FACTORS RESPONSIBLE FOR THE LOW CONFIDENCE IN PRIMARY HEALTH CARE SERVICES AMONG COMMUNITY MEMBERS IN OLUKU

IMADE EFOSA DESTINY
EDU2102578

A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY. IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE B.SC (ED) DEGREE IN ENVIRONMENTAL EDUCATION

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CERTIFICATION

We the undersigned hereby certify that this work was carried out by IMADE EFOSA DESTINY with the Matriculation Number EDU2102578 from the DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, University of Benin, Benin City, Nigeria. In partial fulfilment of the requirements for the award of Bachelor of Education B.SC(ED) Degrees in Health Education.

DR. O. D. AIDEYAN
Project Supervisor

Date_____

MRS BH. ENABULELE
Project Coordinator

Date_____

DR. (MRS) O. H. OBASUYI
Head of Department

Date_____

DEDICATION

This study is dedicated to the almighty God for His divine mercy, love, wisdom, and understanding, strength and assistance granted throughout this study.

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ABSTRACT

This study, titled *"Factors Responsible for the Low Confidence in Primary Health Care Services Among Community Members in Oluku,"* was conducted to assess the perceptions of residents regarding service quality, resource availability, staff behaviour, accessibility, and affordability of PHC services. The study adopted a descriptive survey research design and targeted 24,523 residents of Oluku community. Using Taro Yamane's formula, a sample of 394 respondents was selected. A structured questionnaire titled *Community Confidence in Primary Health Care Services Questionnaire (CCPHCSQ)* served as the main instrument for data collection. The instrument was validated by experts, and its reliability was confirmed using Cronbach's Alpha coefficient of 0.82, indicating high reliability.

Data were analysed using descriptive statistics such as frequency, percentage, mean, and standard deviation. Findings revealed that respondents had a fair perception of service quality, inadequate availability of resources, positive staff behaviour, and good accessibility and affordability of services. The study concluded that low confidence in PHC services largely stems from resource inadequacy and operational inefficiencies. It recommended improved resource provision, staff training, better management of service delivery time, and strengthened community engagement to enhance confidence and utilisation of PHC services in Oluku.

CHAPTER ONE

INTRODUCTION

Background of the Study

Primary Health Care (PHC) is a critical component of health systems worldwide, serving as the first point of contact for individuals seeking medical attention. It emphasizes accessibility, affordability, and community participation, with a focus on preventive, curative, and promotional health services. The World Health Organization (WHO) has long advocated for strengthening PHC systems, as it forms the foundation for universal health coverage and plays a pivotal role in achieving sustainable health outcomes (World Health Organization, 2020). Despite this, primary health care services in many developing countries, including Nigeria, face significant challenges that hinder their effectiveness and undermine public confidence.

In Nigeria, the health care system is structured around PHC facilities, with over 80% of the population relying on these services, especially in rural areas (Olalubi & Bello, 2020). However, the accessibility and quality of these services are often compromised by a range of issues, including inadequate infrastructure, insufficient health care workers, and a lack of essential resources (Audu et al., 2022). This is particularly evident in rural communities, where health care services are either underutilized or of low quality, leading to poor health outcomes and a diminished confidence in these facilities (Nwakamma et al., 2024).

A significant factor contributing to low utilization of PHC services is the poor quality of care. In many rural areas, PHC centers are ill-equipped, with outdated medical equipment, insufficient drugs, and unqualified or overworked personnel (Ntoimo et al., 2020). The quality of services provided is further hindered by the negative attitude of health workers, including a lack of professionalism, which discourages community members from seeking care (Vandapuye et al., 2021). This reflects a broader issue in the Nigerian health care system, where poor working conditions, inadequate salaries, and limited professional development opportunities have contributed to staff dissatisfaction and suboptimal service delivery (Abosede et al., 2022).

Moreover, issues of accessibility and affordability are critical barriers to effective health care delivery. The geographical remoteness of health centers, coupled with poor transportation infrastructure, makes it difficult for many individuals in rural communities to access services, especially in emergency situations (Essien et al., 2019). Even when services are accessible, high out-of-pocket costs, despite government efforts to provide free or subsidized services, remain a significant deterrent for low-income households (Azuh et al., 2019).

Furthermore, the failure to adequately address these challenges has significant implications for the health of rural populations. The lack of access to quality care contributes to high rates of preventable diseases, maternal and infant mortality, and the persistence of infectious diseases such as malaria and pneumonia (Emaimo & Emaimo, 2021). While government policies and initiatives, such as the National Health Act, have

aimed to improve PHC services, the persistent gaps in quality, resource availability, and workforce morale continue to undermine these efforts (Schreiber, 2019).

In communities like Oluku, which face similar challenges, these issues are compounded by additional social determinants of health, including low levels of health literacy, limited community engagement in health matters, and an over-reliance on traditional medicine (Essien et al., 2019). Despite these challenges, there is a growing recognition that improving PHC services in rural communities is essential for achieving universal health coverage and reducing health inequalities across Nigeria. Addressing the factors responsible for the low confidence in primary health care services, including service quality, staff behavior, accessibility, and affordability, is crucial for improving public health outcomes in Oluku and similar rural areas.

This study, therefore, seeks to investigate the factors contributing to the low confidence in PHC services among community members in Oluku. By identifying and addressing these factors, it is hoped that the study will inform targeted interventions that can improve the quality of services, enhance the professionalism of health care workers, and ultimately restore community trust in primary health care facilities.

Statement of the Problem

The lack of trust in primary health care (PHC) systems continues to hinder the effective delivery of health services in many communities, including both rural and urban areas. This issue is common in low-income and underserved regions where people often

struggle with poor health services limited resources, and a shortage of qualified health professionals. PHC forms the basis of any country's health system, yet many communities feel let down due to what they see as low-quality services run-down healthcare facilities, and difficulty getting essential medicines (Adepoju, Onafuye, Megbuwon, & Ogunseye, 2025).

In many areas rural ones, a shortage of proper resources like trained doctors, equipment, and medicine makes the situation worse. Health workers, who often work too much for too little pay, might not act. This reduces how much people in the community trust and believe in the system (Okohie and Lane, 2020). Also, whether services are easy to get to and afford plays a big role in why people don't want to use PHC centers. A lot of community members can't pay for services or face physical obstacles, like living far away or dealing with bad roads, which limit their access to health care (Chukwuani et al. 2020).

PHC plays a big part in pushing universal health coverage forward, but these issues persist and cause fewer people to use health services. Negative experiences often shape public opinion of PHC centers leading to less trust and a tendency to pick other healthcare options such as self-treatment or visits to private clinics (Ibitoye et al., 2023). To address these problems, we need to understand what factors damage community confidence in their PHC services. We also need targeted efforts to enhance service delivery, boost resources, and foster positive attitudes among health workers.

Research Questions

The following research question guides this study

1. How do community members perceive the quality of services provided at primary health care centers in Oluku?
2. To what extent are essential resources available for effective health care delivery at primary health care units in Oluku?
3. What is the behavior of health care staff in primary health care centers within the Oluku community?
4. How accessible are primary health care services for community members in Oluku?
5. How affordable are primary health care services for community members in Oluku?

Purpose of the Study

The purpose of this study is to investigate the factors responsible for the low confidence in primary health care services among community members in Oluku. The study aims to assess the quality of services, availability of resources, attitudes of health care staff, and issues related to accessibility and affordability in the community's primary health care system.

The objectives are to:

1. assess community members' perceptions of the quality of services provided at primary health care centers in Oluku.

2. evaluate the availability of essential resources required for effective health care delivery at primary health care units in Oluku.
3. investigate the behavior of health care staff in primary health care centers within the Oluku community.
4. examine the accessibility of primary health care services for community members in Oluku.
5. determine the affordability of primary health care services for community members in Oluku

Significance of the Study:

This study will provide significant benefits to various stakeholders involved in the primary health care system in Oluku. The findings will offer critical insights that can help shape policy decisions, improve health care delivery, and address existing challenges in the health care system. The key stakeholders who will benefit from this study include:

Community Members: The study will highlight the factors that contribute to their low confidence in primary health care services. Understanding these challenges will empower them to advocate for improvements and participate more actively in health care reforms that directly affect their well-being.

Health Care Providers: The study will offer valuable feedback on service quality, staff behavior, and resource availability, helping health care providers identify areas for

improvement in patient care and service delivery. This could lead to enhanced training for staff, better service management, and overall improvements in patient satisfaction.

Government and Policy Makers: The findings will provide data-driven insights that can inform local health policies and resource allocation for primary health care centers. Policymakers will have a clearer understanding of the gaps in service delivery and can use the results to improve infrastructure, training, and funding to enhance health care access for the community.

Non-Governmental Organizations (NGOs) and Health Advocates: NGOs focused on health care improvement can use the study's findings to design targeted interventions in Oluku, focusing on capacity building for staff, resource allocation, and addressing barriers to accessibility and affordability.

Public Health Researchers: The study contributes to the existing body of research on health care accessibility and service quality in rural areas, especially in underserved communities. Researchers can use the findings as a benchmark for comparative studies in other communities or for future investigations into health system challenges.

Scope and Delimitation of the Study

This study is confined to members of the Oluku community and focuses specifically on their perceptions and experiences with the primary health care services provided in the area. The research will explore the quality of services, availability of essential resources, staff professionalism, and issues related to accessibility and

affordability of health care services in Oluku. The study will be conducted in the 2025 academic session and will involve only primary health care centers within the Oluku community. Delimitations of the study include its geographic focus on Oluku, which limits the generalizability of the findings to other regions or communities outside of this area.

Definition of Terms

Primary Health Care (PHC): The basic level of healthcare provided to the community that focuses on essential services such as prevention, treatment, and health education.

Confidence in Health Care: The level of trust and belief that community members have in the ability of primary health care services to meet their health needs effectively.

Quality of Services: The standard of care provided at health care facilities, including medical services, patient care, and the overall effectiveness of health interventions.

Health Care Resources: Essential materials and infrastructure required to provide health services, including medical supplies, equipment, and trained personnel.

Professionalism of Health Staff: The behavior, attitude, and skill level demonstrated by healthcare workers in delivering care, which impacts patient satisfaction and confidence.

Accessibility: The ease with which community members can reach and use primary health care services, including physical proximity and availability of services.

Affordability: The cost of primary health care services and whether it is within the financial reach of the community members.

CHAPTER TWO

LITERATURE REVIEW

This chapter is reviewed under the following sub-headings

- Conceptual Review
- Primary Health Care Systems in Nigeria
- Quality of Services Provided at Primary Health Care Centers in Nigeria
- Availability of Essential Resources for Effective Health Care Delivery at Primary Health Care
- Behavioral Patterns of Health Care Staff in Primary Health Care Centers
- Accessibility of Primary Health Care Services in Nigeria
- Affordability of Primary Health Care Services in Nigeria
- Theoretical Framework
- Summary of Literature

Conceptual Review

Concept of Primary Health Care Systems

Primary Health Care (PHC) systems serve as the foundation for achieving equitable, accessible, and sustainable health care worldwide. Recognized by the World Health Organization as essential health care that should be universally accessible to individuals and communities, PHC emphasizes principles such as universality, community participation, and intersectoral collaboration. Recent research highlights that

well-functioning PHC systems contribute significantly to improved population health outcomes and the reduction of health disparities. However, many countries face ongoing challenges, including underfunding, workforce shortages, and fragmentation between primary care, mental health, and public health services, which limit the full potential of PHC globally (Shahid et al., 2024), (Akman, 2017).

A critical evolution in PHC has been the integration of mental health care into primary care settings, particularly in resource-limited environments. Collaborative care models that enable general practitioners to work closely with mental health specialists have shown promising results in identifying and managing common mental health disorders such as depression and anxiety. This integrated approach not only improves patient outcomes but also enhances the capacity of primary care providers to address complex health needs comprehensively (Ivbijaro & Lima, 2019), (Poghosyan et al., 2019). Furthermore, health systems that emphasize continuity, prevention, and comprehensive service provision foster higher levels of patient satisfaction and engagement, reinforcing the role of PHC as a first point of contact and care coordinator (Schäfer, 2016).

The vision of PHC as a vehicle for universal health coverage is increasingly reflected in global health policies, which advocate for integrated and equitable health systems built on the pillars of PHC and public health. Debate continues between the merits of selective PHC, targeting high-priority health issues, and comprehensive PHC, which addresses broader social determinants of health and fosters community empowerment (Akman, 2017). Preparing the health workforce to meet evolving PHC

demands requires educational reforms that emphasize community-based practice and cultural competency, alongside adopting lessons from international experiences to adapt global strategies locally (Byfield et al., 2018), (Sugarman & Reed, 2023). Despite progress, challenges in financing, technology integration, and systemic coordination remain barriers to realizing the full promise of PHC systems worldwide (Gauld, 2015).

Concept of Low Confidence

Low confidence reflects a diminished belief in one's ability to perform tasks or succeed in particular situations and is distinct from general self-esteem, which concerns overall self-worth. According to Ishikawa (2018), confidence is more specific and situation-dependent, and Gorsy and Panwar (2015) emphasize that while confidence relates to perceived capability, it often varies across different domains. Psychological research frequently uses self-efficacy—a person's belief in their capacity to achieve goals—as a clearer, task-focused measure of confidence, especially within clinical and educational contexts (Salles, 2017).

Low confidence commonly results in decreased motivation, avoidance of challenges, and increased anxiety, which impede progress and achievement. Both internal factors like past setbacks and negative self-assessments, along with external influences such as social comparison and lack of encouragement, contribute to the development and persistence of low confidence (Gorsy & Panwar, 2015; Ishikawa, 2018).

The effects of low confidence extend deeply into health and wellbeing, influencing both mental and physical outcomes. Research by Wang et al. (2022) and Raney et al. (2024) demonstrates how low self-efficacy correlates with poorer management of chronic illnesses like heart failure and chronic pain, with coexisting depression and anxiety further worsening psychological distress and reducing adherence to self-care. Similarly, in rehabilitation settings, stroke survivors with low confidence in their abilities experience slower recovery and diminished quality of life, as documented

by Istiana, Handayani, and Arifin (2021) alongside Nurjihan, Handayani, and Erawati (2022). Academic performance also suffers when students face low confidence, particularly in challenging subjects such as statistics or foreign language acquisition, leading to reduced persistence and lower achievement (Ogbonnaya, Okechi, & Nwankwo, 2019; Mulyanto, Azizam, & Jusoh, 2022). These findings illustrate that low confidence is a complex issue, impacting cognitive, emotional, and behavioral areas, thus requiring comprehensive approaches to address its effects.

Social and developmental influences significantly shape confidence, particularly during adolescence when peer relationships, social acceptance, and emotional wellbeing are closely linked to how confident young people feel. Gorsy and Panwar (2015) identify associations between low confidence and poor peer connections, social withdrawal, and emotional distress including loneliness and depression. Gender differences emerge, with females often reporting lower confidence in academic and social settings, a result of societal expectations and differential support (Gorsy & Panwar, 2015).

The broader environment, including supportive relationships and psychological safety, plays a critical role in fostering or undermining confidence. Salles (2017) highlights that feelings of belonging and validation strongly relate to self-efficacy, suggesting that inclusive, supportive environments help sustain confidence. Educational and online learning programs that provide mastery experiences, opportunities for observational learning, and constructive feedback have proven effective in reducing low

confidence by strengthening self-efficacy (Kundu, 2020; Litton, Goodridge, Call, & Lopez, 2018).

Efforts to increase confidence focus largely on enhancing self-efficacy through targeted learning experiences, practice, and psychological support. Exercise interventions have shown positive impacts on physical confidence and motivation, as evidenced by Baghbani, Arabshahi, and Saatchian (2023). Professional training and mentoring further improve confidence among clinicians and students by developing skills and reinforcing self-belief (Moore & O'Kell, 2024; Wang, 2024). Treatments addressing anxiety and depression indirectly support confidence by reducing psychological barriers (Wang et al., 2022). In groups such as cancer patients and pregnant women, confidence influences treatment adherence and coping, underlining its importance in health outcomes (Abbass, 2024; Schwartz et al., 2015).

Primary Health Care Systems in Nigeria

Primary Health Care (PHC) systems in Nigeria have long been recognized as the foundation of the country's healthcare delivery, yet their effectiveness remains hindered by persistent structural, financial, and political challenges. Since Nigeria's adoption of PHC in the late 1980s, the government has made multiple attempts to reform and strengthen these systems to improve health outcomes and move towards universal health coverage (Odutolu et al., 2016). Central to recent reforms is the Primary Health Care Under One Roof (PHCUOR) policy, designed to unify fragmented PHC governance

under state primary health care development boards (SPHCDBs). This integration aims to enhance coordination, accountability, and service delivery, and early results from pilot states show increased service utilization and better management (Odutolu et al., 2016). Despite this progress, fragmentation remains a significant barrier due to overlapping roles among federal, state, and local governments, which often leads to inefficient resource use and unclear accountability (Reich, 2016). The local governments, constitutionally responsible for PHC, frequently lack capacity and adequate funding, weakening service provision at the grassroots (Tilley-Gyado et al., 2016).

The financing of PHC in Nigeria has been a major concern impacting accessibility and quality. Historically, government spending on PHC has been low, resulting in a heavy reliance on out-of-pocket payments that deter many Nigerians from seeking timely care (Schreiber, 2019). The 2014 National Health Act, which established a Basic Health Care Provision Fund (BHCPF), promised a more sustainable financing mechanism by mandating a minimum 1% government budget allocation for PHC, later enshrined as a statutory annual fund (Schreiber, 2019). However, inconsistent disbursement and political challenges have slowed the fund's impact nationwide. Further, the implementation of state-level health insurance schemes remains uneven, limiting financial protection for the poor and contributing to inequity (Okpani & Abimbola, 2015). Strengthening financial mechanisms, including improving insurance coverage and resource mobilization at the local government level, is essential for expanding PHC services and reducing catastrophic health expenditures (Ogundeji et al., 2023).

Nigeria's PHC system also faces challenges related to human resources, infrastructure, and service scope. The workforce is often undertrained, inadequately motivated, and unevenly distributed, with rural and conflict-affected areas facing critical shortages (Musa et al., 2024; Ajisegiri et al., 2022). The northeastern region, for example, experiences severe setbacks due to armed conflict and humanitarian crises, which have devastated health infrastructure and displaced populations, further limiting PHC reach (Musa et al., 2024). In addition, PHC facilities frequently lack essential equipment, medicines, and reliable data systems, which compromises the quality of care and limits their capacity to manage rising non-communicable diseases (NCDs) (Ajisegiri et al., 2022; Ogundeji et al., 2023). The fragmentation in service delivery roles among multiple agencies often leads to duplicated efforts or neglected functions, affecting the efficiency and continuity of care (Tilley-Gyado et al., 2016). Despite these obstacles, community-based health education programs and the integration of traditional health practitioners have shown promise in improving health awareness and service uptake (Fasoranti & Adeyeye, 2015).

Recent technological advancements offer new opportunities to strengthen Nigeria's PHC systems. The adoption of telemedicine, electronic health records, and mobile health platforms is gradually transforming healthcare accessibility, especially in underserved and remote areas (Umar et al., 2024). These technologies facilitate remote consultations, improve data collection, and enhance communication between health workers and patients, reducing barriers caused by poor infrastructure and geographic

constraints (Umar et al., 2024). However, challenges such as limited digital infrastructure, insufficient funding, and inadequate training limit the scale of these innovations. Strategic investments in digital health, combined with policy support and capacity building, could accelerate PHC improvement and contribute to Nigeria's universal health coverage goals (Umar et al., 2024).

Quality of Services Provided at Primary Health Care Centers in Nigeria

The quality of services offered at Primary Health Care (PHC) centers in Nigeria plays a vital role in shaping the country's health outcomes, yet these centers face persistent challenges that limit their effectiveness. Several studies report that many PHC facilities struggle with poor infrastructure, a shortage of qualified health workers, and inconsistent supplies of essential medicines and equipment. Research conducted in Benin City revealed that very few centers have medical officers or enough community health workers, and none provide round-the-clock services, restricting access to care when it is most needed (Adam & Nwaogwugwu, 2020). These gaps make it difficult for PHC centers to deliver comprehensive care, leading patients to bypass them for more costly and less accessible higher-level hospitals or private clinics (Adepoju, Opafunso, & Ajayi, 2018). The absence of basic diagnostic tools and medicines further erodes trust in the system and discourages utilization.

Patient expectations and experiences strongly influence how quality at PHC centers is perceived. Studies from Rivers State and Abuja indicate that patients often

express dissatisfaction with physical conditions such as facility cleanliness and outdated equipment, as well as with the reliability and professionalism of health workers (Adepoju et al., 2018; Ogaji, 2017). Many patients expect courteous, timely, and competent care but frequently encounter long wait times, poor communication, and unfriendly staff attitudes (Ogaji, 2017; Esu & Kicha, 2023). The gap between what patients expect and what they experience is closely linked to factors like education and occupation, which affect their understanding and standards for quality care (Saka, Akande, Saka, & Oloyede, 2019). Addressing these gaps means not only improving infrastructure and resources but also focusing on the patient's experience to restore confidence in PHC services.

The perspectives and performance of healthcare providers also have a direct impact on the quality of care delivered. Health workers often associate good quality with satisfied clients and high service use, but they face numerous obstacles including insufficient staff numbers, inadequate facilities, and security risks—particularly in rural locations (Ossai & Uzochukwu, 2015). The shortage of trained personnel limits essential services like maternal and child health, immunization programs, and health education (Esu & Kicha, 2023; Amalachukwu et al., 2021). Studies highlight that regular performance appraisals and ongoing training can enhance health workers' motivation and effectiveness (Ade-Ikuesan, Afunso, & Lawal, 2017). Unfortunately, such human resource management practices are often inconsistently applied. Strengthening the workforce through continuous education, incentives, and supportive supervision is critical to raising care standards at the PHC level.

New approaches in governance and technology show potential to raise the quality of PHC services. Initiatives promoting transparency, accountability, and community involvement have led to measurable improvements in facility performance and service quality (Ugo et al., 2016; Amedari & Ejidike, 2021). The increasing use of digital tools and mobile health insurance systems has also started to improve operational efficiency, reduce costs, and enhance patient data management (Chukwu, Garg, & Eze, 2016; Umar et al., 2024). However, scaling these solutions faces barriers including limited digital infrastructure, funding gaps, and insufficient training for healthcare staff. Although national policies like the Basic Health Care Provision Fund have increased resources for PHC, challenges remain around fair allocation and sustained financial support (Schreiber, 2019). Overcoming these obstacles requires coordinated action across policy, management, and technology domains to ensure PHC centers deliver quality care consistently.

Availability of Essential Resources for Effective Health Care Delivery at Primary Health Care

The availability of essential resources plays a fundamental role in determining how effectively Primary Health Care (PHC) centers deliver health services. These centers depend on having adequate infrastructure, skilled personnel, reliable medical supplies, and functioning equipment to meet community health needs. Studies conducted in different contexts reveal a significant mismatch between what PHC facilities require and

what they actually have. In Benin City, Nigeria, for instance, only a small fraction of PHC centers employ medical officers, and just under a third have basic diagnostic equipment (Adam & Nwaogwugwu, 2020). This shortage extends to essential drugs, which are often irregularly stocked, making it difficult for centers to treat common illnesses and emergencies consistently. Such limitations compel patients to seek care elsewhere, typically at more expensive or less accessible private clinics or secondary health facilities.

Human resources remain among the most pressing challenges within PHC. Having enough trained nurses, midwives, community health officers, and other health workers is crucial to operating centers efficiently. Evidence from Edo State, Nigeria, shows that community health extension workers make up the majority of staff at PHC centers, while medical officers and midwives are scarce (Alenoghena, Isah, & Isara, 2016). The availability of personnel alone is not enough; their competence and ongoing training determine how well they can serve patients and adapt to changing health demands. Without continuous professional development, healthcare workers may struggle to provide quality care or utilize the resources available effectively.

Essential medicines form another critical pillar in the delivery of primary care. Many PHC centers face irregular supply chains and inadequate management, leading to frequent shortages of important drugs. Research in Sokoto State, Nigeria, found that just over half of PHC centers maintained adequate stocks of essential medicines, a situation worsened by poor knowledge of drug management among facility managers (Jamil et al.,

2018). These stockouts affect the ability to follow standard treatment protocols, sometimes leaving patients untreated or forcing them to turn to unregulated alternatives. Challenges such as procurement inefficiencies, limited funding, and weak oversight contribute to these supply problems, signaling a need for strengthened drug management and better training for managers (Baqi & Magaji, 2020).

Infrastructure and basic equipment also determine the scope and quality of services PHC centers can provide. Many lack access to clean water, electricity, and sufficient space for patient consultations and care. The absence of diagnostic tools and laboratory services limits early detection and management of diseases, leading to delays or missed diagnoses (Adam & Nwaogwugwu, 2020). Some centers operate without enough beds or delivery rooms, restricting their ability to provide maternity and emergency services. Addressing these gaps in physical infrastructure is necessary to ensure PHC centers can meet community needs comprehensively and maintain basic standards of care.

Technology presents opportunities to improve the availability and management of health resources. Some PHC facilities have begun using digital health tools and mobile health insurance systems to streamline patient tracking, resource allocation, and health data management (Umar et al., 2024; Chukwu, Garg, & Eze, 2016). These innovations can improve efficiency and expand access, particularly in remote or underserved areas. Yet, many centers struggle with limited digital infrastructure, insufficient funding, and inadequate training of staff, which limit the full realization of these technological benefits.

Governance and policy frameworks greatly influence how resources are allocated and managed at the PHC level. Transparent, accountable administration and steady budget support are essential to maintain the supply of personnel, medicines, and equipment. Initiatives like Nigeria's Basic Health Care Provision Fund aim to provide sustainable financing, but inconsistent funding flows and uneven distribution hinder their impact (Schreiber, 2019). Enhancing procurement +processes, supply chain oversight, and workforce management under sound governance is key to ensuring that PHC centers consistently receive the resources needed to provide accessible, quality care.

Behavioral Patterns of Health Care Staff in Primary Health Care Centers

Staff behavior encompasses their interactions with patients, collaboration with colleagues, responsiveness to patient needs, and adherence to protocols. Studies indicate that positive behaviors such as empathy, clear communication, and teamwork significantly enhance patient satisfaction and health outcomes (Zamylko et al., 2023). In contrast, negative behaviors including poor communication, lack of engagement, and resistance to change can lead to diminished trust and lower service utilization. Health care providers who actively listen and involve patients in decision-making foster better adherence to treatment plans and improve overall care quality.

Staff scheduling and engagement patterns affect the consistency and accessibility of care in PHC settings. Research in integrated care models shows that clinics with flexible scheduling and adequate staffing ratios enable providers to spend more time with

patients and coordinate care effectively (Davis et al., 2015). Conversely, staff shortages and rigid appointment systems create barriers, leading to rushed consultations and unmet patient needs. Behavioral health professionals integrated into primary care teams improve the handling of complex cases by offering immediate support, which reduces referrals and streamlines care pathways (Swankoski et al., 2020). The way staff engage with patients, including the use of warm handoffs—where providers personally introduce patients to other care team members—helps maintain continuity and builds trust.

The interpersonal skills and attitudes of health workers shape patients' perceptions of care quality. Studies reveal that respect, empathy, and professionalism correlate strongly with patient satisfaction and willingness to return for follow-up care (Moon, Lauer, & Unell, 2021). However, stressful working conditions, high patient loads, and insufficient resources can contribute to burnout and negative attitudes among health staff, affecting their behavior and patient interactions (Bradford et al., 2024). Training programs focusing on communication skills and stress management have demonstrated improvements in provider-patient relationships, indicating the importance of addressing workplace environment alongside technical skills.

Health care staff's adherence to evidence-based behavioral health practices also influences care effectiveness. Primary care behavioral health models emphasize brief, targeted interventions delivered collaboratively between medical and behavioral health providers. Research using tools like the Primary Care Behavioral Health Provider Adherence Questionnaire identifies variation in practice patterns, with some providers

showing stronger adherence to collaborative care principles than others (Beehler et al., 2015). Consistent application of these models depends on proper training and organizational support to maintain fidelity and improve patient outcomes. Involving all team members in shared decision-making and respecting each discipline's role fosters a cohesive approach.

The attitudes of staff toward specific patient populations, including those with behavioral health issues or substance use disorders, impact care delivery. Some studies highlight that physicians and nurses may feel less comfortable managing patients with substance use problems compared to other health concerns, which can affect the quality of care provided (Chen et al., 2020). Enhancing provider confidence through specialized training and interdisciplinary support helps reduce stigma and improves patient engagement. Creating an inclusive, nonjudgmental care environment is critical for addressing complex health needs effectively.

Team dynamics and staffing patterns within PHC centers determine how care responsibilities are distributed and influence service quality. Research in community health centers shows diverse staffing mixes, including physicians, nurses, advanced practice providers, and behavioral health specialists, each contributing to productivity and patient outcomes (Ku et al., 2015; Frogner, 2024). A balanced team structure that matches local patient needs supports efficient care delivery and allows staff to focus on their strengths. Leadership and management strategies that promote collaboration and communication enhance team functioning and improve the patient experience.

Accessibility of Primary Health Care Services in Nigeria

Accessibility to primary health care (PHC) services in Nigeria remains a critical challenge, particularly in rural and underserved areas, where physical distance and infrastructural deficits significantly restrict timely healthcare access. Many rural communities in Nigeria face poor road networks and long distances to healthcare centers, which often discourages or delays seeking care, exacerbating health risks and worsening outcomes (Audu, Garba & Badema, 2022). Research consistently shows that spatial accessibility—that is, the physical proximity and ease of reaching health facilities—is a vital factor often neglected in favor of financing issues, yet it greatly influences whether people use available health services (Abosede, Daniel & Emmanuel, 2022). This indicates that without addressing transportation and geographic barriers, financial investment alone cannot ensure improved health access.

In addition to distance, socioeconomic factors strongly affect accessibility and utilization of primary health services. Studies in different Nigerian states demonstrate that male-headed households and those with higher education levels tend to have better access and are more likely to utilize healthcare facilities compared to female-headed or less educated households (Abosede et al., 2022; Titus, Adebisola & Adeniji, 2015). The economic activity of household members also matters, with younger, economically active

individuals having higher healthcare access rates. Conversely, poverty, illiteracy, and traditional beliefs limit health facility usage, particularly in rural areas, highlighting the interplay of economic, educational, and cultural determinants alongside geographic accessibility (Titus et al., 2015).

Poor availability of essential resources within PHC facilities further hinders effective access. Even where clinics exist within WHO recommended distance standards, utilization drops due to frequent stockouts of drugs, lack of qualified personnel, user fees, and long waiting times, pushing patients toward traditional healers or self-medication (Umar & Khalil, 2017). The quality and reliability of services play a pivotal role in encouraging or discouraging attendance. This dual burden of limited physical access and suboptimal service quality presents a significant barrier to achieving universal primary healthcare coverage in Nigeria (Alonge, 2024).

Disadvantaged groups, such as persons with disabilities, face even greater accessibility challenges. Mobility impairments and inadequate transportation infrastructure create barriers that prevent these populations from reaching and benefiting from PHC services (Mbada et al., 2021). High access barriers to the home environment, transportation, and healthcare facilities result in poor health outcomes for disabled individuals, underscoring the need for inclusive healthcare planning and infrastructure that accommodate their needs (Mbada et al., 2021). Similarly, women in rural areas experience poor access to antenatal care due to long travel times, costs, and waiting periods, further elevating maternal and child health risks (Essien, James & Effiong, 2019).

Policy and funding efforts aimed at improving PHC accessibility have shown mixed results. While Nigeria's Basic Health Care Provision Fund (BHCPF) and the 2014 National Health Act have created frameworks to increase funding and improve service delivery, implementation challenges at the local government level—such as poor infrastructure, workforce shortages, and low awareness—still limit impact (Odinenu & Anago, 2025; Schreiber, 2019). There is growing support for innovative approaches like telemedicine and Geographic Information Systems (GIS)-based planning to optimize resource allocation and reduce spatial inequities (Banke-Thomas et al., 2023; Ojo, 2018). Such technology-driven strategies could help target underserved populations more effectively and improve health outcomes.

Improving access to primary health care in Nigeria requires multisectoral collaboration involving public and private sectors. Studies emphasize that robust partnerships, transparency, and accountability in health governance enhance service quality and accessibility (Echeta, Chima & Obikee, 2024). Community engagement and sensitization are also critical to increasing health facility utilization, especially in rural areas where cultural and traditional factors limit use of modern healthcare services (Abosede et al., 2022).

Affordability of Primary Health Care Services in Nigeria

The affordability of primary health care (PHC) services in Nigeria remains a complex issue that critically affects access to healthcare for many Nigerians, particularly

the poor and vulnerable groups. Out-of-pocket (OOP) payments dominate health expenditures in Nigeria, accounting for a majority of healthcare spending despite the establishment of the National Health Insurance Scheme (NHIS) intended to reduce this burden. Studies indicate that only a small fraction of Nigerians, less than 5%, are covered by health insurance, forcing most people to pay directly for services, which often leads to financial hardship and delays or avoidance of necessary care (Ipinnimo et al., 2021; Amaghionyeodiwe, 2018). The low insurance uptake, especially among patients with chronic conditions like hypertension, suggests that affordability is a major barrier to effective PHC utilization.

The persistently low government funding for PHC further worsens affordability challenges. For years, Nigeria's public health expenditure has remained below recommended levels, with most of the health budget consumed by secondary and tertiary care, leaving PHC under-resourced (Schreiber, 2019; Saleh, Gauthier & Pimhidzai, 2020). The lack of adequate financing leads to the imposition of user fees at primary health facilities, which disproportionately affect low-income households who are more price sensitive. Studies have shown that increased user fees lead to reduced utilization of public health facilities among poorer Nigerians, forcing them to seek care from unregulated providers or forego care entirely (Amaghionyeodiwe, 2018; Onyekonwu, Onyekonwu & Ugwu, 2019). This situation deepens inequities in healthcare access and negatively impacts population health outcomes.

The NHIS was designed to provide affordable, risk-pooled health coverage to Nigerians but faces significant implementation and utilization challenges that undermine its potential to enhance affordability. Barriers such as administrative delays, lack of awareness, language issues, and additional informal costs limit effective utilization of NHIS benefits (Okah, Onalu & Okoye, 2023). Nonetheless, NHIS enrollees are significantly less likely to suffer financial hardship when accessing care, underscoring the scheme's value if expanded and better managed (Ipinnimo et al., 2021; Mark et al., 2024). Policy efforts to subsidize costs and expand insurance coverage could improve affordability and reduce the heavy reliance on out-of-pocket spending.

The actual cost of delivering quality PHC in Nigeria is substantially higher than current expenditures, revealing a significant resource gap that must be closed to make PHC affordable and sustainable. For example, in Kaduna and Kano states, the normative cost for comprehensive PHC is estimated at nearly double the actual spending per capita (Ogundeji et al., 2023). This funding shortfall limits the availability of essential drugs, qualified staff, and functional infrastructure, which further raises costs for patients due to service inadequacies and the need to seek alternative, often more expensive, care sources. Closing this funding gap is essential for reducing patient costs and improving affordability.

Innovative financing approaches, such as mobile health insurance systems, show promise for increasing affordability and coverage by lowering administrative costs and improving efficiency. In Abuja, studies indicate that technology-supported insurance

enrollment and claims processing at primary health centers can enhance service delivery and make insurance schemes more financially sustainable (Chukwu, Garg & Eze, 2016). Such initiatives can reduce the burden on patients by enabling more streamlined payments and facilitating access to subsidized care, especially in urban and peri-urban settings where mobile technology penetration is high.

Affordability is also closely linked with poverty levels, which remain high in Nigeria. The majority of Nigerians live below the poverty line, and increasing user fees disproportionately impact their ability to seek care (Archibong et al., 2023; Mekonnen et al., 2021). Poor households are more likely to delay or avoid care due to cost, which can worsen health outcomes and increase long-term expenses. Therefore, policy interventions need to address poverty directly, incorporate income-based payment scales, and expand community-based health financing schemes to protect the most vulnerable

Theoretical Framework

Health Belief Model (HBM)

The Health Belief Model (HBM) was developed in the 1950s by social psychologists working with the U.S. Public Health Service, especially Irwin Rosenstock, to explain why people sometimes avoid health screenings like tuberculosis tests (Green & Murphy, 2014). The model focuses on how people's personal beliefs affect their health choices. It identifies four main factors: how likely someone feels they are to get sick (perceived susceptibility), how serious they believe the illness would be (perceived

severity), what benefits they see in taking action (perceived benefits), and what obstacles they think stand in the way (perceived barriers). Later, two other important ideas were added: self-efficacy, which is the confidence a person has in their ability to take the action, and cues to action, which are events or messages that prompt someone to act (Maunder, 2021). Over time, this model has been used widely to study behaviors like getting vaccinated, going for cancer screenings, and managing chronic illnesses (Carpenter, 2010).

The HBM's value goes beyond health issues and has been applied in other areas, including economics and policy compliance. Researchers have used it to understand how people respond to financial risks and benefits, including whether they follow monetary policies. In workplaces, the model helps explain why employees might follow or ignore financial security measures, depending on how they perceive the risks and rewards involved (Silic, Njavro & Oblakovic, 2018). When it comes to monetary policy, people's different beliefs can influence their trust in the economy and affect stability, similar to how the HBM explains health behavior through risk and benefit perceptions (Kurz et al., 2015). This shows that the HBM can be a useful tool to understand how beliefs shape behavior in a variety of contexts, including trust in public services like healthcare.

Applying the HBM to the study on low confidence in primary health care (PHC) services in Oluku offers a way to understand why community members may avoid or distrust these services. Perceived susceptibility relates to whether people feel vulnerable to health problems without reliable PHC. Perceived severity refers to how serious they

think the consequences of poor health care could be. Perceived benefits capture their belief in the advantages of using PHC services, and perceived barriers reflect concerns such as poor service quality, long wait times, or lack of trust in providers. When confidence is low, it usually means that perceived barriers outweigh the benefits, and people lack strong prompts or cues that encourage them to use the services (Zhou & Jin, 2023). Additionally, self-efficacy matters—if community members doubt their ability to access or navigate the health system, they are less likely to seek care. Research shows that addressing these beliefs through clear communication and improvements to service delivery can increase trust and encourage greater use of PHC (Paek, Shin & Lee, 2017).

Studies support the relevance of the HBM in explaining community attitudes towards PHC. Tufanaru et al. (2009) used the model to examine women's participation in breast cancer screening, finding that perceptions of risk, benefits, and barriers directly influenced behavior. Similar findings appear in PHC research, where mistrust, concerns about quality, and financial or social challenges reduce confidence and deter use (Mbada et al., 2021). Poor communication and lack of community involvement also limit cues to action, leaving many uninformed or doubtful about the value of PHC services. Using the HBM framework highlights where efforts should focus to reduce barriers and rebuild trust, ultimately improving health outcomes in Oluku.

Summary of Literature

The literature reviewed highlights the critical role of beliefs and perceptions in shaping health behaviors and attitudes towards primary health care (PHC) services. The Health Belief Model (HBM) provides a framework for understanding these dynamics by focusing on factors such as perceived susceptibility to health risks, the severity of potential health issues, perceived benefits of care, and barriers that hinder service utilization. Research confirms that low confidence in PHC often stems from high perceived barriers like poor service quality, long wait times, and distrust, which outweigh perceived benefits. Self-efficacy, or the belief in one's ability to use healthcare services effectively, also strongly influences whether individuals seek care. The model has been applied successfully in various health contexts, showing that clear communication and service improvements can rebuild trust and increase PHC use.

Studies specific to Nigeria and similar settings reveal systemic challenges that deepen these perceptual barriers, such as inadequate staffing, poor infrastructure, and inconsistent drug supplies, which directly reduce community confidence in PHC services (Alonge, 2024; Mbada et al., 2021). Addressing these issues requires not only improving physical conditions but also strengthening communication and involving the community to provide stronger cues to action. The HBM offers a practical guide to targeting these factors to enhance trust and improve health outcomes in PHC systems.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the research methodology used to investigate the factors responsible for low confidence in primary health care services among community members in Oluku. The methodology is discussed under the following subheadings:

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

Design of the Study

This study adopts a descriptive survey design, suitable for exploring the factors responsible for the low confidence in primary health care services among community members in Oluku. This design enables the collection of detailed information from the target population, allowing for an in-depth examination of their perceptions, experiences, and attitudes regarding the quality of services, availability of resources, behavior of health care staff, and issues related to accessibility and affordability. The descriptive

survey approach effectively captures the current state of community confidence in primary health care, providing insights into key challenges and areas that require improvement within Oluku's health care system.

Population of the Study

At the time this research was conducted, Oluku Local Government Area, Edo State, Nigeria, had an estimated population of 24,523 residents. This population reflects a diverse mix of demographic and socio-economic backgrounds, providing a representative sample for assessing community perceptions and experiences related to primary health care services. This estimated population size serves as the foundation for determining the sample size and scope of the study, ensuring that findings accurately reflect the views and challenges faced by residents regarding the quality, accessibility, affordability, and overall confidence in primary health care within Oluku.

Sample Size and Sampling Technique

The sample size for this study was determined to be 394 respondents, calculated using the Taro Yamane formula with a population size of 24,523 students and a margin of error of 0.05 for a 95% confidence level.

The formula is expressed as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size

N = Population size (24,523 students)

e = Margin of error (0.05 for a 95% confidence level)

Substituting the values into the formula:

$$n = \frac{24{,}523}{1 + 24{,}523(0.05)^2}$$

$$n = \frac{24{,}523}{1 + 24{,}523(0.05)}$$

$$n = \frac{24{,}523}{1 + 61.3075} = \frac{24{,}523}{62.3075} \approx 393.58 \approx 394$$

Thus, the required sample size is approximately 394 respondents

The study utilized a multi-stage sampling technique, employing a systematic approach to ensure a representative selection of respondents from the population. The process began with the division of the community into clusters based on streets, from which every third street was systematically selected to provide a broad geographic representation. Within these selected streets, households were further sampled using a systematic interval of every third household. This structured approach minimized selection bias and ensured a proportional representation of the community. The method was carefully designed to uphold the principles of randomization and inclusivity, critical to the reliability and validity of the study's findings.

To complete the sampling process, five individuals were randomly selected from each sampled household. This random selection ensured that all eligible participants within the household had an equal opportunity to be included in the study. The

combination of systematic and random sampling techniques was instrumental in achieving the required sample size of 394 respondents, as determined.

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Research Instrument

The research instrument employed in this study is a structured questionnaire titled "Community Confidence in Primary Health Care Services Questionnaire" (CCPHCSQ), developed to gather data from residents of Oluku. The questionnaire consists of two sections aligned with the study variables:

- Section A: Demographic information of respondents, including age, gender, education level, and occupation.
- Section B: Thirty (30) structured items covering key aspects such as perceptions of service quality, availability of essential resources, behavior of health care staff, accessibility, and affordability of primary health care services.

Opinion-based questions are measured on a four-point Likert scale ranging from Strongly Agree (SA), Agree (A), Disagree (D), to Strongly Disagree (SD). A mean score of 2.5 or higher signals a positive perception or attitude, while scores below 2.5 indicate a negative perception. This format allows for precise evaluation of community confidence and identifies areas requiring improvement.

Validity of the Research Instrument

The instrument was studied and appraised by the project supervisor and two other experts in the Department of Health Safety and Environmental Education, Faculty of Education to ensure that the items adequately measured the purpose of the study. The final instrument was prepared taking into consideration the corrections made.

Reliability of the Research Instrument

The reliability of the study was assessed using the test-retest method. A separate group of 20 respondents, who were not part of the sample used in the main study, was selected for the reliability testing. The respondents were administered the same instrument at two different points in time to measure the stability and consistency of the responses. The data collected from the test-retest procedure were then analyzed using Cronbach's Alpha, which yielded a reliability score of 0.82. This score indicated a satisfactory level of consistency in the instrument, suggesting that the study's findings could be reliably reproduced over time.

Method of Data Collection

The researcher administered the questionnaire directly to residents of Oluku to collect their perceptions and views on the subject matter. The questionnaires were retrieved on the spot after completion to ensure a high response rate and data accuracy. Additionally, the researcher was available to address any questions or provide

clarification on the items in the questionnaire, ensuring that respondents fully understood and accurately completed the survey.

Method of Data Analysis

Descriptive statistics such as frequency, percentages, mean, and standard deviation were used to summarize demographic data and questionnaire responses. For the opinion-based items, a criterion mean of 2.50 was established; responses with a mean above 2.50 were accepted as positive perceptions, while those below were considered negative. The results were presented in tables to ensure clarity and ease of interpretation. Findings were analyzed in relation to the study objectives and relevant literature, identifying gaps in community confidence and suggesting measures to enhance trust, improve service quality, and increase utilization of primary health care services in Oluku. The analysis revealed key trends and patterns critical for addressing challenges in the local health care system.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF RESULT

This chapter presents the analysis of data obtained from questionnaires completed by residents of the Oluku community on factors responsible for the low confidence in primary health care services. The results are organised to show the response rate, data presentation and interpretation, and discussion of findings, offering an understanding of the study's findings on the perceptions, accessibility, affordability, and overall quality of primary health care delivery within the community.

Demographics

Table 4.1: Analysis of Demographic Characteristics of Respondents

Items	Options	Frequency	Percentage (%)
Gender	Male	173	43.9
	Female	221	56.1
	Total	**394**	**100**
Age Group	18 – 27 years	122	31.0
	28 – 37 years	96	24.4
	38 – 47 years	104	26.4
	47 years and above	72	18.3
	Total	**394**	**100**

Source: Field Survey, 2025

Table 4.1 presents the demographic profile of respondents in the study area. The gender distribution shows that 173 respondents representing 43.9 percent were male, while 221

respondents representing 56.1 percent were female. This indicates that females formed a slightly larger portion of the population sampled, which reflects a pattern often observed in studies conducted in Nigerian primary healthcare settings where women tend to participate more actively in community-based health surveys (Olawande et al., 2018). In terms of age distribution, respondents between 18 and 27 years had the highest representation at 31.0 percent, followed by those aged 38 to 47 years who constituted 26.4 percent. The 28 to 37 age group accounted for 24.4 percent, while those aged 47 years and above formed the smallest group at 18.3 percent. This pattern suggests that most respondents were within the active working-age range, which aligns with previous studies that identified young adults and middle-aged individuals as the most frequent users of primary health care services in rural and semi-urban areas of Nigeria (Okoronkwo et al., 2014). The predominance of younger respondents is also consistent with findings from similar studies conducted in Enugu and Ogun States, which reported that individuals in their twenties and thirties often exhibit higher engagement with local health services, especially those related to maternal and child health, immunisation, and general consultations (Williams & Ejemot-Nwadiaro, 2018). The distribution highlights an active population structure, indicating that the primary health centres in Oluku cater mostly to

economically productive age groups

Presentation and Interpretation of Research Questions

Research Question 1: How do community members perceive the quality of services provided at primary health care centers in Oluku?

Table 4.2: Response of Respondents on Perception of Quality at PHC Centres

S/N	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Dev.	Decision
1	The care I receive at the primary health care center is good.	79 (20.1%)	145 (36.8%)	119 (30.2%)	51 (12.9%)	2.64	0.94	Accepted
2	The health center staff provide clear explanations about treatments.	67 (17.0%)	132 (33.5%)	138 (35.0%)	57 (14.5%)	2.53	0.94	Accepted
3	The waiting time at the health center is acceptable.	52 (13.2%)	113 (28.7%)	161 (40.9%)	68 (17.3%)	2.38	0.92	Rejected
4	The health center maintains clean and hygienic facilities.	92 (23.4%)	148 (37.6%)	98 (24.9%)	56 (14.2%)	2.70	0.98	Accepted
5	I trust the treatments given at the primary health care center.	58 (14.7%)	123 (31.2%)	142 (36.0%)	71 (18.0%)	2.43	0.95	Rejected

Cluster Mean = 2.54

Criterion Mean: ≥ 2.5 = Accepted < 2.5 = Rejected

Source: Field Survey, 2025

Table 4.2 shows respondents' opinions on the quality of services at the primary health care centres in Oluku. The mean values range from 2.38 to 2.70. The highest mean score (2.70) was recorded for cleanliness and hygiene, while the lowest (2.38) related to waiting time. Items with higher means indicate that respondents found the facilities generally clean and the care provided satisfactory, whereas areas with lower means reveal dissatisfaction with efficiency and service delays. Overall, most items are around the midpoint of the scale, suggesting moderate satisfaction. With a cluster mean of 2.54, the findings reflect that respondents view the quality of services as fairly good, though

improvements in time management and trust in treatments could strengthen public confidence. It can be inferred that the quality of services at the PHC centres exists to a good extent in the Oluku community.

Research Question 2: To what extent are essential resources available for effective health care delivery at primary health care units in Oluku?

Table 4.3: Response of Respondents on Availability of Essential Resources at PHC Centres

S/N	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Dev.	Decision
6	Medicines are always available when I visit the health center.	36 (9.1%)	112 (28.4%)	159 (40.4%)	87 (22.1%)	2.25	0.90	Rejected
7	The health center has the medical equipment needed for treatment.	28 (7.1%)	97 (24.6%)	188 (47.7%)	81 (20.6%)	2.18	0.84	Rejected
8	There are enough health workers to attend to patients promptly.	32 (8.1%)	102 (25.9%)	174 (44.2%)	86 (21.8%)	2.20	0.87	Rejected
9	The health center has adequate supplies for basic health services.	47 (11.9%)	109 (27.7%)	157 (39.8%)	81 (20.6%)	2.31	0.93	Rejected
10	I rarely leave the health center without getting the care I need.	66 (16.8%)	142 (36.0%)	119 (30.2%)	67 (17.0%)	2.53	0.96	Accepted

Cluster Mean = 2.29
Criterion Mean: ≥ 2.5 = Accepted < 2.5 = Rejected
Source: Field Survey, 2025

Table 4.3 presents responses on the availability of resources for health care delivery in Oluku. The mean values range between 2.18 and 2.53, with the highest score observed for access to care (2.53) and the lowest for medical equipment (2.18). These scores reveal that essential resources such as drugs, supplies, and equipment are often insufficient, which affects the smooth delivery of services. The consistently low means across most items show that respondents perceive a shortage of medical tools and workforce, which

impacts service quality. The cluster mean of 2.29 is below the acceptable level, showing weak agreement that resources are adequate. It can be inferred that the availability of essential resources is not satisfactory and exists only to a limited extent within the primary health care centres in Oluku.

Research Question 3: What is the behavior of health care staff in primary health care centers within the Oluku community?

Table 4.4: Response of Respondents on Behaviour of Health Workers

S/N	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Dev.	Decision
11	Health workers treat patients with respect.	93 (23.6%)	160 (40.6%)	91 (23.1%)	50 (12.7%)	2.75	0.96	Accepted
12	The staff listen carefully to my health concerns.	86 (21.8%)	153 (38.8%)	99 (25.1%)	56 (14.2%)	2.68	0.97	Accepted
13	Health workers are patient and answer my questions well.	83 (21.1%)	151 (38.3%)	101 (25.6%)	59 (15.0%)	2.65	0.97	Accepted
14	I feel comfortable discussing my health problems with the staff.	77 (19.5%)	147 (37.3%)	109 (27.7%)	61 (15.5%)	2.61	0.97	Accepted
15	Staff behave professionally and courteously at all times.	92 (23.4%)	154 (39.1%)	90 (22.8%)	58 (14.7%)	2.71	0.98	Accepted

Cluster Mean = 2.68
Criterion Mean: ≥ 2.5 = Accepted < 2.5 = Rejected
Source: Field Survey, 2025

Table 4.4 displays respondents' views regarding the behaviour of health workers in Oluku. The mean values range from 2.61 to 2.75, with the highest agreement found in the belief that staff treat patients with respect (2.75) and the lowest in comfort while discussing health problems (2.61). All mean values are above the acceptable mark,

showing a favourable perception of staff attitude and conduct. Respondents believe that the health workers maintain professionalism, courtesy, and patience in their service delivery. This pattern indicates positive interpersonal relationships between staff and patients, which helps to build trust and satisfaction in primary health care services. The cluster mean of 2.68 supports this conclusion. It can be inferred that the behaviour of health workers exists to a good extent and contributes positively to service delivery within PHC centres in Oluku.

Research Question 4: How accessible are primary health care services for community members in Oluku?

Table 4.5: Response of Respondents on Accessibility of PHC Services

S/N	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Dev.	Decision
16	The health center is located within easy reach of my home.	98 (24.9%)	149 (37.8%)	93 (23.6%)	54 (13.7%)	2.74	0.98	Accepted
17	It is easy to find transportation to the health center.	87 (22.1%)	138 (35.0%)	107 (27.2%)	62 (15.7%)	2.63	0.99	Accepted
18	The health center operates during hours that suit my schedule.	81 (20.6%)	143 (36.3%)	110 (27.9%)	60 (15.2%)	2.62	0.98	Accepted
19	I do not have to wait too long to be seen once I arrive.	76 (19.3%)	139 (35.3%)	117 (29.7%)	62 (15.7%)	2.58	0.97	Accepted
20	There are no major barriers preventing me from visiting the health center.	84 (21.3%)	146 (37.1%)	101 (25.6%)	63 (16.0%)	2.64	0.99	Accepted

Cluster Mean = 2.64

Criterion Mean: ≥ 2.5 = Accepted < 2.5 = Rejected
Source: Field Survey, 2025

Table 4.5 captures respondents' assessment of accessibility to primary health care services in the Oluku community. The mean values fall between 2.58 and 2.74, with the highest agreement noted for the ease of reaching the centres (2.74) and the lowest for waiting time upon arrival (2.58). The consistently high means across all items indicate that the centres are generally accessible, with minimal barriers related to distance or transport. Respondents also agreed that operating hours are suitable and that they can reach the centres without major challenges. The cluster mean of 2.64 confirms strong accessibility, showing that residents can conveniently use the available health services. It can be inferred that accessibility to primary health care centres in Oluku exists to a good extent, supporting community participation in basic health services.

Research Question 5: How affordable are primary health care services for community members in Oluku?

Table 4.6: Response of Respondents on Affordability of PHC Services

S/N	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Dev.	Decision
21	The cost of health services at the center is affordable for me.	82 (20.8%)	147 (37.3%)	101 (25.6%)	64 (16.2%)	2.63	0.99	Accepted
22	I can afford to buy prescribed medications from the health center.	88 (22.3%)	141 (35.8%)	102 (25.9%)	63 (16.0%)	2.64	1.00	Accepted
23	There are no unexpected or hidden charges at the health center.	81 (20.6%)	146 (37.1%)	104 (26.4%)	63 (16.0%)	2.62	0.98	Accepted
24	Payment options at the	77	142	107	68	2.58	0.99	Accepted

	health center meet my financial situation.	(19.5%)	(36.0%)	(27.2%)	(17.3%)			
25	The health center offers services that provide good value for the money I spend.	86 (21.8%)	151 (38.3%)	95 (24.1%)	62 (15.7%)	2.66	0.99	Accepted

Cluster Mean = 2.63
Criterion Mean: ≥ 2.5 = Accepted < 2.5 = Rejected
Source: Field Survey, 2025

Table 4.6 presents the responses of community members regarding the affordability of health services in Oluku. Mean values range from 2.58 to 2.66, with the highest value observed for good service value (2.66) and the lowest for flexible payment options (2.58). The results indicate that most respondents believe health services are fairly priced and that the cost of drugs and consultations remains manageable. The consistency of mean scores across all items shows that affordability is not a major concern for many users. The overall cluster mean of 2.63 suggests that, while minor issues exist, most residents find the cost of care reasonable. It can be inferred that affordability of health services exists to a good extent, enhancing continued use of primary health care centres in Oluku.

Discussion of Findings

Research Question 1: Perception of Quality of PHC Services

The cluster means of 2.54 indicates a moderate level of satisfaction with the quality of primary health care services in Oluku. Respondents recognised cleanliness and courteous staff but expressed concerns about long waiting times and treatment reliability. This

outcome aligns with the findings of Ibitoye et al. (2023), who noted that while most Nigerians appreciated staff attitude, delays and unclear communication reduced trust in PHC systems. Similarly, Emelumadu et al. (2021) found that patients in Anambra State rated PHC services as satisfactory but called for improvements in timeliness and treatment efficiency. The results from Oluku therefore suggest that the perceived quality of care exists to a good extent, though operational efficiency needs to be strengthened.

Research Question 2: Availability of Essential Resources

With a cluster mean of 2.29, the findings show a weak level of resource availability across PHC centres in Oluku. Respondents indicated inadequate medical supplies, equipment, and workforce strength. This finding agrees with Mearns et al. (2025), who reported that many Nigerian PHC facilities operate below optimal standards due to poor supply chains and infrastructure. Likewise, Oyeyemi et al. (2022) found that a lack of essential drugs and skilled personnel limited confidence and service use in Oyo State. The low cluster mean therefore reveals that resource adequacy exists only to a limited extent in PHC facilities within Oluku, which likely undermines public confidence.

Research Question 3: Behaviour of Health Workers

The cluster mean of 2.68 reflects a strong agreement among respondents that health workers in Oluku PHC centres display professionalism and courtesy. Respondents perceived that staff were respectful, attentive, and empathetic in their interactions. This is in agreement with Lateef and Mhlongo (2020), who highlighted that patient-centred care

and effective communication foster positive patient experiences in Nigerian PHCs. Similarly, Ibitoye et al. (2023) found that health worker attitude was the most influential factor in determining patient satisfaction. These findings confirm that staff behaviour exists to a good extent in Oluku, positively shaping public trust and engagement with PHC services.

Research Question 4: Accessibility of PHC Services

The cluster mean of 2.64 indicates that PHC services in Oluku are largely accessible to residents. Respondents agreed that health centres were within reach, easy to locate, and operated at convenient hours. This finding corresponds with Philip and Paul (2017), who identified proximity and transportation as key enablers of PHC utilisation in rural Nigeria. It also aligns with Oyeyemi et al. (2022), who established that geographical accessibility directly improves attendance rates at community health facilities. Therefore, accessibility to PHC services in Oluku exists to a good extent, showing that location and operational convenience encourage consistent service use.

Research Question 5: Affordability of PHC Services

The cluster mean of 2.63 reveals that most respondents find primary health care services in Oluku to be affordable. Respondents agreed that service fees, medication costs, and payment systems were manageable. This finding aligns with *Awosusi (2022)*, who reported that the National Health Insurance policy and local reforms helped improve

financial access to PHC in Nigeria. It also supports *Tajudeen and Olukayode (2015)*, who found that reduced out-of-pocket costs encouraged low-income earners to use public health services more frequently. These results confirm that affordability exists to a good extent in Oluku, contributing to sustained use of primary healthcare services.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary

The study investigates the factors responsible for the low confidence in primary health care (PHC) services among community members in Oluku, Edo State. The aim is to examine the perceptions of residents concerning the quality of services, the availability of essential resources, the behaviour of health care staff, and the accessibility and affordability of PHC services within the community. The study seeks to understand how these factors collectively influence public confidence in PHC delivery.

A descriptive survey research design was adopted for this study, allowing for the collection of relevant data from residents. The population of the study comprised 24,523 community members, and a sample of 394 respondents was drawn using Taro Yamane's formula at a 95% confidence level. A structured questionnaire titled *Community Confidence in Primary Health Care Services Questionnaire (CCPHCSQ)* was used as the instrument for data collection. The instrument was validated by experts from the Department of Health, Safety, and Environmental Education, University of Benin. Its reliability was confirmed using the test-retest method, which yielded a Cronbach's Alpha value of 0.82, indicating good internal consistency.

Data collected were analysed using descriptive statistics, including frequency, percentage, mean, and standard deviation. The criterion mean of 2.50 was used to determine

respondents' agreement or disagreement with the statements. Findings revealed that residents had a fair perception of service quality (cluster mean = 2.54), limited availability of essential resources (cluster mean = 2.29), positive behaviour of health workers (cluster mean = 2.68), good accessibility of services (cluster mean = 2.64), and affordable health services (cluster mean = 2.63). The study provides insights into the factors that shape community confidence in PHC, identifying resource inadequacy as the major contributor to reduced trust and service satisfaction in Oluku.

Conclusion

Primary health care plays a vital role in improving health outcomes and promoting equity in access to medical services. The study reveals that while the quality, accessibility, and affordability of PHC services in Oluku exist to a good extent, limited availability of essential resources remains a key challenge undermining public confidence. The findings show that residents generally trust the competence and attitude of health workers but express dissatisfaction with drug shortages, inadequate medical equipment, and long waiting times.

On a broader scale, the results highlight the persistent structural gaps in Nigeria's primary health care system, where insufficient resource allocation and poor logistics reduce service effectiveness. Building confidence in PHC requires not only improvements in infrastructure and staffing but also the adoption of patient-centred practices and continuous community engagement. Enhancing resource adequacy, maintaining staff

professionalism, and ensuring affordability will promote greater trust and utilisation of PHC services in communities like Oluku.

Recommendation

Based on the findings of the study, the following recommendations are made:

1. Improvement in Resource Allocation: Government and health authorities should increase the supply of essential medicines, equipment, and materials to PHC centres to ensure consistent service delivery.
2. Reduction of Waiting Time: Management should introduce efficient appointment and triage systems to reduce service delays and improve patient satisfaction.
3. Strengthening Health Workforce Capacity: Regular training and motivation of PHC staff should be prioritised to maintain professional standards and promote patient trust.
4. Enhanced Accessibility Measures: Road infrastructure and transport arrangements should be improved to make health centres more reachable for community members.
5. Sustaining Affordability: The cost of health services should remain affordable, and flexible payment options should be maintained to encourage continuous use of PHC facilities.

6. Community Engagement: Periodic community health forums should be held to educate residents about available PHC services and gather feedback for continuous improvement.

Suggestions for further Study

1. The influence of health worker motivation on public confidence in primary health care services.
2. The effect of community participation in the management of PHC centres on service delivery efficiency.
3. A comparative study of confidence levels in PHC services between rural and urban communities in Edo State.

APPENDIX

DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN
Community Confidence in Primary Health Care Services Questionnaire (CCPHCSQ)

I am a final-year student in the Department of Health, Safety, and Environmental Education, Faculty of Education, University of Benin. This questionnaire is part of a research study titled "Factors Responsible for the Low Confidence in Primary Health Care Services Among Community Members in Oluku."

The study aims to understand community members' perceptions of the quality of services, availability of resources, behavior of health care staff, and issues related to accessibility and affordability of primary health care services in Oluku. Your honest responses will provide valuable insights to help improve health care delivery in the community. Please be assured that all information you provide will be kept strictly confidential and used solely for academic purposes.

Thank you for your time and cooperation. Your participation is highly appreciated.
Researcher

Instructions: Please answer all questions honestly. There are no right or wrong answers. It should take about 10–15 minutes to complete this questionnaire.

SECTION A: Demographic
Fill the blank spaces
Gender: Male ( ) Female ( )
Age: 18-27 ( ) 28-37 ( ) 38-47 ( ) 47 and above ( )

SECTION B: Answering the Research Question
Please, kindly tick (✓) were appropriate

1. How do community members perceive the quality of services provided at primary health care centers in Oluku?					
S/N	**Item**	**SA**	**A**	**D**	**SD**
1	The care I receive at the primary health care center is good.				
2	The health center staff provide clear explanations about treatments.				
3	The waiting time at the health center is acceptable.				

4	The health center maintains clean and hygienic facilities.				
5	I trust the treatments given at the primary health care center.				
2. To what extent are essential resources available for effective health care delivery at primary health care units in Oluku?					
S/N	**Item**	**SA**	**A**	**D**	**SD**
6	Medicines are always available when I visit the health center.				
7	The health center has the medical equipment needed for treatment.				
8	There are enough health workers to attend to patients promptly.				
9	The health center has adequate supplies for basic health services.				
10	I rarely leave the health center without getting the care I need.				
3. What is the behavior of health care staff in primary health care centers within the Oluku community?					
S/N	**Item**	**SA**	**A**	**D**	**SD**
11	Health workers treat patients with respect.				
12	The staff listen carefully to my health concerns.				
13	Health workers are patient and answer my questions well.				
14	I feel comfortable discussing my health problems with the staff.				
15	Staff behave professionally and courteously at all times.				
4. How accessible are primary health care services for community members in Oluku?					
S/N	**Item**	**SA**	**A**	**D**	**SD**
16	The health center is located within easy reach of my home.				
17	It is easy to find transportation to the health center.				
18	The health center operates during hours that suit my schedule.				
19	I do not have to wait too long to be seen once I arrive.				
20	There are no major barriers preventing me from visiting the health center.				
5. How affordable are primary health care services for community members in Oluku?					
S/N	**Item**	**SA**	**A**	**D**	**SD**
21	The cost of health services at the center is affordable for me.				
22	I can afford to buy prescribed medications from the health center.				
23	There are no unexpected or hidden charges at the health center.				

24	Payment options at the health center meet my financial situation.				
25	The health center offers services that provide good value for the money I spend.				

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