

Challenges Facing Primary Health Care Services Utilization and Possible Solutions

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Abstract

Primary Health Care (PHC) is the foundation of an effective healthcare system, playing a crucial role in disease prevention, health promotion, and universal health coverage. However, the utilization of PHC services faces numerous challenges that hinder its effectiveness, particularly in low- and middle-income countries. This study explores the key obstacles affecting PHC utilization and proposes viable solutions to improve accessibility and service delivery. The challenges include infrastructural deficiencies, inadequate medical equipment, and poor healthcare facility conditions. Human resource shortages, low motivation, and workforce migration further exacerbate the problem. Financial barriers such as high out-of-pocket expenses, insufficient health insurance coverage, and inadequate government funding limit access to essential services. Socio-cultural factors, including low health literacy, traditional medicine preferences, and gender-related barriers, also contribute to underutilization. Additionally, geographical challenges, weak referral systems, and ineffective policy implementation further hinder PHC effectiveness. Addressing these challenges requires a multi-faceted approach. Strengthening healthcare infrastructure, ensuring the availability of essential drugs, and expanding human resource capacity through recruitment and incentives are essential. Financial access can be improved through expanded health insurance schemes and government subsidies for vulnerable populations. Community engagement, health education, and policy enforcement are crucial in overcoming socio-cultural and governance-related issues. Furthermore, enhancing accessibility through mobile health services, telemedicine, and integrating PHC with secondary healthcare can improve service delivery. This study highlights the urgent need for

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sustainable strategies to enhance PHC utilization, emphasizing the role of government, healthcare professionals, and community stakeholders in achieving an efficient and equitable healthcare system.

Keywords: Primary Health Care (PHC), Healthcare utilization, Access to healthcare, Healthcare challenges, Health system strengthening,



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Introduction

Primary Health Care (PHC) is the cornerstone of any well-functioning healthcare system, providing essential health services that are accessible, affordable, and community-centred. PHC was formally conceptualised at the Alma-Ata Declaration of 1978, which emphasised its role in achieving health for all through a comprehensive, preventive, curative, and rehabilitative approach (World Health Organization [WHO], 2018). PHC is designed to be the first point of contact between individuals and the healthcare system, addressing the majority of health needs through a people-centred approach. It is based on principles such as equity, accessibility, community participation, intersectoral collaboration, and the use of appropriate technology (Bhatia et al., 2021). These principles ensure that PHC services are responsive to the socio-economic and cultural realities of the population, making healthcare both holistic and sustainable.

The importance of PHC in health systems cannot be overemphasised, as it plays a pivotal role in promoting universal health coverage (UHC) and reducing health inequalities. PHC is instrumental in disease prevention, early diagnosis, and the management of both communicable and non-communicable diseases. Countries with strong PHC systems have recorded lower mortality rates and improved life expectancy due to their ability to provide timely and cost-effective interventions (Kruk et al., 2018). Furthermore, PHC fosters a strong referral system, ensuring that cases requiring specialised care are efficiently transferred to higher levels of healthcare. By prioritising health promotion, vaccination, maternal and child health, and chronic disease management, PHC reduces the burden on secondary and tertiary healthcare facilities, leading to a more efficient and sustainable healthcare system (Pinto et al., 2022).

In Nigeria, PHC services form the foundation of the healthcare delivery system, serving as the first level of interaction between the populace and health services. The National Primary Health Care Development Agency (NPHCDA) oversees the implementation of PHC policies, working to ensure equitable access to essential healthcare services across the country. Despite the existence of PHC centres in all 774 local government areas, the system faces significant challenges, including inadequate funding, shortage of healthcare personnel, poor infrastructure, and low utilisation rates, particularly in rural areas (Aregbeshola & Khan, 2021). These issues have hindered the effectiveness of PHC in Nigeria, limiting its potential to address major health concerns such as maternal and child mortality, infectious diseases, and malnutrition. Nonetheless, recent reforms such as the Basic Health Care Provision Fund (BHCPF) and the integration of community health workers aim to strengthen PHC services and improve health outcomes for vulnerable populations.

To enhance PHC effectiveness in Nigeria, there is a need for increased government investment, better workforce training, and stronger community participation in health governance. Strengthening PHC will not only improve health indicators but also contribute to national economic development by ensuring a healthier and more productive population. Ultimately, a well-functioning PHC system is indispensable for achieving universal health coverage and ensuring equitable healthcare access for all Nigerians.

Importance of Primary Health Care in Public Health in Nigeria

Primary health care (PHC) plays a fundamental role in public health in Nigeria, serving as the first point of contact for individuals seeking healthcare services. It provides essential, affordable, and accessible healthcare to the population, particularly in rural and underserved areas. PHC is crucial in addressing the country's healthcare challenges by focusing on

preventive, curative, and rehabilitative services that reduce the burden on secondary and tertiary healthcare facilities. In a country where communicable and non-communicable diseases significantly impact morbidity and mortality rates, an effective PHC system is vital for improving health outcomes and promoting overall well-being (World Health Organization [WHO], 2021). The Nigerian government has recognised PHC as a critical component of the healthcare system, with policies and programmes aimed at strengthening its delivery. However, despite its importance, PHC in Nigeria faces challenges such as inadequate funding, shortage of skilled personnel, and infrastructural deficits that hinder its effectiveness in meeting public health needs (Onwujekwe et al., 2022).

One of the primary roles of PHC in Nigeria is disease prevention and health promotion. PHC services focus on immunisation, maternal and child health care, family planning, and nutrition programmes that contribute to reducing the incidence of preventable diseases. Vaccination campaigns against diseases such as measles, polio, and tuberculosis are primarily delivered through PHC centres, significantly lowering childhood mortality rates. Additionally, PHC facilities provide screening and early detection services for diseases such as hypertension, diabetes, and malaria, enabling early interventions that prevent complications and reduce mortality (Eze & Okeke, 2020). Health promotion activities, including health education on hygiene, nutrition, and lifestyle modifications, also form an integral part of PHC, empowering individuals and communities to adopt healthy behaviours.

PHC also plays a crucial role in achieving universal health coverage (UHC) by ensuring that essential health services are accessible, equitable, and affordable for all individuals, regardless of their socio-economic status. UHC aims to provide financial risk protection and access to quality healthcare services without individuals facing financial hardship. In Nigeria, many people, particularly in rural areas, struggle with high out-of-pocket healthcare expenses, making PHC an essential mechanism for bridging the gap between healthcare access and affordability (Adepoju, 2021). Strengthening PHC through adequate funding, increased human resources, and infrastructural development is necessary for Nigeria to progress towards UHC. Furthermore, integrating PHC with health insurance schemes, such as the National Health Insurance Scheme (NHIS), can enhance service delivery and reduce financial barriers to healthcare access. Expanding PHC coverage will ensure that more Nigerians receive essential health services, thereby improving health equity and reducing disparities in healthcare access across different regions.

Additionally, PHC serves as a strategic tool for achieving the Sustainable Development Goals (SDGs), particularly SDG 3, which focuses on ensuring healthy lives and promoting well-being for all at all ages. The effectiveness of PHC in preventing and managing diseases contributes to reducing maternal and child mortality, combating communicable and non-communicable diseases, and improving reproductive health services. Furthermore, PHC supports other SDGs, such as poverty reduction (SDG 1) and quality education (SDG 4), by improving health outcomes that enable individuals to participate actively in economic and educational activities (United Nations, 2022). A strong PHC system also enhances resilience against public health emergencies, as demonstrated during the COVID-19 pandemic, where PHC facilities played a crucial role in community-level responses, testing, and vaccination efforts.

In conclusion, PHC is a cornerstone of public health in Nigeria, offering critical services that improve health outcomes, prevent diseases, and promote well-being. Its role in advancing UHC ensures that essential health services are accessible and affordable to all, particularly the most vulnerable populations. Moreover, PHC contributes significantly to the realisation of the

SDGs by addressing health inequalities, reducing disease burdens, and enhancing the overall quality of life. Strengthening PHC in Nigeria requires improved funding, better workforce management, infrastructural development, and policy implementation to ensure that its full potential is realised.

Challenges Facing Primary Health Care Utilization

Primary health care (PHC) is the foundation of an effective healthcare system, yet its utilization remains significantly challenged by various structural, human resource, and financial barriers. One of the most pressing issues affecting PHC is infrastructural and resource constraints, which directly impact service delivery and patient outcomes. Many PHC facilities operate in substandard conditions, lacking basic amenities such as clean water, electricity, and adequate space for patient care. These poor facility conditions discourage healthcare-seeking behaviour, particularly in rural and underserved areas (Onwujekwe et al., 2022). Additionally, there is a persistent shortage of essential medical equipment and drugs, making it difficult for healthcare providers to offer timely and effective treatment. The limited availability of ambulances and emergency services further exacerbates the situation, as patients in critical conditions often struggle to access urgent medical attention, leading to preventable complications and mortality (Adeloye et al., 2021).

Human resource shortages pose another significant challenge to PHC utilization, as there are not enough trained healthcare professionals to meet the growing demand for services. The shortage of doctors, nurses, and community health workers is especially severe in rural regions, where many professionals are reluctant to work due to poor living conditions and limited career advancement opportunities (Adebayo et al., 2023). Low salaries, lack of incentives, and inadequate working conditions contribute to low motivation among healthcare workers, leading to high turnover rates and reduced quality of care. Furthermore, brain drain remains a critical concern, as many skilled professionals migrate to countries with better working conditions and remuneration, further depleting the already scarce workforce. Those who remain in the system are often overburdened with excessive workloads, leading to stress, burnout, and diminished productivity. The high patient-to-healthcare provider ratio compromises the quality of care, as overworked professionals may struggle to give adequate attention to each patient, resulting in dissatisfaction and reluctance to utilize PHC services (Bello et al., 2020).

Financial barriers further impede access to PHC services, particularly for low-income populations who struggle with out-of-pocket healthcare expenses. The high cost of consultations, medications, and diagnostic tests forces many individuals to delay or forgo treatment, worsening health outcomes. Despite efforts to expand health insurance schemes, coverage remains inadequate, with a significant portion of the population unable to afford premiums or access benefits due to administrative inefficiencies (Ogunjimi & Oyetunde, 2022). The limited reach of national health insurance programs results in financial hardships for vulnerable groups, pushing them into poverty due to catastrophic healthcare expenditures. Moreover, poor government funding and budget allocation to PHC contribute to the persistent inadequacies in service delivery. Many PHC facilities operate with insufficient financial resources, affecting their ability to procure medicines, maintain infrastructure, and hire adequate personnel. Corruption and mismanagement of healthcare funds further aggravate the issue, diverting resources meant for PHC development and leaving facilities underfunded and ill-equipped to serve their communities effectively (Adepoju, 2021).

Socio-cultural and community-related challenges significantly impact the utilization of primary health care (PHC) services. Low health literacy and awareness hinder individuals from making informed health decisions, leading to late presentation at health facilities and reliance on unverified sources of care (Nutbeam, 2020). Many communities, particularly in rural areas, lack adequate knowledge about disease prevention, maternal health, and immunization, resulting in preventable health complications. Furthermore, cultural beliefs and traditional medicine preferences remain prevalent in many African and Asian societies, where individuals trust herbal remedies and spiritual healing over modern medicine. In some cases, traditional healers discourage patients from seeking medical care, exacerbating health disparities and increasing mortality rates (WHO, 2021). Gender-related barriers also contribute to limited PHC utilization, as women in some communities require spousal or family permission to access health services. Discriminatory practices, including limited access to maternal health services for unmarried women, further marginalize certain groups and reduce healthcare-seeking behaviour (Obasohan et al., 2022).

Geographical and accessibility challenges further hinder PHC utilization, particularly in rural and hard-to-reach areas. Poor road networks and inadequate transportation systems make it difficult for patients to access health facilities, especially during emergencies (Rahman et al., 2021). Many communities are located in remote regions where poor infrastructure and seasonal flooding prevent regular healthcare visits. Additionally, the limited availability of PHC facilities in rural areas places an undue burden on the few existing centres, leading to overcrowding and reduced service efficiency. In many cases, people are forced to travel long distances to access PHC services, discouraging routine check-ups and early disease detection. This geographical barrier disproportionately affects vulnerable populations, including the elderly, pregnant women, and individuals with chronic illnesses, who may find long travel distances physically and financially burdensome.

Governance and policy-related issues play a crucial role in the inefficiencies of PHC service delivery. Weak implementation of PHC policies, often due to poor political will, results in inadequate resource allocation and lack of monitoring mechanisms. Even where policies exist, their execution is often ineffective, leaving gaps in service delivery. Corruption and mismanagement of healthcare funds exacerbate these challenges, as allocated budgets for PHC infrastructure, medical supplies, and workforce development are often diverted or poorly utilized (Uzochukwu et al., 2020). This misappropriation of funds leads to a lack of essential medicines, dilapidated health facilities, and unpaid healthcare workers, all of which negatively affect service quality. Political instability further worsens the situation, as changes in government priorities disrupt long-term health plans, leading to inconsistent healthcare policies and funding fluctuations that weaken PHC sustainability.

Another major challenge is the poor referral system and service integration within PHC. There is often a lack of coordination between PHC centres and secondary or tertiary healthcare institutions, leading to fragmented care and poor patient outcomes. Weak referral linkages result in unnecessary delays in receiving specialized treatment, increasing the burden on both patients and healthcare providers. Furthermore, insufficient integration of PHC with other essential health services such as maternal and child health, nutrition, and mental health limits the holistic approach necessary for effective healthcare delivery (Ezenwaka et al., 2022). This lack of integration leads to inefficiencies, duplication of services, and higher costs, ultimately reducing the overall effectiveness of PHC systems. Addressing these challenges requires comprehensive reforms in governance, infrastructure, policy

implementation, and community engagement to ensure equitable and accessible healthcare for all.

Possible Solutions and Strategies for Improving PHC Utilization

Improving the utilization of Primary Health Care (PHC) services requires a multi-faceted approach that addresses infrastructure, human resource capacity, and financial accessibility. Strengthening healthcare infrastructure and resources is a fundamental strategy for enhancing PHC utilization. Many PHC facilities, particularly in rural areas, are poorly equipped, lacking essential medical tools, functional laboratories, and stable electricity supply. Increased government investment in healthcare facilities and equipment can significantly improve service delivery. Governments must prioritise the construction, renovation, and equipping of PHC centres to ensure they provide quality healthcare services (World Health Organization [WHO], 2021). Additionally, public-private partnerships (PPPs) play a crucial role in expanding healthcare access. Through collaborations with private organisations, PHC services can be enhanced by leveraging private sector efficiency and financial resources. Countries like Nigeria have seen improvements in healthcare service delivery through PPP models, where private organisations provide infrastructure and logistics while the government ensures regulatory oversight (Basu et al., 2022). Moreover, ensuring an adequate supply of essential medicines is critical. Stockouts of basic drugs in PHC facilities discourage utilization and lead to poor health outcomes. Governments should implement efficient supply chain management systems that minimise shortages and ensure timely delivery of medicines to PHC centres (Ezenwaka & Ilesanmi, 2020).

Enhancing human resource capacity in PHC services is equally essential. Many PHC centres suffer from a severe shortage of healthcare professionals, leading to high patient-to-doctor ratios and increased workloads. Recruiting and training more healthcare workers, particularly in underserved areas, is necessary to improve service delivery. Expanding medical and nursing schools, providing scholarships, and streamlining recruitment processes can help bridge this gap (Olaniyan et al., 2023). However, recruitment alone is insufficient; retaining healthcare professionals is also vital. Many health workers prefer urban postings due to better infrastructure and living conditions. To encourage retention in rural areas, governments should offer incentives such as rural posting allowances, improved working conditions, and housing support. Countries with successful rural retention strategies have implemented financial and non-financial incentives to keep healthcare workers in remote locations (Chen et al., 2021). Furthermore, continuous professional development and training programs ensure that healthcare workers stay updated with the latest medical knowledge and best practices. Training in modern diagnostic techniques, digital health solutions, and patient-centered care improves both efficiency and quality of PHC service delivery. Regular workshops, online learning platforms, and mentorship programs can help healthcare workers build their skills and confidence in managing community health challenges (Ezenwaka & Ilesanmi, 2020).

Financial barriers remain a major obstacle to PHC utilization, making it essential to improve financial access and affordability. The expansion of health insurance schemes is a proven strategy to enhance healthcare accessibility. Many low-income individuals cannot afford out-of-pocket medical expenses, leading to delays in seeking care. Universal health coverage through national health insurance schemes ensures that all citizens, regardless of socioeconomic status, can access essential healthcare services without financial hardship (Basu et al., 2022). Expanding enrolment in health insurance programs, reducing premiums

for low-income populations, and ensuring that PHC services are covered under insurance plans will significantly improve service utilization. Additionally, government subsidies for vulnerable populations, such as pregnant women, children, and the elderly, are crucial in reducing healthcare inequities. Many countries have successfully implemented free maternal and child health services to encourage PHC utilization. Providing financial assistance to the most disadvantaged populations ensures that essential health services reach those who need them most (WHO, 2021). Lastly, efficient health budget allocation and expenditure play a pivotal role in sustaining PHC services. Governments must allocate a greater percentage of their national budget to healthcare and ensure transparency in spending. Misallocation and mismanagement of funds often result in inadequate service delivery. Establishing monitoring mechanisms, involving stakeholders in budget planning, and ensuring accountability in healthcare expenditure will enhance PHC efficiency and utilization (Olaniyan et al., 2023).

Enhancing the utilization of Primary Health Care (PHC) services requires a multifaceted approach, including community engagement, governance reforms, and improved service delivery. One crucial strategy is strengthening health education and awareness campaigns to improve public understanding of PHC services. Many individuals in rural areas lack knowledge about available healthcare services, leading to underutilization (World Health Organization [WHO], 2021). Targeted health education campaigns can address misconceptions, promote preventive healthcare, and encourage timely medical consultations. Additionally, encouraging community participation in PHC programs fosters a sense of ownership and trust in healthcare services. Community-based initiatives, such as participatory health committees, can bridge the gap between healthcare providers and local populations, ensuring that services are tailored to meet community needs (Adepoju et al., 2022).

Collaboration with traditional and religious leaders is another effective strategy for increasing PHC utilization. In many African societies, religious and traditional leaders hold significant influence over health-related decisions (Ogunbameru & Adebayo, 2020). Engaging these leaders in health advocacy efforts can help dispel harmful myths, encourage vaccine uptake, and promote maternal and child health services. When trusted community figures endorse PHC services, individuals are more likely to seek medical care. Strengthening governance and policy implementation is also vital for improving PHC utilization. Many health policies exist, but weak enforcement limits their effectiveness. Governments must commit to implementing existing PHC policies and frameworks to ensure equitable healthcare access (Uzochukwu et al., 2021).

Corruption in healthcare funding and management remains a major barrier to PHC improvement. Misallocation of resources and financial mismanagement reduce the availability of essential drugs, equipment, and trained personnel (Bello et al., 2023). Transparent financial policies, strict monitoring mechanisms, and digitalized health financing systems can mitigate corruption (Ejioye & Gbenga-Epebinu 2021). Decentralizing healthcare governance is another essential step in improving PHC services. Shifting decision-making power to local governments allows for more responsive and context-specific health interventions, ensuring that rural and underserved communities receive adequate resources (WHO, 2021).

Improving accessibility and service delivery is fundamental to increasing PHC utilization. The construction of more PHC centres in underserved areas is critical to reducing geographical barriers to healthcare. Expanding mobile and telemedicine services can also bridge

healthcare gaps, particularly in remote areas where medical facilities are scarce (Adepoju et al., 2022). Additionally, integrating PHC with secondary and tertiary healthcare services ensures a seamless referral system, reducing delays in accessing specialized care. By addressing these key areas, PHC utilization can be significantly improved, ultimately enhancing public health outcomes.

Conclusion

Primary health care (PHC) is a crucial component of any healthcare system, providing essential services that promote health, prevent diseases, and ensure early treatment of illnesses. Despite its significance, PHC utilization is hindered by various challenges, including inadequate infrastructure, a shortage of healthcare professionals, financial barriers, cultural beliefs, and weak governance structures. Many individuals, particularly in rural and underserved areas, struggle to access quality PHC services due to distance, poor transportation networks, and high out-of-pocket healthcare costs. The lack of proper referral systems and the limited integration of PHC with secondary and tertiary healthcare further exacerbate the situation. Addressing these challenges requires a holistic approach that involves all stakeholders, including the government, non-governmental organizations (NGOs), and the private sector.

To improve PHC utilization, policymakers must prioritize increased funding for primary healthcare facilities, ensuring the provision of essential medicines, modern medical equipment, and well-maintained infrastructure. The government should also implement policies that encourage the recruitment, training, and retention of healthcare professionals, particularly in rural areas where the shortage of workers is most pronounced. Expanding health insurance schemes to make PHC services more affordable is essential, as financial constraints remain a significant barrier for many individuals. Additionally, policymakers should enforce strict anti-corruption measures to ensure that allocated funds for PHC development are effectively utilized.

NGOs and international organizations play a critical role in bridging the gaps in PHC service delivery. They can support community-based health programs, provide financial and technical assistance, and advocate for better healthcare policies. Collaborative efforts between NGOs and government agencies can enhance health literacy campaigns, increasing public awareness about the benefits of PHC services and promoting preventive health measures. The private sector also has a role to play by investing in public-private partnerships (PPPs) to improve healthcare infrastructure, support telemedicine initiatives, and introduce innovative healthcare solutions that increase accessibility.

Looking ahead, the future of PHC utilization depends on the adoption of sustainable and innovative strategies. Expanding mobile health services and telemedicine can enhance access to care, especially in remote areas. Strengthening community engagement through trained health workers and local health volunteers can improve service delivery and health education. Additionally, the integration of PHC with secondary and tertiary healthcare systems is vital to ensuring a seamless continuum of care. By implementing these strategies, PHC can be strengthened, leading to improved health outcomes and the achievement of universal health coverage.

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