HEALTH EDUCATION, A PRECURSOR TO ACCCESSIBILITY AND UTILIZATION OF PRIMARY HEALTH CARE IN NIGERIA.

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Abstract
Primary Health Care (PHC) serves as the first point of healthcare contact to the communities and remains the closest healthcare to the ordinary average person. However, there are couple of barriers to an easy accessibility and utilization of this tear of healthcare in Nigeria. Therefore, the aim of this review is to look at the roles health education plays as a tool for reducing the barriers and improving the facilitators of accessibility and utilization of primary health care (PHC) in Nigeria. All organizations, people and activities whose primary aim is the promotion, restoration, and maintenance of health is the health care system. Nigerians seek health care services from numerous sources. However, PHC is the nearest, most available and accessible health care system to the people. It is the first level of contact of individuals, family, and the community with the health care system and it is with about ten components, including health education. Primary Health Care is the 'front door' of the health care system and the most inclusive, equitable and cost-effective way to achieve universal health coverage, but barriers that results to under-accessibility and under-utilization. The barriers are long distances to the PHC facilities, uneven distribution of PHC facilities and dearth of health personnel, insufficient funding, corruption, cultural hindrances, and lack of will power on the part of governments among others. However, the literature reviewed revealed that the involvement of professional health educators is inadequate, creating a gap that would have done the work of convincing all stake holders of the need for optimum dedication to the development of the PHC sector. Therefore, the researchers recommended among others that health education professional associations in Nigeria -should strategize and influence government policies and practices concerning the deployment of professional health educators to all PHCs in the country as a primary agenda.

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Introduction.
Being healthy is an invaluable asset and a requirement for enjoying life and life activities. Therefore, health has to be sort deliberately and by all and sundry and one of the ways of improving health is making health care available and accessible. According to Moronkola (2017), health education creates personal and or group voluntary awareness about health, maintain, promote it and ensures health care services are accessed on time, prevent diseases and disability. This is possible as health education is full of strategies to empower people with evidence-based health knowledge that will stimulate health attitude and skills to make life worthwhile.

Health indicators in Nigeria have not been in the positive, from observations. According to Gyuse et al (2018), health indicators in Nigeria have remained below country targets and international benchmarks including the Sustainable Development Goals

(SDGs), as life expectancy still remain low; vaccine-preventable and infectious diseases still rampant; the country rated the fourth highest tuberculosis burden in the world, and non-communicable diseases are not reducing either as under five mortality is still 128 per 1000 live births. Effective accessibility and adequate utilization of the health care system of any given country undoubtedly has the potency of improving the quality of life of the people and the nearest and most accessible health care to the people is the primary health care (PHC). As Rudra et al (2022) agreed, PHC is the first point of contact with health care for individuals including immigrants. Its provisions are preventive services, treatment of common diseases and injuries, basic emergency services, referrals to and coordination with other levels of health care, pediatric care, primary maternity care, and rehabilitative services. All over the world, health care systems usually reflect the history, culture and economics of the countries in which they evolve and nations design and develop their health care systems in accordance with their needs and resources (World Health Encyclopedia, n.d). However, for a health care system to be effectively functional, it has to be designed and built on having trained and motivated health care workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies (Cieza, 2019).

If the PHC is well equipped and provided as expressed above, the real benefits can only come when it is fully accessed and utilized. Health care access according to the Center for Health Ethics (2024) is the ability to obtain health care services such as prevention, diagnosis, treatment, and management of diseases, illnesses, disorders, and other health impacting conditions. On the other hand, people use health care services to diagnose, cure, or ameliorate diseases or injury: to improve or maintain functions or to obtain information about their health status and prognosis (National Academies of Science, Engineering and Medicines: Health and Medicine Division: Board on Health Care Services: Committee on Health Care Utilization and Adults Disabilities, 2018).

Only full access and maximum utilization can guarantee the maximum benefits of PHC in Nigeria. Unfortunately, there are myriads of barriers to accessibility and utilization of PHC in the country ranging from long distances to health care centers, cultural and ethnic factors, inadequate qualified personnel, under funding, internal conflicts, crimes, corruption, lack of political commitment and or will power, differences in remunerations between levels of health care and so on. Therefore, there is need to review literature with the intent of unfolding the actual reason while the barriers to accessibility and utilization still remains strong in Nigeria. Hence, the focus of this paper was to review literature to fathom what have been wrong with the application of health education, which is the major tool in strengthening accessibility and utilization of PHC in Nigeria with a view to preferring solutions to that.

The Nigerian Health Care System

A health care system consists of all organizations, people and actions whose primary aim is promotion, restoration, and maintenance of health (Word Health Organization, 2011). As the source added, this includes effort to influence determinants of health as well as more direct activities that improve health. Therefore, a health care system is not just the health

facilities that provides personal health care but also include people, institutions and other resources involved in the delivery of health care to people. In the view of RBC Health Care (2024), the health care system is a complex network of relationships among individuals and organizations pursuing their respective goals and interests in the delivery of financing of health services and the use of these services.

Health care systems are based on the level of economic development and the political system of the country. Therefore, they differ from country to country. Nigerians seek medical care from various sources like medical personnel, potent medicine dealers, spiritual healers, traditional birth attendants, marabouts and others. Nigeria operates a health care system that relies on a mixture of quasi-tax-funding fee-for-service and minimal health insurance coverage (Croke et al, 2024). The Local, State and Federal Governments share the responsibilities for providing health care services with the federal providing policies, planning and technical assistance as well as coordinating the implementation of the National Health Care Policy at the state levels and the establishment of the health management information system. In addition, the federal government does disease surveillance, training of health professionals and management of teaching, psychiatric and orthopedic hospitals. The state governments, along with management of secondary health care facilities, operates some primary health care facilities. According to Gyuse et al (2018), the state government also carry out training of nurses, mid-wives and health technicians along with the provision of technical assistance to the local government health programs and facilities. The local governments operate the primary health care facilities that provide basic health care services, community health hygiene and sanitation. However, according to Croke et al (2024), the responsibility for the management of health facilities and programs is shared by the State Ministries of Health, State Hospital Management Boards and L.G. As Primary Health Care Development Agencies.

Primary Health Care in Nigeria

Primary health care is the first level of contact of individual, the family and the community with health care system. It brings health care very close to the people and it constitutes the first element of a continuing health care process. According to Olise, (2011), PHC is essential health care designed to meet the priority health needs of the community and the nation. When faithfully applied, it addresses the health needs of the majority and not the privileged few. It is an integrated health care for everyone by everyone through multisectoral, multidisciplinary approach with emphasis on promotive, preventive and curative care.

Primary Health Care is based on practical, scientifically sound and socially acceptable methods 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 to maintain at every stage of their development in the spirit of self-reliance and determination (Adegbenro, 2001; Olise, 2011; WHO,2023). PHC is a whole-of-society approach to health care services that aims at ensuring the highest possible level of health and wellbeing and the equitable distribution by focusing on the people's health needs. It transverses the care

continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care and as close as feasible to people's everyday environment (WHO, 2023).

Primary Health Care is built on a commitment to social justice, equity, solidarity and participation. It is based on the recognition that the enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without distinction. For Universal Health Coverage (UHC) to be truly universal, a shift is needed from health systems designed for people with people. PHC requires governments at all levels to underscore the importance of action beyond the health sector in order to pursue a whole-of-government approach to health, including health-in-all-policies, a strong focus on equity and interventions that encompass the entire life course.

Primary Health Care in Nigeria is delivered and accessed through primary, secondary and tertiary health facilities, though in rural areas, PHC is mostly situated at government primary health care centers and faith-based clinics (Gyuse, et al 2018). However, it is worthy of note that the presence of PHC facilities is laced with the shortage of health care personnel like physicians and nurses in the PHC centers. Its services could also be provided in some private health facilities; a system that offers some health services to the populace but very faulty and often abused and does not guarantee the expected quality PHC services.

Components of Primary Health Care

According to WHO (2023), PHC entails three inter-related and synergic components viz: comprehensive integrated health services that embrace PHC services as well as public health goods and functions as central pieces,multi-sectoral policies and actions to address the upstream and wider determinants of health and, engagement and empowerment of individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.However, Olise, (2011), has it that the Alma Ata Declaration had earlier declared eight specific PHC components, and an additional two by Nigeria and several other countries, bringing it to ten components including:education concerning prevailing health problems and the method of preventing and controlling them ,promotion of food supply and proper nutrition ,an adequate supply of safe water and basic sanitation.,maternal and child health care, including family planning.immunization against the major infectious diseases ,prevention and control of locally endemic diseases ,appropriate treatment of common diseases and injuries,provision of essential drugs ,oral health andmental health.

PHC addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides wholesome care for health needs throughout the life span, not just for a set of specific diseases. It guarantees people receiving quality comprehensive care ranging from promotion and prevention to treatment, rehabilitation and palliative care as close as feasible to people's everyday environment (WHO, 2023).

Importance of Primary Health Care.

All people, everywhere, have the right to achieve the highest attainable level of health that is the fundamental premise of PHC. Primary health care is the most inclusive, equitable, cost effective and efficient approach to enhance people's physical and mental health as well as social well-being. World over, investments in PHC improve equity and access, health care performance, accountability of health systems and health outcomes. (WHO, 2023, PAHO, WHO, 2023). As the sources added, PHC is also critical to making health systems more resilient to situations of crisis, more proactive in detecting early signs of epidemics and more prepared to act early in response to surges in determinant for services.

Although the evidence is still evolving, there is widespread recognition that PHC is the 'front door' of the health system and provides the foundation for the strengthening of the essential public health functions to confront public health crises. PHC according to WHO (2023) is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage and the key to strengthen the resilience of health systems to prepare for, respond to recover from shocks and crisis.

Barriers to utilization of Primary Health Care in Nigeria.

Although, the utilization of modern PHC is closely related to improved health and well-being, a number of barriers prevent people from adequate accessibility of the services. Hence, according to (Say, et al, 2007). Lack of accessibility that result to underutilization of PHC services presents daunting challenges to the attainment of the Sustainable Development Goals (SMDGs) in many countries. Generally, as the above source, added, health care utilization is limited in sub-Sahara Africa and this can be attributed to various reasons.

One of the barriers to PHC under-accessibility is the long distances to health care facilities in many places in Nigeria (Kadobera, et al, 2012). Adedini, et al (2014) in quoting Frankenberg, has it that, the proximity to a health facility significantly decreases complication in health conditions while a slight increase in the distance to a PHC facility leads to a corresponding increase in health complications. To begin with, even the prompt decisions to seek health care is grossly affected by the distance to health care facility, the further health care centers are, the further the delays in deciding to make use of them. This problem is particularly heightened in the rural areas of developing countries where the density of modern health care facilities is low and in settings where transportation systems and road infrastructure are poor. Because health care facilities are widely dispersed, many patients have to travel long distances in order to receive treatments.

The uneven distribution of PHC facilities and a dearth of health personnel across communities due to insufficient funds and health budget cutbacks. According to Ruckert, et al (2012), many people are reluctant in accessing PHC facilities even when they are within reach.

Nigeria is a multi-ethnic nationality with diverse cultural practices. Different ethnic factors such as difficulty in getting permission to seek medical treatments are serious barriers to timely health care utilization in many parts of Nigeria. A couple of some other factors serve as barriers to accessibility of primary health care. Inadequate qualified health personnel and or supply of drugs and difficulty in getting adequate finance needed for

medical attention are identified as barriers to timely and quality primary health care. To worsen this situation, more recently, due to the economic crises in many countries especially in the developing ones, there are budget cutbacks.

In addition to the above highlighted barriers to primary healthcare services accessibility in Nigeria, internal conflicts in parts of the country, crime and corruption, multiplicity of governmental and donor agencies, vertical programs, low political commitment to implementation of approved health policies, inequality in infrastructure that favors urban areas, poor working conditions, misdistribution of health care workers including emigration, inadequate training facilities in parts of the country, inter-professional conflicts, illiteracy and so on are sundry hindrances to accessibility of PHC services (Gyuse et al 2018).

Facilitating Accessibility to Primary Health Care through Health Education.

Various reviews of the basic health care services provided evidence that the scheme was not as functional as originally thought. It failed to address many health needs of the rural communities targeted (Olise, 2011). Whitworth et al (2002) noted that a higher level of health education is associated with greater access to household resources and improved access to primary health care services. Understanding the effect of inaccessibility to PHC on human survival is very important at a time like this when there is still growing inequalities in access to health care services in Nigeria. This is imperative as the Alma Ata Declaration stressed health as a fundamental human right and stated that health care must be accessible, affordable and socially relevant to meet the needs of the people.

Over the past decades, Nigeria has attempted major health reforms, including programs to strengthen her PHC, its access and utilization. Examples of such attempts are the Saving One Million Lives (SOML) Initiative and moving towards Universal Health Care, through the National Health Act, the National Health Insurance Authority Bill of 2022, the Basic Health Care Provision Fund (BHCPF) component of the NHA and other initiatives. Almost all the attempts and initiatives to improve the accessibility and utilization of primary health care in the view of Croke et al (2024) were successfully adopted, but faced political and institutional challenges in implementation and sustainability. Health care reformers have implored several strategies to address efficiency gaps in the PHC sector, but with limited successes.

From all indications, the several initiatives and attempts targeted at improving efficiency, accessibility and utilization of PHC has hit below the belts. It is worthy of note that health education that was supposed to be the core component of PHC with the inherent capacity to improve efficiency, accessibility and utilization have grossly been neglected. According to Adegbenro, (2001), out of all the eight or ten components/elements of primary health care, health education is the pivot through which the rest of them are hinged and the vehicle by which the set objectives and principles of PHC can be achieved. Health education offers diverse individuals or groups at different settings information and other resources needed to make plausible and savvy decisions on matters related to health behaviors as it relates to provision, and utilization that guarantee enjoyment of quality of life as their genetic endowment will allow them (Moronkola, 2017).

Health education has the inherit capacity of doing the conviction needed for all stakeholders: providers and consumers alike to take the necessary actions needed to improve efficiency, accessibility and utilization. It can convince both policy makers and implementers of the dare need to make PHC efficient, valuable and more accessible. It is only health education that can present the consequences of irrelevant or distorted health policies implementation to government officers, which shall in turn wake up the political will power to give quality and accessible PHC to the people. Health education is the real implement required to convince the would-have-been consumers of PHC to see the need to patronize and support PHC. However, it is only when professionals do this health education and qualified health educators that the maximum impact of health education on PHC can be realized.

The current practice where every other health personnel, the medical doctor, the nurses and even the pharmacist thinks he can efficiently do and carry out the work of health educating patients, shall not yield the required and expected benefits of health education as far as PHC accessibility and utilization is concerned. Health education that shall bring about improved accessibility and utilization of any form of health care let alone PHC should not just be reactive health education as in the case of talking to only the ill that have presented himself for treatment but proactive health education even at the community level. Health education as a component of PHC was meant to be done on and off the clinics to convince the people especially of the need to cultivate preventive health behaviors and quick response to negative health presentations.

Conclusion

Quality health care, when well accessed and utilized has positive implications on the general health status of the Nigerian people. However, PHC is the closest to the people and takes care of the immediate health needs of the people. Therefore, there is the need for it to be available, accessible and well utilized, but for the various barriers hindering these that would have been reduced to the barest minimum if professional health educators were well incorporated into the primary health care schemes. Therefore, the following were recommended.

1. Health education professional associations in Nigeria should strategize and influence government policies and practices concerning the deployment of professional health educators to all PHCs in all the country as a primary agenda.
2. Professional health educators in Nigeria should through non-profit practices, enlighten the public on the need for maximum utilization of the PHCs.
3. There is need for increased level of preparedness of health educators to perfectly fit into the PHC programs during training i.e. at school, and
4. More synergies have to be built with other health providers/professionals for good working relations and the need for them to feel comfortable working with professional health educators.

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