

AVAILABILITY, ACCESSIBILITY AND UTILISATION OF PRIMARY HEALTH CARE SERVICES BY COMMUNITY MEMBERS IN AKINYELE LOCAL GOVERNMENT AREA OF OYO STATE

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Abstract

Health services are provided through primary healthcare [PHC] centres at community level designed to be the first contact to meet health care needs of individuals including teachers and learners in the community and a system that recognises health as a complete state of being rather than just an absence of disease. Research works are available on non-availability as well as the under-utilisation of PHC but few research efforts have been directed towards availability, accessibility and utilisation of health services. Therefore, this study investigated availability, accessibility and utilisation of primary healthcare services by community members in Akinyele Local Government Area of Oyo state. Descriptive survey research design was adopted. Purposive sampling technique was used to select 300 respondents in the community. A validated self-developed questionnaire with the following sub-scales: Availability of Primary Healthcare Services Questionnaire (APHC) ($r = 0.78$), Accessibility to Primary Healthcare Services Questionnaire (APHCS) ($r = 0.80$), and Utilisation of Primary Healthcare Services Questionnaire (UPHC) ($r = 0.77$) were used as instruments for data collection. Data from the administered questionnaire were analysed using descriptive statistics of frequency counts, percentage and inferential statistics of t-test and Analysis of Variance (ANOVA) at 0.5significance level.

Majority (65.7%) were female respondents, majority (55.5%) of the respondents were Christians, majority (31.0%) had secondary education, (39.7%) of the respondents were from Moniya community. It was also revealed that majority of the respondents (more than 50.0%) believed there was availability, accessibility and utilisation of primary health services in the area as reflected in responses to items. There was significant gender difference in the utilisation of primary healthcare services ($t = 1.920$), $p < .05$), no significant difference in utilisation of healthcare services according to educational level ($f = 1.501$, $p \geq .05$), level of income ($f = 0.693$, $p > .05$) and place of residence ($f = 1.027$, $p > 0.05$). Based on the findings from the study, there is the need for government to increase the number of PHC personnel for effective services delivery. Also more awareness needs to be created for utilisation of PHC services especially men living in Akinyele Local Government Area, Oyo State.

Keywords: *Availability, Accessibility, Community members, Utilisation, Primary Healthcare,*

Introduction

The most important asset worth having is health as it is the foundation upon which other achievements in life rests. Donatelle (2008) noted that health is an ever-changing process of achieving individual potential in the physical, social, emotional, mental, spiritual and environmental dimensions. Gbage (2014) reasoned that health is the state of physical, mental and social well-being of an individual. Rao (2011) noted that health is the birth right of everyone. Moronkola (2016) believed that health is the ability of a person to live a life that is socially and economically acceptable to self and others at a particular period and within the context of one's environmental and genetic makeup. Park (2015) noted that an understanding of health is the basis of all health care. Health is not perceived the same way by all members of a community including various professional groups (e.g. biomedical scientist, social science specialists, health administrators, ecologists, etc) giving rise to confusion about the concept of health. In a world of continuous change, new concepts are bound to emerge based on new patterns of thought. Health has evolved over the centuries as a concept from an individual concern to a worldwide social goal and encompasses the whole quality of life. Oyibocha, Irinoye, Sagua, Ogungide-Essien, Edeki and Okome (2014) noted that good health is one of the fundamental human rights people should enjoy. According to WHO (2008), primary health care (PHC) is an essential health care system based on practical, scientifically sound and socially acceptable method and technology, made universally accessible to individuals and families in the community, through their full participation and at a cost that the community can afford at every stage of their development in the spirit of self-reliance and self-determination. Primary healthcare services are very important and its goal was to provide accessible health for all by the year 2000 and beyond.

PHC ensures that health is the responsibility of all stakeholders in the community and not just the government which is what community participation is all about. As community participation is central to community development effort, same goes for primary health care. To Abdulraheem, Oladipupo and Amosu, (2012), PHC services are in terms of education concerning prevailing health problems and the methods of preventing and controlling them, promotion of food supply and proper nutrition, maternal and child care, including family planning, immunisation against the major infectious diseases, prevention and control of locally endemic and epidemic diseases and provision of essential drugs and supplies. Central to effective health care delivery system is its availability, accessibility and utilisation.

One of the very important factors to consider in healthcare delivery is availability of healthcare services. Availability refers to the relationship between the supply and demand of available health services (Penchansky and Thomas, 1981). With respect to readiness of various healthcare facilities in providing

efficient service delivery, Eboreime, Abimbola, Bozzani, (2015) submitted that there are some gaps between access to healthcare facilities across Nigerian geopolitical zones. These disparities have been reported as the major supply-side factor affecting utilisation of healthcare services. In some instances, Nigeria's health care system has been found to operate below standards in terms of availability of human resources, necessary infrastructure, equipment and medications.

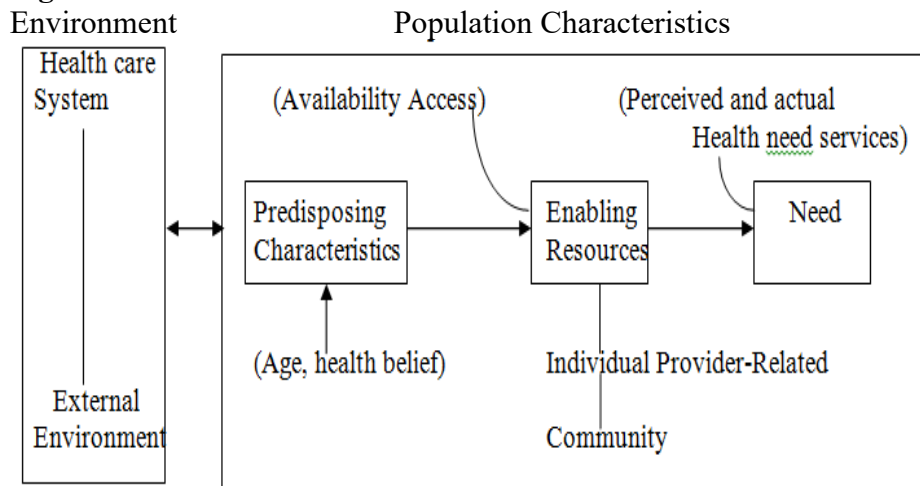
Access to Primary Health Care (PHC) services implies that the facilities exist, that people have information they need to use them properly, that the facility can be reached by the people who need them, and that the cost of care is affordable. This means that access to information, financial accessibility (affordability) and physical accessibility are available and guaranteed (Alumana, 2003). In spite of these however, other issues which impinge on people's willingness and ability to access health care remain unclear. This agrees with the view of Inyang (1994), that accessibility means the ease with which potential health care seekers get to the points where health care services are delivered. According to Brown, Franco, Rafah and Hatzel (1993) access means that health care services are unrestricted by geographic, economic, cultural, social, organisational or linguistic barriers.

Availability and acceptability are critical factors for the success of PHC for clients or community members (including teachers and learners) to utilise the services. The services should also be accessible to all wherever people reside, work or do not find burdensome to reach and must be presentable. More so, people from the rural communities do not seem to know what Primary Health Care is all about, nor are they aware of the various services under Primary Health Care scheme. This is because, rural people are isolated from Local Government Area (LGA) headquarters where the services and amenities are felt and enjoyed. When healthcare services are adequately available or evenly distributed, utilisation of the available service will be guaranteed to a large extent as availability and accessibility are very paramount to a very sound health delivery. Utilisation therefore in the context of service delivery is the use of health services by the individuals the service is provided for (Manzoor, Hashmi and Mukhtar, 2009). Moronkola (2006) documented that the aims of primary health care are to promote health, prevent and cure diseases, rehabilitate the injured, the ill and disabled in the community for them to live and enjoy a satisfying life. Most developing countries need to embrace primary health care to readjust prevailing imbalances in health, human and material resources. Health care utilisation occurs where clients make use or avail themselves of the opportunities of available health services they are entitled to in any particular location. According to Ibrahim and Abdulhamed, (2012) the level of utilisation of the primary health

facilities reduces as a result of distance and cost of transport, the payment for services introduced, long waiting time for doctors or treatment. Others reasons include, lack of qualified doctors, nurses and drugs. This problem is more pronounced in rural settings than urban centres, which if not properly tackled could affect the people in many ways. Therefore, this study investigated the availability, accessibility and utilisation of primary healthcare services among residents of Akinyele Local Government Area of Oyo State.

Health Care Utilisation Model, a behavioural model proposed by Andersen, which seeks to account for and predict the use of health services by individuals was adopted for this study. According to the model, utilisation is dependent on the interaction between individual traits, population characteristics, and the surrounding environment. The relevant factors can be grouped into three main categories: an individual's predisposition to use medical services; enabling or impeding circumstances (such as infrastructure); and the need for health care (Andersen, 1995).

Figure 1: Andersen Health Care Utilisation Model



Andersen, R.M. 1995. Revisiting the behavioural model and access to medical care: does it. *Journal of Health and Social Behaviour* 36, 1-10

Predisposing characteristics in line with the study, are related to demographic elements and social structure, including age, gender, residence, occupation, and education, in relation to one's health. Enabling elements consist of community factors that affect the availability and accessibility of primary health care services, and personal factors such as knowing how to take advantage of what is offered or accessing health care services rendered by primary health care centres. Finally, characteristics associated with need include types of illness,

perceived health status, and expected outcome of treatment. In the context of the present study, "need" refers to community members' perceived need of primary health care and its subsequent utilisation of those services such as immunisation, family planning and treatment of diseases.

Methodology

The study covered all the clients utilising primary healthcare services in Akinyele Local Government Area of Oyo state to ascertain the level of availability, accessibility and utilisation of primary healthcare services in the area. Descriptive research design was used while purposive sampling technique was adopted for selection of the sampling. Self-developed validated and reliable questionnaire was used for data collections. Descriptive statistics of percentage, frequency counts and inferential statistics of t test and ANOVA at 0.005 level of significance were statistical tools employed. On ethical issues, the confidentiality of responses was maintained. Also participants were not coerced or cajoled to participate in the study i.e. respondents participated voluntarily.

Results and Discussion

Demographic Information

In the distribution of respondents according to age, 71 (23.7%) were less than 25 years, 94 (31.3%) were between the ages of 25 and 29 years, 59 (19.7%) were between ages 30 and 34 years, 41(13.7%) were between the ages of 35 and 39 years, 25 (8.3%) were between the ages of 40 and 44 years while 10 (3.3%) were between the ages of 45 and 49 years. This shows that majority of the respondents were between the ages of 25 and 29 years. Distribution of respondents according to sex revealed that 103 (34.3%) were male while 197 (65.7%) were female. This shows that majority of the respondents were female. This is understandable as women not only care for self but other members of the family in any community. The distribution of respondents according to religion revealed that 165 (55.0%) were Christians, 122 (40.7%) were Muslims while 13 (4.3%) were traditional religions practitioners. This shows that majority of the respondents were Christians.

Also the distribution of respondents according to place of residence shows that 13 (4.3%) were from Eniosa community, 119 (39.7%) were from Moniya, 65 (21.7%) were from Ajibode, 8 (2.7%) were from Olode while 95 (31.7%) were from other places of residence. This shows that majority of the respondents were from Moniya. The distribution of respondents according to educational status revealed that 4 (1.3%) had no formal education, 16 (5.3%) had primary school education, 93 (31.0%) had secondary school education, 87 (29.0%) had NCE/OND, 75 (25.0%) had first degree/HND while 25 (8.3%) had

higher degree. This shows that majority of the respondents had secondary school education.

The distribution of respondents according to occupation revealed that 9 (3.0%) were farmers, 45(15.0%) were artisan (mechanic, welder etc), 120(40.0%) were businessman/woman, 31(10.3%) were junior officer in corporate organisations/civil service, 52(17.3%) were teachers, 21(7.0%) were senior officer in corporate organisation/civil service, 4(1.3%) were retired person while 18(6.0%) belonged to other occupations. This shows that majority of the respondents were businessman/woman.

The distribution of respondents according to years of living in the area revealed that 127 (42.3%) had lived less than five years in the area while 173 (57.7%) had lived more than five years in the area. This shows that majority of the respondents had lived more than five years in the area while the distribution of respondents according to level of income per month shows that 85 (28.3%) were respondents whose income per month was less than ₦18,000:00, 82 (27.3%) were earning between ₦18,000:00 and ₦28,000:00, 58 (19.3%) were between ₦29,000:00 and ₦38,000:00, 22 (7.3%) were respondents whose income per month was between ₦39,000:00 and ₦48,000:00 while 53 (17.7%) were respondents whose income per month was between ₦49, 000.00 and above. This shows that majority of the respondents level of income per month was less than ₦18, 000.00 which is below the current minimum wage per month in the country. The distribution of respondents according to whether primary health care centre is close to them or not revealed that 282 (94.0%) respondents picked yes while 18 (6.0%) picked No. This show that majority of the respondents agreed that primary health care centre was close to the area where they live. This means that the respondents had access to primary health care centres in the area of study.

Research Questions

This section provided answers to the stated research questions

Research Question 1: Are primary healthcare services available in Akinyele Local Government Area of Oyo State?

Table 1: Frequency distribution showing responses on availability of primary healthcare services in Akinyele Local Government Area of Oyo State

S/N	Items relating to availability of PHC services	Always	Sometimes	Not at all	Total
1	We have a primary health care centre in my area	274 91.3%	17 5.7%	9 3.0%	300 100.0%
2	The primary health care centre in my area is functioning	257 85.7%	30 10.0%	13 4.3%	300 100.0%
3	There are enough staff in the primary health care centre in my area	155 51.7%	56 18.7%	89 29.7%	300 100.0%
4	The primary health care centre in my area provide family planning services	258 86.0%	28 9.3%	14 4.7%	300 100.0%
5	There is maternal health service in the primary health care centre in my area	247 82.3%	40 13.3%	13 4.3%	300 100.0%
6	There are facilities for accidents and emergency care in the primary health care centre in my area	167 55.7%	66 22.0%	67 22.3%	300 100.0%
7	The primary health care centre in my area provide antenatal services	259 86.3%	34 11.3%	7 2.3%	300 100.0%
8	The primary health care centre in my area have child delivery services	269 89.7%	21 7.0%	10 3.3%	300 100.0%
9	The primary health care centre in my area have immunisation service	271 90.3%	17 5.7%	12 4.0%	300 100.0%
10	The primary health care centre in my area provide first aid services	254 84.7%	33 11.0%	13 4.3%	300 100.0%
11	The primary health care in my area ensure people avoid quarrel, anxiety and drug abuse.	218 72.7%	63 21.0%	19 6.3%	300 100.0%

Table 1 showed the frequency distribution of respondents on availability of primary healthcare services in PHC centres in Akinyele Local Government Area of Oyo State. The table reveals that out of 300 respondents, 274 (91.3%) of the respondents agreed that they always had a functioning primary health care centre in their areas, 17 (5.7%) of the respondents picked they sometimes had primary healthcare centre, while 9 (3.0%) of the respondents picked not at all. 257 (85.7%) picked always the primary health care centre in my area is functioning, 30 (10.0%) picked sometimes while 13 (4.3%) picked not at all. 155 (51.7%) of the respondents picked always there are enough staff in the primary health care centre in my area, 56 (18.7%) picked sometimes while 89 (29.7%) picked not at all. Out of 300 respondents, 258 (86.0%) picked the primary health care centre in my area provide family planning services, 28 (9.3%) picked sometimes while 14 (4.7%) picked not at all. Out of 300 respondents, 247 (82.3%) picked that there are always maternal health service in the primary health care centre in my area, 40 (13.3%) picked sometimes while 13 (4.3%) picked not at all. 167 (55.7%) of the respondents picked there are facilities for accidents and emergency in the primary health care in my area, 66 (22.0%) picked sometimes and while 67 (22.3%) picked not at all. 259 (86.3%) of the respondents picked always, the

primary health care centres in my area have antenatal services, 34 (11.3%) picked sometimes while 7 (2.3%) of the respondents picked not at all. 269 (89.7%) of the respondents picked always, the primary healthcare centres in my area have child delivery services, 21 (7.0%) picked sometimes while 10(3.3%) of the respondents picked not at all.

Out of the 300 respondents, 271 (90.3%) picked always the primary healthcare centres in my area have immunisation service, 17 (5.7%) picked sometimes while 12 (4.0%) picked not at all. 254 (84.7%) of the respondents picked always, the primary healthcare in my area have first aid services, 33 (11.0%) picked sometimes while 13 (4.3%) of the respondents picked not at all. 218 (72.7%) of the respondents picked always the primary healthcare centre in my area ensure people avoid quarrel, anxiety and drug abuse, 63 (21.0%) picked sometimes while 19 (6.3%) of the respondents picked not at all. Majority of the respondents said there was availability of primary health care services. This finding negates the opinion of Moronkola (2006) that most health resources in developing countries are in urban areas. Finding is not also in line with Oyibo and Ejughemre (2014) viewed that several studies have shown that community perception of poor quality, inadequacy of available services are some of the major reasons responsible for low use of services at PHC services.

Research Question 2: Will primary healthcare services be accessible to residents of Akinyele Local Government Area of Oyo State?

Table 2: Frequency distribution of responses on accessibility of healthcare services in Akinyele Local Government Area of Oyo State

S/N	Items in accessibility	Yes	No	Total
1	There is primary healthcare centre in my area.	283 94.3%	17 5.7%	300 100.0%
2	There are sufficient primary healthcare workers in the health care centre.	180 60.0%	120 40.0%	300 100.0%
3	Primary health care centre is not far from where I live	255 85.0%	45 15.0%	300 100.0%
4	Staff in the primary health care centre is friendly to patients/clients.	257 85.7%	43 14.3%	300 100.0%
5	The road to the primary health care centre is motorable	266 88.7%	34 11.3%	300 100.0%
6	In case of emergency, one can quickly get health care from the primary health care centre in my area.	234 78.0%	66 22.0%	300 100.0%
7	There is effective communication between primary health care centre workers and clients/patients.	260 86.7%	40 13.3%	300 100.0%

Table 2 shows the distribution of respondents according to whether healthcare services were accessible to the residents of Akinyele Local Government Area of Oyo State. The table reveals that out of 300 respondents. 283 (94.3%) of the

respondents picked Yes while 17 (5.7%) of the respondents picked No. 180 (60.0%) of the respondents picked Yes while 120 (40.0%) picked No. 255 (85.0%) of the respondents picked Yes while 45 (15.0%) picked No. 257 (85.7%) of the respondents picked Yes while 43 (14.3%) of the respondents picked No. 266 (88.7%) of the respondents picked Yes while 34 (11.3%) picked No. 234 (78.0%) of the respondents picked Yes while 66 (22.0%) picked No. 260 (86.7%) of the respondents picked Yes while 40 (13.3%) picked No. Majority of respondents noted that primary health care services are accessible to inhabitants of Akinyele Local Government Area of Oyo State. This is in line with the opinion of Gupta and Mahajan (2003) who noted that primary health care should be accessible to clients. Also National Primary Health Care Development Agency (2011) noted that PHC as a first level of care must among others ensure provisions of facilities and drug supplies for sustainability of PHC.

Research Question 3: Do residents of Akinyele Local Government Area of Oyo State utilise primary health care services in the area?

Table 3: Frequency distribution of responses on utilisation of primary health care services in Akinyele Local Government Area of Oyo State

S/N	Items on utilization	Yes	No	Total
1	Parents immunise their children in the health care centre in my area	286 95.3%	14 4.7%	300 100.0%
2	Pregnant women receive health care at the health care centre in my area	284 94.7%	16 5.3%	300 100.0%
3	Residents allow primary health workers to visit and discuss with them about their health at homes	232 77.3%	68 22.7%	300 100.0%
4	Most men in the community receive health care at the health care centre.	244 81.3%	56 18.7%	300 100.0%
5	Most women patronise the centre to receive health care	278 88.7%	22 7.3%	300 100.0%
6	Many children are treated in health care centre when they need health care.	276 92.0%	24 8.0%	300 100.0%
7	Available health care services in the primary health care centre are well utilised by the people in the community.	269 89.7%	31 10.3%	300 100.0%

Table 3 shows the distribution of respondents according to whether residents of Akinyele Local Government Area of Oyo State. The table revealed that out of 300 respondents. 286(95.3%) of the respondents picked Yes that parents immunised their children while 14(4.7%) of the respondents picked No. 284(94.7%) of the respondents picked Yes that pregnant women receive health care at the centre while 16(5.3%) picked No. 232(77.3%) of the respondents picked Yes that residents allow primary health workers to visit and discuss with them about their health at homes while 68(22.7%) picked No. 244(81.3%) of the

respondents picked Yes that most men in the community receive health care at the centres while 56(18.7%) of the respondents picked No, 278(88.7%) of the respondents picked Yes that most women patronise the centres to receive health care while 22(7.3%) picked No. 276(92.0%) of the respondents picked Yes that many children were treated in the centres when they needed health care while 24(8.0%) picked No. Also 269(89.7%) of the respondents picked Yes that available health care services in the primary health care centre were well utilised by the people in the community while 31(10.3%) picked No. Findings was in contrast to the belief of Oyibocho, Irinoye, Sagua, Ogundide, Edeki and Okome (2014) that PHC services are still inefficient and still lack full coverage as far as accessibility, affordability and acceptability and there is shortage of technologies to ensure efficiency and coverage.

Hypothesis 1: There will be no significant gender difference in utilisation of primary health care services among residents of Akinyele Local Government Area of Oyo State.

Table4: t-test showing gender difference in the utilisation of primary healthcare service among residents of Akinyele Local Government Area of Oyo State

	Gender	N	Mean	Std. Deviation	Mean difference	.t	.p
Utilisation	Male	103	7.5728	1.10792			
	Female	197	8.7309	1.54975	1.15815	1.920	.000

Table 4 shows that there is a significant gender difference in utilisation of primary healthcare services among residents of Akinyele Local Government Area of Oyo State ($t=1.920$, $p<.05$), therefore the null hypothesis is rejected. The table also revealed that male had a mean of 7.5728 while female had a mean of 8.7309 indicating that primary healthcare utilisation was higher in female when compared to male counterparts. This is not in line of the findings of Alfaqeen, Cook, Ranhque and Ali (2017) and Alakija (1988) that gender/sex did not significantly influence utilisation of health services. The findings of the study supported Taylor (2003) who noted that due to pregnancy, childbirth, social norms, economic factors, tendency to seek treatment for illnesses many authors believed women or ladies use health services than male counterpart.

Hypothesis 2: There will be no significant difference in the utilisation of primary health care services among residents of Akinyele Local Government Area of Oyo State according to educational level.

Table 5: ANOVA table showing difference in the utilisation of primary healthcare service among residents of Akinyele Local Government Area of Oyo State according to educational level

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	11.923	4	2.981	1.501	.202
Within Groups	585.713	295	1.985		
Total	597.637	299			

Table 5 shows that there is no significant difference in utilisation of primary healthcare services among residents of Akinyele Local Government Area of Oyo State according to educational level ($f=1.501$, $p>0.05$), therefore the null hypothesis is accepted. The finding of the study was in line with the finding of Grinso and Siem (1984) that level of education did not affect primary health care services utilisation. The finding of the study was at variance with Grossman and Kaestmer (2000) who reported education to be the most important correlate of good health and primary healthcare utilisation. Education of parents, particularly the mother, is also important in determining child health status. Akesode (1982), Adigun and Adigun (2019) found level of education to influence utilisation of health services.

Hypothesis 3: There will be no significant difference in the utilisation of primary health care services among residents of Akinyele Local Government Area of Oyo State according to level of income.

Table 6: ANOVA table showing difference in the utilisation of primary healthcare service among residents of Akinyele Local Government Area of Oyo State according to level of income

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	5.566	4	1.392	.693	.597
Within Groups	592.070	295	2.007		
Total	597.637	299			

Table 6 shows that there is no significant difference in utilisation of primary healthcare services among residents of Akinyele Local Government Area of Oyo State according to the level of income ($f=0.693$, $p>.05$), therefore the null hypothesis is accepted. Therefore, the hypothesis is rejected. The finding of the

study is in contrast to Al-Omar and Saeed (1988), Adigun and Adigun (2019) who found money/fund/finance influenced non-use of health services. Also supports Katung (2001) reported that the major factors that caused non-utilisation of the available services in the primary health care services in Barkin Ladi, a rural Local Government Area (L.G.A) in Plateau State, Nigeria included the high costs of drugs (29%), low income (56%) and service charges (19%), easy access to traditional healers (39%) and difficulty in getting transport to a health facility (7.8%) did constitute serious constraint at attendance of facilities for use of the services. However, Alakija (1986) found that level of income did not influence use of health services in his study.

Hypothesis 4: There will be no significant difference in the utilisation of primary health care services among residents of Akinyele Local Government Area of Oyo State according to place of residence.

Table 7: ANOVA table showing difference in the utilisation of primary healthcare service among residents of Akinyele Local Government Area of Oyo State according to place of residence

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	16.982	9	1.887	1.027	.418
Within Groups	532.655	290	1.837		
Total	549.637	299			

Table 7 above shows that there is no significant difference in utilisation of primary healthcare services among residents of Akinyele Local Government Area of Oyo State according to place of residence ($f=1.027$, $p>0.4$). Therefore the null hypothesis is accepted.

The result of this study supports Inyang (1994) which opined that one of the difficulties that are faced by the masses in accessing health care services in the country is the inevitable lopsided distribution pattern of the health facilities as most health centres are located in the urban areas. The finding of this study also supports Ensor and Cooper (2004) who identified distance as a critical factor in the uptake of health care services and that access and use of health care services tend to decline with distance. Al-Omar and Saeed (1998) in their study also found that distance between residence and PHC provider influenced patients' utilisation of primary health care services. Also proximity was a significant factor reported by Oladipo (2014) as influencing utilisation of health care services by their subject while Adigun and Adigun (2019) also found nature of settlement was responsible for utilisation of postnatal care services among mothers in Nigeria.

Conclusion

Based on the findings of this study, the following , the researchers concluded that gender difference influenced utilisation of primary health care services, utilisation of primary healthcare services was not influenced by educational level, level of income did not influence utilisation of primary healthcare services and utilisation of primary healthcare services among community members in Akinyele Local Government Area of Oyo State was not determined by place of their residence. Based on the findings of this study, the following recommendations are hereby suggested:

1. More primary health-care personnel and facilities need to be employed in various PHC centres in Akinyele Local Government Area of Oyo State by relevant authorities.
2. Non-Governmental Organisations, faith-based and non-faith-based organisations should help in contributing to necessary inputs for PHC in Akinyele Local Government Area of Oyo State.
3. The government and its agencies, Non-governmental Organisations should help in building more primary healthcare centres where it can be easily be located by members of the community (including teachers and learners) and there should be provisions of new and rehabilitation of old roads to facilitate the movement of people easily to the various primary healthcare centres.

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