon my life, for making this project successful for He is the only one that deserves all the glory.

ACKNOWLEDGEMENTS

First of all, thanks be to Almighty God for giving me the strength and perseverance to complete this research project.

I am deeply grateful to my supervisor, Dr. E.O. Igudia, for his unwavering support and patience. His guidance and expertise have been invaluable throughout this process.

I would also like to extend my heartfelt thanks to my Head of Department, Dr. S.O. Olikiabo, for his encouragement and support. Additionally, I am thankful to my esteemed lecturers, Dr. N.I Erhabor and Mr. Douglas Oronsanye, whose knowledge and dedication have greatly contributed to my academic growth.

A special thank you goes to my lovely fiance Engineer Ero Odion, my super mother, Mrs. Mary Ikperah, for their constant love and support. I am also profoundly grateful to my sister, . Jennifer Ikperah for her encouragement and understanding.

I would like to acknowledge my friends in the department, Melissa and Dorcas, whose companionship and support have been a source of strength for me during this journey.

Finally, I appreciate the contributions of all my fellow students and colleagues, whose discussions and feedback have enriched this research.

Thank you all for your support and encouragement.

TABLE OF CONTENTS

| | PAGE |
|--|------|
| Title | ii |
| Certification | iii |
| Dedication | iv |
| Acknowledgements | v |
| Table of Contents | vi |
| List of Tables | ix |
| List of Appendices | x |
| Abstract | xi |
| CHAPTER ONE: INTRODUCTION | |
| Background to the Study | 1 |
| Statement of the Problem | 3 |
| Research Questions | 5 |
| Purpose of the Study | 6 |
| Significance of the Study | 7 |
| Scope Delimitation of the Study | 8 |
| Operational Definition of Terms | 9 |
| CHAPTER TWO: REVIEW OF RELATED LITERATURE | |
| Conceptual Framework | |
| Concept of primary health care | 25 |

| | |
|--|----|
| Factors Affecting Primary Health Care Utilization | |
| Challenges to the Implementation of Primary Health Care | 30 |
| Influence of primary health care on level of education as a factor. | 37 |
| Summary of Related Literature Review | 46 |
| CHAPTER THREE: METHODOLOGY | |
| Design of the Study | 48 |
| Population of the Study | 48 |
| Sample/Sampling Technique | 49 |
| Research Instrument | 49 |
| Validity of the Instrument | 49 |
| Reliability of the Instrument | 50 |
| Administration of the Instrument | 50 |
| Method of Data Collection | 50 |
| Method of Data Analysis | 50 |
| CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS | |
| Presentation of Results | 51 |
| Discussion of Finding | 58 |
| CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS | |
| Summary. | 63 |

| | |
|------------------|----|
| Conclusions | 64 |
| Recommendations. | 66 |
| References | 67 |
| Appendix | 73 |

ABSTRACT

Primary health care (PHC) is essential for ensuring the well-being of mothers and children. This study investigates the factors affecting the utilization of primary health care services among breastfeeding mothers in Egor Local Government Area, Edo State. The research focuses on understanding how educational level, age, and religious affiliation influence the utilization of PHC services. A descriptive survey research design was employed, involving the systematic collection of information from a sample of 100 breastfeeding mothers in Egor. Data was gathered using a self-structured questionnaire, and the analysis was conducted using mean and standard deviation methods.

The findings revealed that educational level significantly impacts the utilization of PHC services, with higher educational attainment correlating with increased awareness and usage of available health care services. Age was also found to influence PHC utilization, as different age groups exhibited varying levels of awareness and access to these services. Additionally, religious affiliation played a role in shaping the decisions of breastfeeding mothers regarding PHC services, with some religious beliefs and practices acting as barriers to effective utilization.

Based on these findings, it is recommended that health education programs be intensified to raise awareness about the importance of PHC services among breastfeeding mothers. Additionally, efforts should be made to address socio-economic disparities that hinder access to these services. Health care providers should also be trained to offer culturally sensitive counseling that respects the diverse religious backgrounds of mothers. This will help to enhance the overall utilization of primary health care services and improve maternal and child health outcomes in Egor Local Government Area.

CHAPTER ONE

INTRODUCTION

Background to the Study

Breastfeeding is a fundamental and natural practice that bestows numerous benefits upon both the mother and the infant. It is not only an important aspect of child-rearing but also a cornerstone of public health [World Health Organization (WHO), 2022a]. The WHO recommends exclusive breastfeeding for the first six months of life, with continued breastfeeding alongside complementary foods for up to two years or beyond. This guidance reflects the recognized significance of breastfeeding in promoting the health and well-being of infants worldwide.

However, for breastfeeding to be carried out effectively, breastfeeding mothers require appropriate healthcare support and guidance. This is where the concept of primary health care plays a pivotal role. Primary health care, as defined by the WHO, is essential health care made universally accessible to individuals and families in the community. It is designed to be comprehensive, continuous, and coordinated and should be part of a country's health system [World Health Organization (WHO), 2022b]. In the context of this study, it pertains to healthcare services offered to breastfeeding mothers in Egor local government.

Egor local government is one of the local government areas in Edo State, Nigeria. This region, like many others, faces unique challenges and opportunities in healthcare

delivery, particularly concerning maternal and child health. Breastfeeding mothers in Egor local government, similar to those in various parts of the world, need effective primary health care services that address their specific needs and concerns.

The background of this study is rooted in the recognition that there are factors affecting the utilization of primary health care services among breastfeeding mothers in Egor local government. These factors can vary and might include accessibility, awareness, cultural beliefs, economic constraints, and the quality of healthcare services. Understanding these factors is critical to enhancing the healthcare system and ensuring that breastfeeding mothers receive the necessary support.

To underscore the significance of this study, it is imperative to consider the well-documented advantages of breastfeeding for both infants and mothers. Breast milk is the most nutritious and complete food for infants. It provides essential nutrients, antibodies, and immune system support. Breastfeeding is associated with a reduced risk of infant mortality, as well as a lower likelihood of childhood diseases. Moreover, it contributes to maternal health by promoting postpartum weight loss and reducing the risk of breast and ovarian cancers.

Yet, despite these benefits, there are global disparities in breastfeeding rates, and Nigeria is no exception. Understanding the factors that influence the utilization of primary health care services by breastfeeding mothers can lead to interventions and

policies aimed at improving breastfeeding rates, infant health, and the well-being of mothers in Egor local government.

Breastfeeding is not only a vital component of child-rearing; it is a shared global responsibility to ensure the well-being of our youngest generation. In line with the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being), this research aligns with global efforts to enhance the health of mothers and children. Recognizing the significance of breastfeeding and the challenges faced by mothers in accessing primary health care, this study aspires to be a step toward healthier and brighter futures for both infants and mothers in Egor local government.

This study, therefore, seeks to explore the factors affecting the utilization of primary health care among breastfeeding mothers in Egor local government, Nigeria. It aims to shed light on the challenges faced by breastfeeding mothers in accessing healthcare services and identify potential solutions to improve the situation. By conducting this research, the researcher aspires to contribute to the body of knowledge on maternal and child health, thus paving the way for enhanced support and care for breastfeeding mothers in Egor local government.

Statement of the Problem

Breastfeeding is a cornerstone of maternal and child health, providing infants with essential nutrients, boosting their immune systems, and fostering mother-infant

bonding. Primary health care plays a vital role in supporting breastfeeding mothers by offering access to crucial healthcare services, education, and guidance. However, despite the established benefits of primary health care in promoting breastfeeding, a significant problem arises: the underutilization of these essential services by breastfeeding mothers.

Breastfeeding mothers in Egor local government confronts a significant challenge the underutilization of primary health care (PHC) services. This critical issue manifests in economic constraints, geographical accessibility challenges, cultural beliefs, and a notable lack of awareness, collectively contributing to suboptimal health outcomes for both mothers and infants.

Beyond individual challenges, recent demographic shifts and healthcare infrastructure changes in Egor amplify the significance of addressing the underutilization of PHC services among breastfeeding mothers.

The World Health Organization's (WHO) emphasis on the role of PHC in providing support for breastfeeding mothers, adds a layer of urgency to the issue. Economic challenges, highlighted by Economic Survey (2019), contribute significantly, with many households facing financial constraints that impact their ability to afford essential healthcare services.

The multifaceted nature of these challenges necessitates targeted interventions. Addressing economic barriers, dispelling cultural myths, and enhancing awareness are pivotal steps toward promoting the optimal utilization of PHC services among breastfeeding mothers. By understanding the broader context and implications of these challenges, stakeholders can collaboratively work towards improving healthcare accessibility and, subsequently, the overall health outcomes for this vulnerable demographic in Egor local government. This is what the study intends to address.

Research Questions

1. What are the factors affecting the utilization of primary health care service among breastfeeding mothers in Egor?
2. Are the factors affecting the utilization of primary healthcare in Egor influenced by age?
3. Does educational level influence the factors affecting the utilization of primary health care in Egor?
4. Does religions affiliations influence the factors affecting primary health care utilization in Egor?

Purpose of the Study

This study aims to investigate the factors affecting primary health care utilization among breastfeeding mothers in Egor local government area, Edo State.

Specifically, this research seeks to:

1. factors affecting health care utilization of primary health care services among breastfeeding mothers in Egor local government, Nigeria.
2. If age influence primary health care services among breastfeeding mother in Egor Local Government Area, Edo State
3. if education influences affect primary healthcare services among breastfeeding mothers in Egor.
4. If religious affiliation affects primary health care services among breastfeeding mothers in Egor.

Significance of the Study

Breastfeeding is a critical component of maternal and child health, and its importance cannot be overstated. Breastfeeding provides infants with essential nutrients, antibodies, and an intimate bond with their mothers. However, ensuring that breastfeeding mothers have access to adequate primary healthcare services is equally crucial. This study explores the significance of understanding the factors that influence the utilization of primary healthcare services among breastfeeding mothers in Egor local government.

First and foremost, this study holds great significance in the context of maternal and child health. Breastfeeding is not only beneficial for the infant but also for the mother. It aids in postpartum weight loss, reduces the risk of breast cancer, and fosters mother-

infant bonding. When mothers have access to primary healthcare services, they receive guidance on proper breastfeeding techniques, nutrition, and the management of common postpartum issues. By identifying and addressing the factors that hinder access to these services, this study can contribute to improve maternal and child health outcomes in Egor local government.

Understanding the challenges faced by breastfeeding mothers in accessing primary healthcare is vital for local health policy and planning. Egor local government, like many other regions, has limited resources to allocate to healthcare services. Therefore, it is essential to identify areas where resources can be most effectively utilized. The findings of this study can inform policymakers about the specific needs of breastfeeding mothers and guide the allocation of resources to primary healthcare services that address these needs. This targeted approach can maximize the efficiency of healthcare delivery in the region.

Community involvement is a cornerstone of successful healthcare initiatives. This study can foster community engagement by raising awareness of the challenges faced by breastfeeding mothers. As communities become more aware of the issues, they can play a more active role in advocating for improved healthcare services. Moreover, community members may take part in programs to support breastfeeding mothers, ultimately creating a more supportive and nurturing environment for new mothers.

Health equity, the principle that every individual should have a fair opportunity to attain their full health potential, is a fundamental goal of healthcare systems. In many regions, marginalized populations face barriers to accessing healthcare services. The findings of this study can help reduce health disparities by addressing the specific challenges that breastfeeding mothers in Egor local government encounter. This research can promote a more equitable distribution of healthcare services, ensuring that all mothers have access to the care they need.

Scope and Delimitation of the Study

This study delves into the factors influencing the utilization of primary healthcare services by breastfeeding mothers in Egor local government, Nigeria. The research is geographically confined to Egor local government, encompassing a diverse population with a substantial number of breastfeeding mothers. It specifically examines the experiences, challenges, and determinants unique to this demographic group.

The study is exclusively confined to the Egor local government area in Edo State, Nigeria. Data collection, surveys, and interviews will be conducted within this region among breastfeeding mothers, healthcare providers, and relevant stakeholders. Egor local government serves as the focal point of investigation due to its significant population of breastfeeding mothers and the accessibility of primary health care services, and delimited exclusively to breastfeeding mothers within Egor local

government. It will delve into the factors affecting their utilization of primary health care services, including accessibility, quality, awareness, and cultural beliefs

Operational Definitions of Terms

Primary Health Care (PHC):

In the context of this study, primary health care (PHC) refers to the essential, accessible, and affordable healthcare services provided at the first point of contact with the healthcare system for breastfeeding mothers in Egor local government. These services encompass a comprehensive range of preventive, promotive, curative, and rehabilitative health interventions, including but not limited to:

Antenatal and postnatal care: Regular checkups, monitoring, and counseling for pregnant and postpartum women to ensure the well-being of both mother and child

Immunization: Timely administration of vaccines to protect infants from preventable diseases

Family planning: Counseling and provision of contraceptive methods to enable women to plan their pregnancies and families

Nutritional counseling: Guidance on healthy eating habits and proper infant feeding practices to promote optimal growth and development

Health education: Dissemination of information and promotion of healthy behaviors to enhance maternal and child health

Utilization: Utilization, as used in this research, refers to the extent and pattern to which breastfeeding mothers in Egor local government make use of the available primary health care services. It is measured by various indicators, including:

Frequency of visits to healthcare facilities: Number of times a breastfeeding mother visits a primary healthcare center for checkups, consultations, or treatment

Adherence to scheduled vaccinations: Completion of the recommended vaccination schedule for infants, ensuring timely protection against preventable diseases

Participation in health education programs: Engagement in health education sessions, workshops, or counseling provided by healthcare providers

Breastfeeding Mothers: Breastfeeding mothers, in this study, refer to women within Egor local government who are currently nursing their infants. These mothers may vary in age, socioeconomic status, educational backgrounds, and cultural affiliations, but share the commonality of having infants who rely on breast milk as their primary source of nourishment.

Factors: Factors, as defined in this research, encompass a wide array of elements that can influence the utilization of primary health care by breastfeeding mothers. These factors may be categorized into various domains, including;

Social factors: Community norms, cultural beliefs, family support, and social networks

Economic factors: Income levels, employment status, access to financial resources, and affordability of healthcare

Cultural factors: Traditional practices, healthcare beliefs, and influence of cultural norms on healthcare-seeking behavior

Health-related factors: Maternal health knowledge, perceived need for healthcare, understanding of available services, and experience with healthcare providers

Geographical factors: Distance to healthcare facilities, transportation options, availability of healthcare services within the community

Egor Local Government: Egor Local Government is a specific administrative region within the larger context of Edo State, Nigeria. In this study, it is the geographical focus of the research, where the utilization of primary health care services among breastfeeding mothers is examined.

Healthcare Accessibility: Healthcare accessibility, as defined for this research, pertains to the ease with which breastfeeding mothers can physically reach and utilize primary health care facilities within Egor local government. It takes into account various factors that influence the ability of mothers to access healthcare services, including:

Geographical accessibility: Distance to healthcare facilities, availability of public transportation, and road conditions

Physical accessibility: Layout of healthcare facilities, availability of ramps or elevators, and suitability for mothers with infants

Financial accessibility: Affordability of healthcare services, availability of health insurance coverage, and out-of-pocket expenses

Service accessibility: Availability of qualified healthcare providers, operating hours of healthcare facilities, and wait times for appointments

Cultural Beliefs and Practices: Cultural beliefs and practices encompass the shared norms, values, customs, and traditions within the community of breastfeeding mothers in Egor local government. These cultural factors are examined to determine their influence on healthcare-seeking behavior and the utilization of primary health care services, including:

Geographical accessibility: Distance to healthcare facilities, availability of public transportation, and road conditions.

Physical accessibility: Layout of healthcare facilities, availability of ramps or elevators, and suitability for mothers with infants.

Financial accessibility: Affordability of healthcare services, availability of health insurance coverage, and out-of-pocket expenses.

Service accessibility: Availability of qualified healthcare providers, operating hours of healthcare facilities, and wait times for appointments.

Cultural beliefs and practices: Cultural beliefs and practices encompass the shared norms, values, customs, and traditions within the community of breastfeeding mothers in Egor Local Government. These cultural factors are examined to determine their influence on healthcare-seeking behavior and the utilization of primary health care services.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Exploring the factors influencing breastfeeding mothers' utilization of primary health care (PHC) services in Egor local government is essential for improving maternal and child health outcomes. This literature review delves into existing knowledge to unpack the determinants and challenges related to PHC utilization, paving the way for further research and interventions.

This chapter focuses on the review of related literature. And it will be discussed under the following sub-headings

- Conceptual Framework
- concept of primary health care
- Factors Affecting Primary Health Care Utilization
- Challenges to the Implementation of Primary Health Care
- Influence of primary health care on level of education as a factor.
- Summary of Related Literature Review

Conceptual Framework

This study focuses on understanding why breastfeeding mothers in Egor seek healthcare. We use a framework inspired by health behavior theories, like the Health

Belief Model. It helps us look at factors like perceived needs, benefits, and barriers that influence their use of primary health care (PHC) services.

The Health Belief Model suggests that people take health-related actions based on their perceived susceptibility, severity, benefits, and barriers. We also consider learning and social influences in our framework, providing a strong base to analyze healthcare-seeking behaviors.

Our framework emphasizes the importance of perceived needs and benefits as drivers for seeking healthcare. Breastfeeding mothers, guided by their perceptions, decide whether they need PHC services. If they see the benefits, they're more likely to take action.

In the context of Egor's breastfeeding mothers, aligning their perceived needs with the benefits of PHC services is vital. Studies show that tailoring healthcare messages to these needs and benefits can improve health behavior outcomes (Rosenstock, 1974; Becker, 1974).

We also explore the impact of social influences on these mothers' health-related behaviors. Factors like social networks, community norms, and family dynamics shape their decisions about using PHC services.

In the case of breastfeeding mothers, family, friends, and community norms play a big role in how they decide to use healthcare services. Studying how social connections

affect their choices aligns with the idea that people learn from observing others and sharing health information (Bandura, 1986).

Understanding the community dynamics in Egor local government and how they relate to breastfeeding practices is crucial. Nigerian studies highlight the importance of community-based efforts, emphasizing how social connections help spread health information (Ezenwaka & Odiachi, 2016).

This recognizes that cultural factors impact how breastfeeding mothers see and use healthcare services. Beliefs, practices, and norms influence their perceptions, so addressing these cultural aspects is important for creating interventions that respect local customs and create a healthcare environment that people welcome (Akpabio & Edet, 2018).

This approach combines ideas from existing health behavior theories to fully grasp what influences breastfeeding mothers' use of healthcare services in Egor local government. By focusing on their perceived needs, benefits, social influences, and cultural context, this framework provides a detailed exploration of healthcare choices, contributing to the broader conversation on maternal and child health in Nigeria.

This study explores how breastfeeding mothers in Egor local government seek healthcare. The framework used, the Health Belief Model, focuses on aligning interventions with mothers' needs. Designing interventions tailored to local concerns is crucial, with community-based assessments providing insights.

The Social Cognitive Theory is also applied, emphasizing the influence of social networks. Engaging with community leaders and support structures is essential for spreading accurate health information, as highlighted by Oyeyemi et al. (2020).

Cultural sensitivity in healthcare delivery is another aspect, involving understanding and addressing cultural factors. Collaboration between healthcare providers and community leaders is advocated by Adeyemi et al. (2021) to enhance effectiveness.

Collaborating with local communities is crucial for improving maternal and child health in Egor local government. This involves working with community organizations, religious institutions, and traditional leaders, as suggested by Yusuf et al. (2018). Using existing community structures for sharing information ensures that health interventions reach a broader audience and encourage lasting behavioral change. The study has significant policy implications for Egor local government. Policymakers should consider incorporating insights from the conceptual framework into broader health strategies. Allocating resources for community-based initiatives, providing cultural competency training for healthcare professionals, and strengthening primary healthcare infrastructure align with the recommendations of Nnebue et al. (2017), contributing to a more comprehensive and effective healthcare system.

The focus is on practical strategies derived from the conceptual framework, translating theoretical foundations into actionable outcomes. This study aims to positively impact healthcare-seeking behaviors among breastfeeding mothers in Egor local government,

leading to improved maternal and child health outcomes in Nigeria. Integrating theoretical perspectives with local insights creates a holistic approach that addresses the complexities of healthcare in diverse cultural settings.

This study explores how breastfeeding mothers in Egor local government seek healthcare. We use a strong conceptual framework to understand their behaviors, going beyond academia to guide practical interventions and policies.

The Health Belief Model, a key part of this framework, focuses on aligning healthcare interventions with what individuals feel they need and the benefits they perceive. In Egor, it's crucial to create interventions that address the specific concerns of breastfeeding mothers. Community-based needs assessments, as recommended by Adebayo et al. (2019), offer insights for tailoring services based on local perspectives. We also leverage social networks and community norms, engaging with leaders, influencers, and support structures to share accurate health information. According to Oyeyemi et al. (2020), initiatives driven by trusted individuals in the community significantly influence the decisions of breastfeeding mothers.

Cultural sensitivity in healthcare involves recognizing and addressing cultural factors. Collaborative efforts between healthcare providers and community leaders enhance mutual understanding. Adeyemi et al. (2021) suggest training healthcare professionals to navigate cultural nuances and integrating traditional practices into healthcare services for better acceptability and effectiveness.

Collaboration between healthcare institutions and local communities is crucial for improving maternal and child health in Egor local government. Strengthening partnerships involves working with community organizations, religious institutions, and traditional leaders. Using existing community structures for knowledge dissemination ensures that interventions reach a wider audience, promoting lasting behavioral change.

The study suggests significant policy implications for Egor local government. Policymakers should consider integrating insights from the conceptual framework into broader health strategies. This includes allocating resources for community-based initiatives, providing cultural competency training for healthcare professionals, and strengthening primary healthcare infrastructure. These steps align with recommendations from previous research and contribute to a more comprehensive and effective healthcare system.

The research emphasizes practical outcomes derived from the conceptual framework, turning theoretical foundations into actionable strategies. By meaningfully contributing to healthcare-seeking behaviors among breastfeeding mothers in Egor local government, the study aims to improve maternal and child health outcomes in the Nigerian context. Integrating theoretical perspectives with local insights creates a holistic approach that addresses the complexities of healthcare in diverse cultural settings.

Concepts of Primary Health Care

Egor is working towards accessible and fair healthcare through Primary Health Care (PHC), which goes beyond traditional hospitals. PHC centers in communities offer various services like immunizations for kids, screenings for diseases, and mental health support. This closeness builds trust, encouraging proactive health measures and creating a culture of well-being.

In Egor, PHC involves the community actively. Residents have a say in shaping and managing healthcare services, ensuring they meet unique needs and cultural contexts. PHC empowers people to own their health, involving them in decision-making and tailoring education to local languages. This collaborative approach builds a community where healthcare is not just received but actively co-created (Egube et al., 2019; World Health Organization, 2023; Ekwu et al., 2021).

The idea that "prevention is better than cure" is fundamental in Egor's Primary Healthcare (PHC) philosophy. Identifying and addressing health issues early on is crucial to prevent diseases, save lives, and ease the burden on healthcare systems. Think about the impact of childhood immunization programs or accessible screenings for chronic conditions. Early intervention not only protects individual health but also makes the healthcare system more sustainable by reducing costly, long-term illnesses (Federal Ministry of Health, Nigeria, 2022).

The importance of PHC goes beyond Egor; it has global significance. The 1978 Alma-Ata Declaration established PHC as central to achieving "Health for All," a vision echoed in global initiatives like the Sustainable Development Goals (SDGs). This commitment recognizes PHC as a crucial investment in both individual well-being and global health equity and sustainable development. In Egor, a strong PHC system contributes to a healthier Nigeria and, consequently, a healthier world (World Health Organization, 2023; World Bank, 2019).

A well-functioning primary healthcare (PHC) system in Egor has widespread positive effects on the community. Studies consistently show that a strong PHC system is linked to:

1. **Reduced Maternal and Child Mortality Rates:** Access to timely prenatal care, skilled birth attendance, and childhood immunizations helps lower maternal and child mortality.
2. **Control of Infectious Diseases:** Vaccination programs and community-based disease control initiatives effectively limit the spread of diseases, ensuring public health.
3. **Improved Mental Well-being:** Integrated mental health services in PHC systems provide accessible support, contributing to better mental health in communities.

4. **Economic Productivity:** A healthy workforce leads to increased economic productivity, benefiting individuals and the community as a whole.
5. **Social Inclusion and Development:** Equitable access to healthcare promotes social inclusion, empowering individuals to actively participate in their communities and contributing to overall social development.

While the basic principles of PHC are universal, their implementation should address the specific needs and challenges of each community. In Egor, research indicates strengths such as strong community engagement and dedicated healthcare professionals.

Improving healthcare in Egor requires addressing issues like not enough hospitals, not enough supplies, and not enough healthcare workers in some areas (Egbune et al., 2020). To make healthcare better, we need to understand these problems and come up with solutions that work well for the whole community, so everyone stays healthy.

Factors Affecting Primary Health Care Utilization

The research on what factors affect the use of Primary Health Care (PHC) by breastfeeding mothers in Egor local government follows a clear framework. This framework is based on established health behavior theories like the Health Belief Model and Social Cognitive Theory. It aims to understand the various factors—like demographics, culture, and individual aspects—that influence healthcare-seeking behaviors.

This framework is the foundation for exploring why breastfeeding mothers may or may not use PHC services. It integrates ideas from the Health Belief Model and Social Cognitive Theory to thoroughly analyze healthcare-seeking behaviors.

A key aspect of this framework is acknowledging that what mothers perceive as their needs and the benefits of using healthcare services plays a crucial role. Basically, it means that breastfeeding mothers decide whether to use PHC services based on their own views about the necessity and advantages. This aligns with the Health Belief Model, which emphasizes that people are more likely to take action if they believe they are at risk of a health problem and see the benefits of the recommended action.

Understanding how the needs of breastfeeding mothers in Egor align with the benefits of Primary Healthcare (PHC) services is crucial. Research suggests that tailoring healthcare messages to these needs can improve health behavior outcomes (Becker, 1974).

The Social Cognitive Theory highlights the impact of social influences on health behaviors. For breastfeeding mothers, factors like social networks, community norms, and family dynamics significantly influence their decisions about using PHC services. Exploring how social networks affect healthcare-seeking behaviors aligns with this theory, recognizing the importance of learning through observation and sharing health-related knowledge (Bandura, 1986).

It's important to grasp the community dynamics in Egor and how they relate to breastfeeding practices. Studies by Nigerian authors stress the importance of community-based interventions and the role of social networks in spreading health information (Ezenwaka & Odiachi, 2016).

The framework recognizes that cultural factors affect how breastfeeding mothers in Egor local government use primary healthcare (PHC) services. Beliefs and practices impact how they see and interact with healthcare. Considering these cultural aspects is crucial for creating interventions that respect local customs, promoting a more welcoming healthcare environment (Akpabio & Edet, 2018).

This framework combines ideas from established health behavior theories to understand the factors influencing PHC use among breastfeeding mothers in Egor. By looking at perceived needs, benefits, social influences, and cultural context, it sets the stage for a detailed exploration of healthcare behaviors, contributing to the broader discussion on maternal and child health in Nigeria.

Analyzing existing evidence, the factors affecting PHC use among breastfeeding mothers in Egor involve a mix of sociodemographic elements, cultural influences, and individual characteristics. It's essential to dive into details like age, education, and religious affiliation to fully understand these dynamics.

Younger mothers, who may face money issues and lack experience in dealing with healthcare, might find it hard to connect with primary healthcare (PHC) services

(Aminu et al., 2022). The challenges they encounter include not knowing much about health and possibly struggling to get the resources needed for good healthcare habits. It's crucial to tackle these issues to make sure everyone has fair and equal access to PHC (Aminu et al., 2022).

One important factor affecting how much breastfeeding mothers use PHC services is their education. More education means they know more about available PHC services, understand health information better, and are more likely to actively seek healthcare (Okeke et al., 2022). These results highlight the need for specific actions to bridge educational gaps and make sure all mothers can easily access PHC services.

Religious beliefs and practices greatly affect healthcare decisions for breastfeeding mothers in Egor local government. Oluwafunmilayo et al. (2020) emphasize the importance of culturally sensitive approaches that consider diverse religious perspectives while promoting the benefits of primary healthcare (PHC) services. Recognizing the impact of religious affiliation is crucial for designing interventions aligned with community values.

This literature review thoroughly examines factors influencing PHC utilization among breastfeeding mothers in Egor local government. The age, education, and religious affiliation of mothers are key determinants requiring focused interventions for equitable access to PHC services. Addressing these factors can contribute to better

healthcare-seeking behaviors and overall health outcomes for breastfeeding mothers in the community.

The use of PHC services by breastfeeding mothers in Egor is influenced by various interconnected factors. A comprehensive exploration is necessary, including an examination of socioeconomic factors where economic disparities and sociodemographic characteristics significantly affect healthcare access and utilization patterns (Aminu et al., 2022).

Financial problems are a big issue, especially for moms from low-income families. Going to health centers costs money for transportation, medical bills, and can make them lose income. To help, we can offer subsidies for transport or community health insurance. Working moms also struggle due to time constraints. We can fix this by having flexible healthcare schedules and support programs at workplaces.

Where health centers are located affects how much they're used, especially in rural areas with poor transport. We need plans like mobile clinics or outreach programs for far-off places. Teamwork between healthcare providers, community leaders, and policymakers is crucial to find lasting solutions.

How easy it is to reach health centers is linked to how good the services are. If moms trust healthcare providers, they're more likely to go. Regular checks and feedback

from the community help improve healthcare services over time. (References: Aminu et al., 2022; Akpabio & Edet, 2018)

Promoting primary healthcare (PHC) services among breastfeeding mothers in Egor local government is crucial. Creating awareness through local media and community influencers, along with community-based health education programs, helps people understand the importance of PHC services. Involving local leaders, health workers, and women's groups in culturally sensitive interventions fosters community engagement and ownership, leading to sustainable results.

The factors affecting PHC use in Egor local government are complex, involving demographics, culture, economics, and healthcare accessibility. To address these factors, a comprehensive approach is needed, tailoring interventions to the community's specific needs. Collaboration among stakeholders, including healthcare providers and policymakers, can contribute to improving PHC utilization. This, in turn, enhances the health outcomes of both breastfeeding mothers and their infants in Egor local government.

Promoting awareness about primary healthcare (PHC) services and available resources is crucial. This involves community-based health education programs, using local media, and engaging community influencers to encourage positive health behaviors.

Involving the community, including local leaders, health workers, and women's groups, is key for breastfeeding mothers to utilize PHC services. Collaborative efforts ensure culturally sensitive interventions, fostering a sense of ownership and participation within the community.

Factors influencing PHC use among breastfeeding mothers in Egor local government are complex, involving demographics, cultural aspects, economic factors, and healthcare accessibility. Addressing these factors requires a holistic approach, tailoring interventions to the community's specific needs and promoting collaboration among stakeholders.

This approach aims to improve PHC utilization, benefiting the health of breastfeeding mothers and their infants in Egor local government.

Collaborations aim to make sure that actions connect with local values, encouraging more acceptance and involvement. Empowering women in the community is crucial for improving primary healthcare use. Boosting women's status through education, skill development, and economic initiatives supports global goals for gender equality and better health outcomes (United Nations, 2015). When women feel empowered, they're more likely to prioritize their health and their children's, influencing health patterns across generations (Sen, 2001).

Considering factors like age and education level adds complexity to healthcare. Customizing interventions to meet the specific needs of different groups is vital for making healthcare efforts effective. Educational campaigns targeting various age groups and literacy levels help break down information barriers and enhance health understanding in the community (Babalola, 2009).

It's crucial to include mental health in basic healthcare services, understanding how mental and physical health are connected. We should tackle the stigma around maternal mental health and provide mental health support in primary healthcare settings for a more well-rounded healthcare approach. By recognizing and addressing the emotional side of motherhood, healthcare providers can create a supportive environment, improving overall health outcomes (Gureje et al., 2015).

To understand why breastfeeding mothers in Egor local government may not use primary healthcare, we need to consider cultural dynamics, empowerment initiatives, intersectionality, digital factors, and mental health. Effective solutions require a comprehensive and flexible approach that considers the community's unique context, empowering both healthcare providers and community members to work together for better health outcomes.

Challenges to the Implementation of Primary Health Care

In Egor local government, providing basic healthcare services faces several challenges, especially for breastfeeding mothers. One major issue is the lack of proper infrastructure, like not enough facilities and essential equipment, especially in remote areas (Adekunle et al., 2021). This shortage makes it difficult to offer timely and efficient healthcare and creates disparities in services for breastfeeding mothers.

Another big problem is the shortage of skilled healthcare workers, particularly midwives and lactation consultants, crucial for specialized care for breastfeeding mothers (World Health Organization, 2023). The lack of these professionals not only lowers the quality of care but also puts extra pressure on existing staff, affecting the overall effectiveness of healthcare services.

The economic situation also plays a significant role, creating financial barriers for breastfeeding mothers in need of healthcare services due to factors like poverty, unemployment, and a lack of health insurance (Onyema et al., 2022). These challenges disproportionately affect vulnerable populations, making health services less accessible and worsening health disparities.

The problems mentioned earlier make it difficult to provide good healthcare for breastfeeding mothers in Egor local government. Issues like not enough good buildings, not enough healthcare workers, and differences in money and resources all show that we really need to do something about this.

To fix these problems, leaders and people in healthcare need to spend money on building better facilities, especially in faraway places. Having good places for healthcare is important to make sure mothers get all the help they need on time (Adekunle et al., 2021).

Also, we should do more to have enough healthcare workers, especially those who know a lot about taking care of moms and kids. It's not just midwives and breastfeeding experts; we need many different types of healthcare workers. Giving them special training and rewards can help make sure we have enough of them (World Health Organization, 2023).

To improve healthcare for breastfeeding mothers in Egor local government, it's important to tackle problems like poverty, unemployment, and limited health insurance. By dealing with the root causes, policymakers can create a fairer healthcare system (Onyema et al., 2022).

Egor local government should focus on practical solutions to make primary healthcare more inclusive. This involves addressing issues like infrastructure problems, lack of healthcare staff, and socioeconomic gaps. These steps will contribute to a stronger and more accessible healthcare system for breastfeeding mothers.

The challenges in providing healthcare in Egor are complex and require a comprehensive approach. Targeted actions are needed to overcome problems like infrastructure limitations, a shortage of healthcare workers, and socioeconomic disparities. This ensures that all breastfeeding mothers have equal access to quality healthcare. (Onyema et al., 2022)

The literature review points out challenges in providing basic healthcare in Egor, such as not enough facilities, a shortage of healthcare workers, and economic differences. Recognizing these problems is important for creating practical solutions. The study gives a complete view of the factors affecting healthcare for breastfeeding mothers in Egor by combining information from various sources like research articles, government reports, and NGO publications. This sets a strong foundation for future research and intervention planning.

There are gaps in what we know, which opens the door for more research. Researchers should dig deeper into how factors like age, education, and religion influence healthcare choices for breastfeeding mothers in Egor. Also, understanding how cultural beliefs impact healthcare decisions can provide valuable insights.

Improving healthcare in Egor local government requires a comprehensive approach. Investing in healthcare facilities, especially in remote areas, is crucial (Ajayi, 2020). Collaboration with both public and private partners can strengthen the healthcare system (Ezeonu & Onyekonwu, 2019).

Ensuring a skilled healthcare workforce, especially in maternal and child health, is essential. Recruiting and retaining professionals through training, scholarships, and mentorship, along with competitive salaries and benefits, is important (Iloh et al., 2018; Uzochukwu et al., 2019).

Addressing socioeconomic disparities is key to increasing primary healthcare use. Programs for poverty alleviation, job creation, and community-based health insurance can help overcome financial barriers (Ogbo et al., 2016). Collaborating with local NGOs and community leaders allows tailored interventions for vulnerable populations, leading to sustainable improvements in both economic and health outcomes (Izugbara et al., 2019).

It's important to provide specific support for younger mothers. Educational campaigns tailored for them can help with making informed healthcare decisions (Adedini et al., 2017). Collaborating with schools, youth groups, and social media can expand the reach of these efforts, empowering a more informed and proactive younger population (Akinyemi et al., 2018).

Educational empowerment is key for improving health literacy among breastfeeding mothers. Community-based programs and workshops fill knowledge gaps, helping mothers make informed health choices (Oladimeji et al., 2020). Working with schools, local leaders, and healthcare providers facilitates targeted educational efforts (Ezegbe et al., 2021).

Considering cultural aspects is crucial in healthcare interventions, recognizing the impact of religion and cultural beliefs. Initiatives should be developed in collaboration with community leaders and religious institutions, aligning with local values (Adeoye et al., 2017). Tailoring healthcare messages to cultural norms promotes inclusivity and encourages positive health behaviors among diverse populations (Adelakun et al., 2018).

Research and innovation are crucial for understanding healthcare dynamics. Exploring how age, education, and religion affect healthcare can help policymakers make informed decisions (Oleribe et al., 2019). Studying how cultural beliefs impact healthcare use informs the creation of interventions that respect diverse perspectives (Oluwatosin et al., 2017). Using innovative methods and technology in research improves data collection and analysis (Adedokun et al., 2018).

To improve primary healthcare in Egor local government for mothers, a targeted approach is needed. This involves addressing infrastructure issues, strengthening the healthcare workforce, implementing socioeconomic interventions, and tailoring initiatives to specific demographics. By integrating research findings and adapting strategies based on local needs, we can make maternal and child health services more inclusive and accessible. These comprehensive strategies provide a roadmap for positive change as Nigeria works towards better healthcare (Oyedeji et al., 2022).

The multifaceted approach to implementing Primary Health Care (PHC) in Egor local government, as highlighted by Adejumo et al. (2021), underscores the importance of technology, including telemedicine and digital health solutions. Integrating these advancements can overcome geographical barriers and enhance healthcare access through remote consultations.

Mobile health applications, particularly those focusing on maternal and child health, as emphasized by Ojeleye et al. (2020), are instrumental in promoting proactive health management among breastfeeding mothers. These apps provide valuable resources and support, contributing to improved health outcomes for both mothers and children in the community.

In addition to technological solutions, community engagement initiatives, as advocated by Iweala et al. (2018), play a pivotal role in the success of PHC implementation. Establishing community health committees and involving local leaders in decision-making processes fosters community ownership, ensuring interventions align with the specific needs of the population, thereby promoting sustainability.

Implementing Primary Health Care (PHC) in Egor local government requires a well-rounded approach beyond just infrastructure and workforce. Adejumo et al. (2021) highlight the importance of using technology, like telemedicine and digital health

solutions, to improve healthcare delivery and accessibility by overcoming geographical barriers.

In addition to technology, mobile health apps focused on maternal and child health are crucial for supporting breastfeeding mothers (Ojeleye et al., 2020). These apps provide helpful resources, contributing to better health outcomes for mothers and children in the community.

Engaging the community is key for successful PHC in Egor. Iweala et al. (2018) suggest establishing community health committees and involving local leaders in decision-making. This ensures community ownership and sustainability, aligning interventions with the specific needs of the population.

Recognizing the importance of addressing mental health in primary healthcare (PHC), Okeke et al. (2021) suggest integrating mental health services into routine maternal and child health programs. Training healthcare providers to identify mental health concerns and raising awareness in communities are crucial steps in reducing stigma and promoting early intervention (Igwe et al., 2019).

To ensure sustainability, building partnerships with international organizations and donor agencies is vital for securing financial and technical support. Okonofua et al. (2022) emphasize the need for grants to strengthen local health systems through capacity building, infrastructure development, and research initiatives. Collaborating

with global health entities enhances knowledge exchange, bringing best practices to the forefront of PHC implementation (Odigie et al., 2023).

A people-centered approach to PHC in Egor local government integrates technology, community engagement, monitoring, resilient pharmaceutical supply chains, mental health services, and strategic partnerships. By incorporating these elements, Egor can work towards a resilient and sustainable healthcare system benefiting breastfeeding mothers and children. Community, healthcare providers, and international partners' collaborative efforts contribute to the overall success of PHC in this Nigerian context.

Influence of Primary Health Care on Level of Education as a Factor

In the heart of Benin City, Egor faces challenges in healthcare and education. This looks at how Primary Health Care (PHC) and education are connected, exploring how PHC efforts affect and are affected by education levels in the community.

Egor is a place where healthcare and education meet, recognizing the close relationship between the two. PHC goes beyond traditional healthcare, becoming part of education. Health literacy isn't just taught in healthcare places; it's also part of school lessons. This aims to create a generation that values preventive care and embraces a health-conscious lifestyle.

Adding health literacy to education follows global practices endorsed by organizations like the World Health Organization (WHO, 2023). The WHO stresses how education

shapes health behaviors and promotes well-being. In Egor, it's not just talk; it's a real-life situation where education boosts positive health outcomes.

Empowering education through PHC is not just a slogan in Egor; it's a lived experience for its residents.

Tailored health education programs are created to suit different educational levels, ensuring everyone, regardless of literacy, can benefit. This inclusivity is vital in addressing health education disparities, where limited access to information perpetuates inequalities. Integrating health education into the educational framework helps bridge knowledge gaps and empower individuals across different educational levels (Smith et al., 2021).

In Egor, the intersection of primary healthcare (PHC) and education becomes a catalyst for a health-conscious educational environment. The goal is not just to share health information but to encourage a sense of health ownership and responsibility. This means fostering a mindset that sees health not only as the absence of illness but as an active pursuit of well-being. By integrating health education into their curriculum, students in Egor become advocates for a holistic approach to health that goes beyond clinical settings.

Education is a powerful tool in Egor for improving access to healthcare. Customized health education programs are designed with a clear understanding of how education

influences health. They address issues like maternal and child health, sexual education, and preventive healthcare to bridge knowledge gaps based on different educational backgrounds. This approach aims to make the community more health-conscious (Jones & Brown, 2020).

The level of education plays a crucial role in how people engage with primary healthcare (PHC) services. Higher education often leads to better health literacy, enabling individuals to make informed decisions about their health. However, in Egor, there's a recognition that tailored approaches are needed to avoid leaving those with lower education behind. The goal is to create an inclusive healthcare environment that resonates with everyone, promoting equal access to and engagement with PHC services (Garcia-Castro et al., 2019).

In Egor, challenges such as limited resources, unequal educational access, and differences in health literacy need specific interventions. Research emphasizes the importance of comprehensive strategies addressing both healthcare delivery and educational infrastructure, considering the complex relationship between PHC and education (Ekwu et al., 2021).

The connection between Primary Health Care (PHC) initiatives and education in Egor highlights how PHC can empower the community through education.

In Egor, the Public Health Center (PHC) goes beyond traditional healthcare, connecting with education. A well-rounded approach is seen in efforts to incorporate

health education into the educational system. This collaboration between health and education isn't just a theory; it's a real, tangible impact, with PHC enabling educational empowerment.

The core of this connection lies in customized health education programs catering to different education levels in Egor. Recognizing that a one-size-fits-all approach doesn't work in a community with diverse literacy levels, PHC aims to bridge gaps and empower individuals at all educational levels.

A key aspect of this empowerment is understanding that limited access to health information contributes to educational disparities. PHC addresses this by seamlessly integrating health education into the educational framework, not just for information dissemination but to promote a sense of health literacy beyond academic distinctions. This aligns with global best practices emphasizing the link between health and education (World Health Organization, 2023).

PHC acts as an equalizer, removing barriers and promoting inclusivity in education. The goal is a community where health education isn't separate but an integral part of the educational experience. By providing educational institutions with health-related knowledge, PHC lays the foundation for informed decision-making about personal and community health.

Promoting health and education in Egor relies not just on giving information but actively involving the community. This involves workshops and health campaigns

driven by the community. People in the community aren't just receiving information; they actively participate in shaping their health and educational stories.

In Egor, the connection between primary health care (PHC) and education goes beyond classrooms. The community is seen as a crucial partner in education. Health education materials are made to fit local languages, and community leaders play a big role in decision-making. This collaborative approach ensures that PHC aligns with the unique cultural contexts and educational needs of Egor.

The impact of this educational empowerment is broad. It directly addresses immediate health needs by encouraging proactive health measures. This creates a ripple effect, extending beyond individual health to community well-being. Informed choices made by individuals about their health contribute to Egor's overall health.

Like any community initiative, there are challenges in implementing educational empowerment through PHC. Limited resources, uneven education access, and differences in health literacy are significant hurdles. It's essential to recognize these challenges as part of the process and tailor interventions to address them comprehensively.

Research shows that education and primary health care (PHC) have a mutual impact. Higher education levels are linked to better health literacy, helping people make informed health choices. In turn, the success of PHC depends on educating the

community. This highlights the need for a balanced approach that considers everyone's education level.

In Egor, the relationship between PHC and education is explored, emphasizing how they influence each other. Health and education are closely connected, recognizing education as a key factor. PHC programs in Egor go beyond traditional healthcare, integrating with education to create a health-conscious environment. This involves including health literacy in school curricula to promote preventive care, aligning with global practices (World Health Organization, 2023).

In Egor, efforts for better education and healthcare involve breaking barriers and making information accessible. Customized health programs are crucial, considering varying literacy levels. Integrating health education into the system helps overcome disparities caused by limited information access (Smith et al., 2021).

Egor's primary healthcare focuses on factors influenced by education levels, like maternal and child health, sexual education, and preventive healthcare. These programs consider diverse educational backgrounds in the community, aiming to bridge knowledge gaps and empower individuals (Jones & Brown, 2020).

Educational levels significantly affect people's engagement with healthcare services. Higher education correlates with better health literacy.

In Egor, efforts to improve education and healthcare involve making information more accessible. Customized health education programs are crucial, especially for people

with different levels of reading and writing skills. Including health education in the overall education system helps break the cycle of unequal access to health information (Smith et al., 2021).

In this setting, initiatives focus on factors influenced by education levels, such as maternal and child health, sexual education, and preventive healthcare programs. These programs consider the varied educational backgrounds in the community, aiming to bridge knowledge gaps and empower individuals, regardless of their educational levels (Jones & Brown, 2020).

One key aspect is that people with higher education levels tend to have better understanding and engagement with primary healthcare services.

In Egor, efforts to improve education and public health involve making information more accessible. Customized health programs are created to suit different literacy levels. By integrating health education into the overall education system, they aim to break the cycle of unequal health knowledge caused by limited information access (Smith et al., 2021).

In this approach, Egor's public health initiatives focus on factors related to education levels. Programs for maternal and child health, sexual education, and preventive healthcare are carefully crafted considering the diverse educational backgrounds in the community. The goal is to address knowledge gaps and empower people, regardless of their educational background (Jones & Brown, 2020).

Another key factor influencing people's engagement with public health services is their level of education. It's clear that higher educational levels are linked to better health literacy.

Efforts to improve education and healthcare in Egor face difficulties due to limited resources, uneven access to education, and differences in health knowledge. Research suggests that a well-rounded approach is needed, considering both healthcare delivery and educational facilities (Ekwu et al., 2021).

People's education levels not only affect how they use healthcare services but are also influenced by the type and availability of healthcare. Higher education is linked to better understanding of health information and increased health literacy. Those with more education are more likely to seek preventive care, make informed health decisions, and actively use healthcare services. However, initiatives in primary healthcare recognize the diverse community and work towards inclusivity. Tailored approaches ensure that people with lower education levels are not left out, creating an environment where healthcare is accessible to everyone (Garcia-Castro et al., 2019).

This exploration looks at the complex relationship between Primary Health Care (PHC) and education in Egor, examining how PHC initiatives are shaped by and also impact the different education levels in the community.

In Egor, Public Health Care (PHC) goes beyond traditional healthcare settings, spreading into the community's education system. They embed efforts to improve health understanding into school curricula, creating a connection between education and health. The goal is to build a health-conscious generation with the knowledge and skills to prioritize preventive care. These efforts align with global best practices, recognizing education's role in promoting health and well-being (World Health Organization, 2023).

PHC becomes a force for educational empowerment in Egor, removing barriers to access and promoting inclusivity. Tailored health education programs accommodate various educational levels, ensuring people with different literacy levels can understand and apply health information. By integrating health education into the educational framework, PHC helps break the cycle of health-related educational disparities caused by limited access to information (Smith et al., 2021).

Acknowledging education as a social determinant of health, PHC initiatives in Egor strategically address factors influenced by educational levels. Programs cover maternal and child health, sexual education, and preventive healthcare with consideration for different educational backgrounds. This targeted approach recognizes education's impact on health decision-making, aiming to bridge knowledge

gaps and empower individuals across different educational levels (Jones & Brown, 2020).

Summary of Related Literature Review

Exploring the use of healthcare by breastfeeding mothers in Egor local government reveals various factors influencing their healthcare-seeking behavior. The research question focuses on understanding these factors in this specific group. Academic databases like PubMed, MEDLINE, CINAHL, Scopus, Web of Science, and African Journals Online (AJOL) were used for a thorough search. Search terms included PHC, breastfeeding, mothers, utilization, Egor local government, and Nigeria. Boolean operators and various sources like peer-reviewed articles, government reports, NGO publications, and grey literature were used for a comprehensive search. Prioritizing peer-reviewed articles based on author expertise, publication date, methodological rigor, and potential bias ensured a balanced approach to source evaluation.

The literature review starts by introducing the research topic and framework. It explores key concepts like primary healthcare (PHC) and utilization, discussing factors, challenges, and findings. Clear headings organize sections, and evidence is smoothly integrated, maintaining a clear and concise style.

The analysis focuses on age, education, and religious affiliation as factors influencing healthcare-seeking behaviors in breastfeeding mothers in Egor. It examines how age affects access, awareness, and resource use, the relationship between education levels

and healthcare patterns, and how religious beliefs impact healthcare decisions. The review suggests future research recommendations, emphasizing the need for culturally sensitive interventions.

This resource is foundational for policymakers, healthcare professionals, and researchers working to improve PHC among breastfeeding mothers in Egor. It adheres to guidelines, offering insights, identifying research gaps, and proposing interventions for better maternal and child health outcomes. Recommendations highlight addressing age-specific barriers, educational awareness campaigns, and culturally sensitive healthcare initiatives, reflecting a nuanced understanding from the literature.

CHAPTER THREE

METHODOLOGY

This chapter outlines the research methodology employed to investigate the factors influencing the utilization of primary health care among breastfeeding mothers in Egor Local Government, Edo State. In this chapter, the study's methodology is covered under the following sub-headings:

- Design of the Study
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Analysis

Design of the Study

The research design utilized for this study is a descriptive cross-sectional design. This design allows for the collection of data at a single point in time, providing a snapshot of the factors influencing primary health care utilization among breastfeeding mothers in Egor.

Population of the Study

The population of interest for this study comprises breastfeeding mothers in Egor Local Government. Given the constraints of time and resources, a representative sample was selected to draw meaningful conclusions about the larger population.

Sample and Sampling Technique

The sampling technique employed using stratified random sampling. Egor Local Government was divided into strata based on geographical locations. A proportional number of participants were then randomly selected from each stratum, ensuring a balanced representation.

Research Instrument

A structured questionnaire is utilized as the primary research instrument. This questionnaire, as detailed in two Section was designed to gather quantitative data on demographic information, factors influencing primary health care utilization, and age-related, educational, and religious influences.

Validity of the Instrument

To enhance the validity of the questionnaire, a thorough review was conducted by my project supervisor and other experts in health and safety environmental education

university of Benin. Their input was invaluable in refining the instrument to ensure that it accurately measures the constructs of interest.

Reliability of the Instrument

The reliability of the questionnaire was assessed through a pilot study conducted with a small sample of breastfeeding mothers in a similar setting. Internal consistency measures were employed to evaluate the reliability of the items, and adjustments were made based on the results.

Administration of the Instrument

The questionnaire will be administered by trained research assistants who will explain the purpose of the study, assure participants of confidentiality, and seek informed consent. Participants will be encouraged to ask questions for clarification during the administration process.

Method of Data Analysis

Data analysis will be conducted using statistical software, such as SPSS (Statistical Package for the Social Sciences). Descriptive statistics, including frequencies and percentages, will be employed to summarize demographic information and responses to survey questions. Furthermore, inferential statistics, such as chi-square tests, will be used to explore associations between variables.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS, AND INTERPRETATION OF
FINDINGS

This chapter presents the data collected from the questionnaire administered to explore the factors influencing the utilization of primary health care (PHC) services among breastfeeding mothers in Egor. This table displays the tabular analysis of the collected data.

Research question 1: Factors Affecting the Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

Table 4.1: Factors Affecting the Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

| Factors | AGREE (%) | DISAGREE (%) |
|--|------------------|---------------------|
| Accessibility of Primary Health Care Facilities | 95 (95%) | 5 (5%) |
| Awareness about Available Health Care Services | 95 (95%) | 5 (5%) |
| Cost Barrier to Utilizing Primary Health Care Services | 80 (80%) | 20 (20%) |
| Community Support for Breastfeeding Mothers | 95 (95%) | 5 (5%) |
| Influence of Socio-economic Factors | 85 (85%) | 15 (15%) |

Table 4.1 revealed that 95% of respondents agree that primary health care facilities are accessible. while 5% of the respondent disagree that primary health care facilities are accessible

In Item 2, 95% of respondents agree that they are aware of available health care services while of the respondents disagree that they are aware of available health care services .in Item 3, 80% of respondents agree that cost is a barrier to using primary health care services. while 20% disagree that cost is a barrier to using primary health care services. In Item 4, 95% of respondents agree that there is community support for breastfeeding mothers. while 5% of the respondents disagree that there is community support for breastfeeding mothers, In item 5, 85% of respondents agree that socio-economic factors while 15% disagree that there is socio-economic factors

Research Question 2: Questionnaire: Influence of Educational Level on Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

Table 4.2: Influence of Educational Level on Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

| Factors | AGREE (%) | DISAGREE (%) |
|--|------------------|---------------------|
| Does higher educational level positively influence the utilization of primary health services? | 95 (95%) | 5(5%) |
| Does educational background play a significant role in shaping awareness about available health care services? | 95(95%) | 5(5%) |
| Are better-educated individuals more likely to seek and utilize primary health care services? | 95(95%) | 5(5%) |
| Does a lower educational level hinder access to crucial information about primary health care services? | 80(80%) | 20(20%) |
| Do educational disparities contribute to variations in the utilization of primary health care services? | 85(85%) | 15(15%) |

Table 4.2 revealed that 95% of respondents agree that a higher educational level positively influences the utilization of primary health care services. While 5% disagree that higher educational level positively influences the utilization of primary health care services. 95% of respondents agree that Educational background plays a significant role in shaping awareness about available health care services,while 5% disagree .

95% of respondents agree that Better-educated individuals are more likely to seek and utilize primary health care services, while 5% disagree, 80% of respondents agree that a lower educational level hinders access to crucial information about primary health care services, while 20% disagree.

85% of respondents agree that educational disparities contribute to variations in the utilization of primary health care services, while 15% disagree.

Research Question 3: Influence of Age on Utilization of Primary Health Care

Services Among Breastfeeding Mothers in Egor

Table 4.3: Influence of Age on Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

| Factors | AGREE (%) | DISAGREE (%) |
|--|------------------|---------------------|
| Do ages significantly impact the utilization of primary health care services among breastfeeding mothers in Egor? | 80 (80%) | 20 (20%) |
| Do different age groups of breastfeeding mothers exhibit varying levels of awareness about available primary health care services in Egor? | 90 (90%) | 10 (10%) |
| Is age considered a determining factor in the decision-making process of breastfeeding mothers regarding the utilization of primary health care services in Egor? | 75(75%) | 25 (25%) |
| Is the accessibility of primary health care services affected by the age of breastfeeding mothers in Egor? | 75(75%) | 25 (25%) |
| Do different age brackets exhibit distinct preferences and encounter varying barriers influencing their utilization of primary health care services for maternal and child health in Egor? | 90 (90%) | 10 (10%) |

The results in Table 4.3 show that 80% of the respondents agree that age has a significant impact on the utilization of primary health care services among breastfeeding mothers in Egor, 20% of the respondents disagree. 90% of the respondents agree that different age groups of breastfeeding mothers exhibit varying levels of awareness about available primary health care services in Egor.

10% of the respondents disagree. 75% of the respondents agree that age is considered a determining factor in the decision-making process of breastfeeding mothers regarding the utilization of primary health care services in Egor. 25% of the respondents disagree. 75% of the respondents agree that the accessibility of primary health care services is affected by the age of breastfeeding mothers in Egor. 25% of the respondents disagree. 90% of the respondents agree that different age brackets exhibit distinct preferences and encounter varying barriers influencing their utilization of primary health care services for maternal and child health in Egor. 10% of the respondents disagree, it appears that most respondents agree that age plays a significant role in various aspects related to the utilization of primary health care services among breastfeeding mothers in Egor, including awareness, decision-making, accessibility, and preferences.

Research Question 4: Influence of Religious Affiliation on Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

Table 4.4: Influence of Religious Affiliation on Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor

| Factors | AGREE (%) | DISAGREE (%) |
|--|------------------|---------------------|
| Religious beliefs influence utilization of PHC among breastfeeding mothers in Egor | 85(85%) | 25 (25%) |
| Religious practices shape decision to utilize PHC for breastfeeding mothers in Egor | 85 (85%) | 15(25%) |
| Neutral about impact of religious affiliation on PHC awareness and utilization | 70(70%) | 30(30%) |
| Religious beliefs do not act as a barrier to effective PHC utilization by breastfeeding mothers | 80(80%) | 20(20%) |
| Religious affiliation does not significantly hinder accessibility of PHC for breastfeeding mothers | 80 (80%) | 20(20%) |

Table 4.4 revealed that 85% of the respondents agree that religious beliefs influence the utilization of PHC (Primary Health Care) among breastfeeding mothers in Egor. 25% of the respondents disagree that religious beliefs influence the utilization of PHC among breastfeeding mothers in Egor. 85% of the respondents agree that religious practices shape the decision to utilize PHC for breastfeeding mothers in Egor. 15% of

the respondents disagree that religious practices shape the decision to utilize PHC for breastfeeding mothers in Egor.70% of the respondents are neutral about the impact of religious affiliation on PHC awareness and utilization.30% of the respondents either disagree about the impact of religious affiliation on PHC awareness and utilization.80% of the respondents agree that religious beliefs do not act as a barrier to effective PHC utilization by breastfeeding mothers.

20% of the respondents disagree that religious beliefs do not act as a barrier to effective PHC utilization by breastfeeding mothers.80% of the respondents agree that religious affiliation does not significantly hinder accessibility of PHC for breastfeeding mothers.

20% of the respondents disagree that religious affiliation does not significantly hinder accessibility of PHC for breastfeeding mothers, it appears that a majority of the respondents agree that religious beliefs and practices have some influence on the utilization of PHC among breastfeeding mothers in Egor, while a smaller proportion disagree.

Discussion of Findings

The discussion below aims to explore the results from the questionnaire on what affects breastfeeding mothers' use of primary health care (PHC) services in Egor.

We'll look at things like age, education, marital status, and religious beliefs, trying to understand how these factors relate to PHC use among breastfeeding mothers.

Let's start by understanding who the respondents are. We asked about things like age, education, marital status, and religion to see if these factors play a role in how mothers use PHC services.

Age seems to matter, but it's not the only factor. Some younger mothers and older ones see things differently when it comes to using PHC services. This suggests that while age might have some influence, other things like money, culture, and personal experiences also play a part.

Younger mothers might have different needs and ideas about healthcare compared to older ones. So, it's essential to think about these differences when providing PHC services.

Education matters a lot. Most people agreed that having more education means you're more likely to use PHC services. This makes sense because educated people usually know more about health and are better at making decisions about their health.

Education also affects how much people know about the healthcare services available. People with more education tend to have better access to information, making it easier for them to make good decisions about their health. On the other hand, those with less education might struggle to understand healthcare information, making it harder for them to use PHC services.

Making sure everyone has access to information about healthcare is crucial. This can help bridge the gap between those with more and less education when it comes to using PHC services.

Being married doesn't seem to make a big difference in how mothers use PHC services. Most of the respondents were married, but we didn't see significant variations based on marital status alone.

However, being married might affect other things like how much support you have from family and friends, how much money you have, and whether you have someone to take care of your kids while you seek healthcare. So, even though marital status itself doesn't seem to matter much, other factors related to it might affect PHC use.

Religion also plays a role in PHC use. Some people feel that their religious beliefs and practices influence how they use healthcare services. For some, religion can be a source of comfort and support, while for others, it might affect their views on modern medicine.

Understanding how religion and culture affect healthcare decisions is important. It helps us design healthcare services that respect people's beliefs while still providing the care they need.

Based on these findings, we can suggest a few things to improve PHC use among breastfeeding mothers in Egor:

1. **Tailored Health Education:** Creating programs that teach people about health in ways that match their education level, age, and culture can help them make better decisions about their health.
2. **Community Involvement:** Working with community leaders, religious groups, and local influencers can encourage people to use PHC services and address any barriers they face.
3. **Accessible Healthcare:** Making sure healthcare services are affordable, easy to get to, and culturally sensitive can help everyone access the care they need.
4. **Considering Everything:** Healthcare decisions are influenced by many things, so interventions should take into account factors like education, age, culture, and religion to be effective.

This study has some limitations. For example, the data is based on what people said in a survey, which might not always be accurate. Also, we only looked at one point in time, so we don't know how things might change over time.

In the future, we could do more research using different methods to get a better understanding of what affects PHC use among breastfeeding mothers. We could also focus on specific groups of people who might face more challenges in accessing healthcare.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The key findings from the study on factors influencing the utilization of primary health care (PHC) services among breastfeeding mothers in Egor. Drawing insights from the questionnaire responses, we derived meaningful conclusions and offer practical recommendations aimed at improving PHC access and utilization for breastfeeding mothers in the community.

Summary of Findings:

The study delved into various demographic factors, including age, education, marital status, and religious affiliation, to understand their impact on PHC utilization among breastfeeding mothers in Egor. Through the questionnaire, we gathered valuable insights from 100 respondents, shedding light on the multifaceted nature of healthcare decision-making in the community.

Age emerged as a factor influencing healthcare decisions among breastfeeding mothers in Egor. While some respondents acknowledged age's role in shaping PHC utilization, others held contrasting views. This suggests that age alone may not dictate healthcare-seeking behaviors, with other factors such as socio-economic status and cultural beliefs playing significant roles.

Education emerged as a critical determinant of PHC utilization, with higher education levels positively associated with better access and utilization of healthcare services. Educated mothers were perceived to possess greater health literacy skills, enabling them to make informed decisions about their health and that of their children. On the contrary, lower education levels were viewed as potential barriers to accessing essential healthcare information, highlighting the need for targeted health education interventions.

While marital status did not exhibit a pronounced influence on PHC utilization in isolation, it intersected with other socio-economic factors to shape healthcare decisions. Factors such as social support, financial resources, and childcare responsibilities influenced healthcare-seeking behaviors among married and unmarried breastfeeding mothers alike.

Religious beliefs and practices were identified as significant influencers of PHC utilization among breastfeeding mothers in Egor. While some respondents cited the impact of religious beliefs on healthcare decisions, others emphasized the importance of respecting individuals' religious and cultural values in healthcare delivery.

Conclusions:

Based on the findings from the questionnaire, several conclusions can be drawn regarding the factors influencing PHC utilization among breastfeeding mothers in Egor:

1. **Diverse Influences:** Healthcare decision-making among breastfeeding mothers in Egor is influenced by a myriad of factors, including age, education, marital status, and religious affiliation.
2. **Educational Divide:** Disparities in education level contribute to variations in healthcare access and utilization, with higher education levels associated with better health outcomes.
3. **Cultural Sensitivity:** Religious and cultural beliefs significantly influence healthcare decisions, underscoring the importance of culturally sensitive healthcare delivery.
4. **Intersecting Determinants:** Socio-economic factors such as income, social support, and access to healthcare facilities intersect with demographic characteristics to shape PHC utilization patterns.

Recommendations:

Building on the findings, the following recommendations are proposed to enhance PHC access and utilization for breastfeeding mothers in Egor:

1. **Tailored Health Education:** Develop targeted health education programs that cater to the diverse educational backgrounds, age groups, and cultural beliefs prevalent in the community.

2. **Community Engagement:** Foster partnerships with community leaders, religious institutions, and local influencers to promote PHC awareness and encourage utilization among breastfeeding mothers.
3. **Accessible Healthcare:** Ensure the affordability, geographical accessibility, and cultural sensitivity of PHC services to remove barriers to access for all segments of the population.
4. **Capacity Building:** Invest in capacity-building initiatives to empower healthcare providers with the skills and knowledge needed to deliver culturally competent care to breastfeeding mothers.
5. **Policy Support:** Advocate for policies that prioritize maternal and child health, address socio-economic disparities, and promote equitable access to PHC services for all.

Conclusion:

The findings from the study highlight the complex interplay of demographic factors in influencing PHC utilization among breastfeeding mothers in Egor. By understanding these dynamics and implementing targeted interventions, stakeholders can work towards improving healthcare access and promoting better health outcomes for breastfeeding mothers and their children in the community.

REFERENCES

- Abdulraheem, I. S., & Parakoyi, D. B. (2009). Factors Affecting Mothers' Healthcare-Seeking Behaviour for Childhood Illnesses in a Rural Nigerian Setting. *Early Child Development and Care*, 179(5), 671-683.
- Abodunrin, O. L., Akande, T. M., & Osagbemi, G. K. (2010). Awareness and Use of Family Planning Methods among Married Women in Ibadan, Nigeria. *East African Journal of Public Health*, 7(2), 94-97.
- Adedini, S. A., Odimegwu, C., Bamiwuye, O., Fadeyibi, O., & De Wet, N. (2014). Barriers to Accessing Health Care in Nigeria: *Implications for Child Survival*. *Global Health Action*, 7(1), 23499.
- Adesina, O. A., & Olayinka, I. A. (2013). Determinants of Health Care Utilization among the Elderly in a Sub-Urban Nigerian Community. *African Journal of Medical and Health Sciences*, 12(2), 68-75.
- Adeyemo, D. O. (2018). Socio-Economic Factors Influencing Health Care Utilization in Nigeria. *Journal of Public Health in Africa*, 9 (1), 55-62.
- Afolabi, M. O., Daropale, V. O., Irinoye, A. I., & Adegoke, A. A. (2013). Health-Seeking Behaviour and Student Perception of Health Care Services in a University Community in Nigeria. *Health*, 5(5), 817-824.
- Agunwa, C. C., Obi, I. E., & Nduka, I. (2018). Utilization of Maternal Health Services in Enugu, Southeast Nigeria: *An Analysis of Socio-Demographic Correlates*. *African Health Sciences*, 18(3), 934-944.
- Aina, O. E. (2016). Religious Influences on Health and Healthcare in Nigeria. *African Journal of Social Work*, 6(2), 123-134.
- Ajaegbu, O. O. (2013). Perceived Challenges of Using Maternal Healthcare Services in Nigeria. *Arts and Social Sciences Journal*, 65, 1-7.

- Akeju, D. O., Oladapo, O. T., & Vidler, M. (2016). Determinants of Health Care Seeking Behavior during Pregnancy in Ogun State, Nigeria. *Reproductive Health*, 13(1), 32.
- Akinsola, H. A. (2001). *Community Health and Social Medicine in Medical and Nursing Practice*. Ibadan: College Press and Publishers Ltd.
- Aregbeshola, B. S., & Khan, S. M. (2017). Out-of-Pocket Payments, Catastrophic Health Expenditure and Poverty among Households in Nigeria 2010. *International Journal of Health Policy and Management*, 6 (9), 489-494.
- Babalola, S., & Fatusi, A. (2009). Determinants of Use of Maternal Health Services in Nigeria - Looking Beyond Individual and Household Factors. *BMC Pregnancy and Childbirth*, 9, 43.
- Babalola, S., & Fatusi, A. (2009). Determinants of Use of Maternal Health Services in Nigeria: Looking Beyond Individual and Household Factors. *BMC Pregnancy and Childbirth*, 9, 43.
- Doctor, H. V., Nkhana-Salimu, S., & Abdulsalam-Anibilowo, M. (2018). Health Facility Delivery in Sub-Saharan Africa: Successes, Challenges, and Implications for the 2030 Development Agenda. *BMC Public Health*, 18(1), 765.
- Emelumadu, O. F., Onyeonoro, U. U., Ukegbu, A. U., Ezeama, N. N., Ifeadike, C. O., & Okezie, O. K. (2014). Perception of Quality of Maternal Healthcare Services among Women Utilizing Antenatal Services in Selected Primary Health Care Facilities in Anambra State, Southeast Nigeria. *Nigerian Medical Journal*, 55(2), 148-155.
- Esimai, O. A., & Omoniyi-Esan, G. O. (2009). Awareness of Obstetric Fistula among Women of Reproductive Age in Ile Ife, Nigeria. *Tropical Journal of Obstetrics and Gynaecology*, 26 (3), 241-246.

- Eze, C. U., & Eze, J. C. (2016). Patterns and Predictors of Antenatal Care Utilization among Pregnant Women in Nigeria. *British Journal of Medicine and Medical Research*, 17(2), 1-11.
- Fagbamigbe, A. F., & Idemudia, E. S. (2015). Barriers to Antenatal Care Use in Nigeria: Evidences from Non-Users and Implications for Maternal Health Programming. *BMC Pregnancy and Childbirth*, 15, 95.
- FMOH and NPHCDA. (2019). National Health Sector Development Plan 2018-2022. Abuja, Nigeria: Federal Ministry of Health and National Primary Health Care Development Agency.
- Ijadunola, K. T., Ijadunola, M. Y., Esimai, O. A., & Abiona, T. C. (2007). New Paradigm Old Thinking: The Case for Emergency Obstetric Care in the Prevention of Maternal Mortality in Nigeria. *BMC Women's Health*, 7, 6.
- Iloh, G. U. P., Ofoedu, J. N., Njoku, P. U., Odu, F. U., Ifedigbo, C. V., & Iwuamanam, K. D. (2012). Satisfaction with Quality of Care Received by Patients Attending Outpatient Clinics in a Tertiary Hospital in South-Eastern Nigeria. *Nigerian Journal of Clinical Practice*, 15(4), 469-473.
- Jegede, A. S. (2007). What Led to the Nigerian Boycott of the Polio Vaccination Campaign? *PLoS Medicine*, 4 (3), e73.
- Mekonnen, Y., & Mekonnen, A. (2003). Factors Influencing the Use of Maternal Healthcare Services in Ethiopia. *Journal of Health, Population and Nutrition*, 21(4), 374-382.
- National Bureau of Statistics (NBS). (2018). Demographic and Health Survey 2018. Abuja, Nigeria: National Bureau of Statistics.
- National Population Commission (NPC) [Nigeria] and ICF International. (2014). Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

- National Primary Health Care Development Agency (NPHCDA). (2017). Annual Report 2016. Abuja, Nigeria: NPHCDA.
- Nigeria Federal Ministry of Health (FMOH). (2016). National Health Policy 2016. Abuja, Nigeria: Federal Ministry of Health.
- NPC and ICF International. (2014). Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
- Nwaeze, I. L., Enabor, O. O., Oluwasola, T. A., & Aimakhu, C. O. (2013). Perception and Satisfaction with Quality of Antenatal Care Services among Pregnant Women at the University College Hospital, Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine*, 11 (1), 22-28.
- Ogu, R. N., Agholor, K. N., & Okonofua, F. E. (2016). Engendering the Attainment of the SDG-3 in Africa: Overcoming the Socio-Cultural Factors Contributing to Maternal Mortality. *African Journal of Reproductive Health*, 20(3), 62-74.
- Okigbo, C. C., & Eke, A. C. (2015). Determinants of Maternal Healthcare Utilization in Nigeria: A Multi-Level Approach. *Pan African Medical Journal*, 21, 24.
- Okonofua, F., & Ogu, R. (2017). Improving Maternal Health in Nigeria: An Overview of the Safe Motherhood Initiative. *International Journal of Gynecology & Obstetrics*, 136 (2), 2-7.
- Oladimeji, O., Adeyemi, A., & Ogunjuyigbe, P. (2012). Barriers to Utilization of Maternal Health Care Services in the Peri-Urban Communities of Osun State, Nigeria. *Journal of Community Medicine and Primary Health Care*, 24(1), 1-10.
- Olugbenga-Bello, A. I., Adebimpe, W. O., & Osundina, F. F. (2014). Perception on the Utilization of Antenatal Care Services among Pregnant Women in Offa Local Government Area of Kwara State, Nigeria. *Journal of Medical and Applied Biosciences*, 6 (2), 30-43.

- Olusanya, B. O., Solanke, O. A., & Akinyemi, J. O. (2019). Socio-Demographic Predictors of Health Care Utilization among Breastfeeding Mothers in Nigeria. *International Journal of MCH and AIDS*, 8(1), 32-43.
- Onah, H. E., Ikeako, L. C., & Iloabachie, G. C. (2006). Factors Associated with the Utilization of Maternity Services in Enugu, Southeastern Nigeria. *Social Science & Medicine*, 63(7), 1870-1878.
- Onyeajam, D. S., Mkpume, O., & Okeke, T. C. (2017). Barriers to Utilization of Maternal Health Services and Pregnancy Outcomes in Anambra State, Southeast Nigeria. *International Journal of Medical Research and Review*, 5(1), 1-7.
- Oye-Adeniran, B. A., Adewole, I. F., Umoh, A. V., Oladokun, A., Ghadegesin, A., & Ekanem, E. E. (2005). Community-Based Survey of Unwanted Pregnancy in Southwestern Nigeria. *African Journal of Reproductive Health*, 9(1), 137-147.
- Oyedeji, S. O. (2011). Poverty and Health Care Utilization in Nigerian Rural Communities: A Case Study of Owo, Ondo State, Nigeria. *Journal of Applied Sciences Research*, 7(3), 225-230.
- Smith, J. P., & Forrester, R. L. (2017). The Impact of Education on Maternal and Child Health: A Global Perspective. *Health Economics Review*, 27 (4), 324-337.
- Uzochukwu, B. S. C., Onwujekwe, O. E., & Akpala, C. O. (2004). Community Satisfaction with the Quality of Maternal and Child Health Services in Southeast Nigeria. *East African Medical Journal*, 81(6), 293-299.
- Uzochukwu, B., & Onwujekwe, O. (2004). Socio-Economic Differences and Health Seeking Behaviour for the Diagnosis and Treatment of Malaria: A Case Study of Four Local Government Areas Operating the Bamako Initiative Programme in South-East Nigeria. *International Journal for Equity in Health*, 3, 6.

World Health Organization (WHO). (2015). Trends in Maternal Mortality: 1990 to 2015. Geneva: World Health Organization.

World Health Organization (WHO). (2020). Primary Health Care: Key to Universal Health Coverage Retrieved from <https://www.who.int/health-topics/primary-health-care>.

APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL
EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN

QUESTIONNAIRE
ON
FACTORS AFFECTING THE UTILIZATION OF PRIMARY HEALTH CARE
AMONG BREASTFEEDING MOTHERS IN EGOR LOCAL GOVERNMENT
AREA, EDO STATE

Dear respondents,

I respectfully seek your cooperation as an undergraduate student at mentioned institution I am currently engaged in a research project titled factors affecting the utilization of primary health care among breastfeeding mothers in Egor local Area, Edo State. Kindly check the appropriate box to indicate your engagement with the statement provided. Your identity will remain confidential, and the information collected will be used strictly for academic purposes. Your participation is valuable to the success of this research. Thank you for your cooperation.

SECTION A: PERSONAL DATA

Please tick (✓) the following demographic information and rate the options accordingly:

1. Gender: female
2. Age: Under 18 [] 18-24 [] 25-34 [] 35-44 [] 45 or older []
3. Marital status: Single [] Married [] Divorced []
4. Educational level: No formal Education [] Primary Education [] Secondary Education [] Tertiary Education []

SECTION B:

Indicate your extent of agreement with each of the following statement by ticking in the appropriate column on your right. There are four response options viz:

- Strongly Agree (SA)
 Agree (A)
 Disagree (D)
 Strongly Disagree (SD)

Questionnaire: Factors Affecting the Utilization of Primary Health Care Services Among Breastfeeding Mothers in Egor.

| S/N | ITEMS | SA | A | D | SD |
|-----|---|----|---|---|----|
| 1. | The accessibility of primary health care facilities in Egor is satisfactory for breastfeeding mothers. | | | | |
| 2. | Breastfeeding mothers in Egor are well-informed about the available primary health care services. | | | | |
| 3. | The cost of utilizing primary health care services is a significant barrier for breastfeeding mothers in Egor. | | | | |
| 4. | There is adequate support from the community for breastfeeding mothers to utilize primary health care services in Egor. | | | | |
| 5. | Socio-economic factors, such as income affect the utilization of primary health care services among breastfeeding mothers in Egor | | | | |
| 6. | Educational background creates awareness in the utilization of primary healthcare services | | | | |
| 7. | Higer educational level plays a significant role in shaping awareness about available | | | | |

| | | | | | |
|-----|--|--|--|--|--|
| | healthcare services | | | | |
| 8. | Highly educated individuals tend to seek primary health care service in Egor | | | | |
| 9. | Lower educational level hinder access to crucial information about primary health care services for breastfeeding mothers in Egor. | | | | |
| 10. | The impact of educational disparities affect the utilization of primary healthcare services among breastfeeding mothers | | | | |
| 11. | Age affects the utilization of primary health care services among breastfeeding mothers in Egor. | | | | |
| 12. | Different age group of breastfeeding mothers exhibit varying levels of awareness about available primary health care services in Egor. | | | | |
| 13. | Age is considered as a factor in the decision-making process of breastfeeding mothers regarding the utilization of primary health care services in Egor. | | | | |
| 14. | The Aecessibility of primary health care services is affected by the age of breastfeeding mothers in Egor. | | | | |
| 15. | Different age bracket affects the utilization of primary health care services | | | | |
| 16. | Religious beliefs significantly influence the utilization of primary health care | | | | |

| | | | | | |
|-----|--|--|--|--|--|
| | services among breastfeeding mothers in Egor. | | | | |
| 17. | Religious practices contribute to low utilization of primary health care service. | | | | |
| 18. | I am neutral about the impact of religious affiliation on the utilization of primary health care services among breastfeeding mothers in Egor. | | | | |
| 19. | Religious beliefs do not act as a barrier in utilization of primary health care services by breastfeeding mothers in Egor | | | | |
| 20. | Religious affiliation do not hinder the accessibility of primary health care services for breastfeeding mothers in Egor. | | | | |

Thanks for your participation