

Assessment of Community Perception, Resource Availability and Healthcare Providers' Behaviour towards Primary Health Care Services in Oluku Communities, Edo State

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Abstract

Primary health care (PHC) plays a vital role in improving population health, yet confidence in PHC services remains low in many rural Nigerian communities. This study investigated the community perception, resource availability and healthcare providers' behavior towards primary health care services among community members in Oluku, Ovia, Edo State. A descriptive survey design was used, and data were collected from 394 respondents selected through a multi-stage sampling procedure. A validated questionnaire titled Community Confidence in Primary Health Care Services Questionnaire (CCPHCSQ), had a reliability coefficient of 0.79. Data were analyzed using descriptive statistics including frequency, percentages, mean, and standard deviation. Findings revealed that the perceived quality of PHC services exists to a moderate extent (cluster mean = 2.54), with respondents acknowledging good facility cleanliness and respectful staff attitudes but expressing dissatisfaction with long waiting times and limited trust in treatment outcomes. Availability of essential resources was found to be inadequate (cluster mean = 2.29), as respondents reported shortages of drugs, insufficient medical equipment, and inadequate staffing. Conversely, the behaviour of health workers was rated positively (cluster mean = 2.68), showing that staff professionalism and courteous interactions contribute meaningfully to users' experience. The study concluded that although PHC workers demonstrate positive behaviour and quality of care is fairly good, the persistent lack of essential resources significantly reduces public confidence. Strengthening resource availability, improving supply chain management, and enhancing service efficiency are recommended to rebuild trust and promote effective primary health care utilisation in the community.

Keywords: Community perception, resource availability, healthcare providers' behavior, primary health care services

Introduction

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 (Abosede, & Sholeye, 2018; Abimbola, 2022). 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 (Kallander, Akpogheneta, Hill, & Meek, 2018). 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 (Babalola & Olabusi., 2020). 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 (Lambo, 2015). 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 (Maponga, 2019).

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; Ogunlela, 2021). Many patients expect courteous, timely, and competent care but frequently encounter long wait times, poor communication, and unfriendly staff attitudes (Odetola, (2015); Omoleke, (2015). 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 (Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envulada, & Onwuyekwe, 2015)

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 (Ononokpono, Odimegwu, Imasiku, & Adedini, 2018). 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. 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. The absence of diagnostic tools and laboratory services limits early detection and management of

diseases, leading to delays or missed diagnoses (Ononokpono et al, 2018). Some centers operate without enough beds or delivery rooms, restricting their ability to provide maternity and emergency services.

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 (Simbe, Kaseje, & Kiange, 2018). 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. Studies reveal that respect, empathy, and professionalism correlate strongly with patient satisfaction and willingness to return for follow-up care (Rumun, 2019). 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 (World Health Organization. 2020).

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 (National Primary Health Care Development Agency, NPHCDA, 2018). 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 the community perception, resource availability and healthcare providers' behavior in PHC services among community members in Oluku.

Research Questions

The following research question guide 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 healthcare providers in primary health care centers within the Oluku community?

Method and Materials

This study adopts a descriptive survey design, suitable for exploring the community perception, resource availability and healthcare providers' behaviours towards primary health care services among community members in Oluku. At the time this research was conducted, Oluku Local Government Area, Edo State, Nigeria, had an estimated population of 24,523 residents. 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 community members and a margin of error of 0.05 for a 95% confidence level. 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. The exclusion criterion was that no household included if members have not been residing there for the past one year. 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 who basically is women and aged individuals in the community. The combination of systematic and random sampling techniques was instrumental in achieving the required sample size of 394 respondents.

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 of modified Likert scale format consists of two sections aligned with the study variables; section A elicits information about demographic data while section

B elicits information about the research questions raised. The instrument was validated by three experts in Health Education, Public Health and Community Medicine respectively. To determine the reliability, the test re-test approach was used. Twenty respondents were administered the same instrument at two different points in time to measure the stability and consistency of the responses. The Pearson moment product correlation analysis was used to determine the coefficient and 0.79 was obtained. Data were collected by the researcher and two trained research assistants. Descriptive statistics such as frequency, percentages, mean, and standard deviation were used to summarize 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.

Results

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

Table 1: 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 1 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, which could be as a result of recent reforms carried out across PHC centres in the state including improved remunerations to health care providers assigned to the community.

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

Table 2: 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 2 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. This could be as a result of the perceived health inequality as the community is rural in nature.

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

Table 3: Response of Respondents on Behaviour of Healthcare Providers

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 3 displays respondents' views regarding the behaviour of healthcare providers 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. The improved remunerations to health care providers, no doubt must have enhance motivation and availability and responsive to duty.

Discussion of Findings

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 Olalubi & Bello. (2020), who noted that while most Nigerians appreciated staff attitude, delays and unclear communication reduced trust in PHC systems. Similarly, Abimbola. (2022) 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.

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 Emaimo & Emaimo. (2021), who reported that many Nigerian PHC facilities operate below optimal standards due to poor supply chains and infrastructure. Likewise, Babalola & Olabusi. (2019), 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.

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 healthcare providers were respectful, attentive, and empathetic in their interactions. This is in agreement with Ogunlela,

(2021), who highlighted that patient-centred care and effective communication foster positive patient experiences in Nigerian PHCs. Similarly, Uzochukwu et al. (2015) 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.

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 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 healthcare providers but express dissatisfaction with drug shortages, inadequate medical equipment, and long waiting times.

Recommendation

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

1. Government and all health care stakeholders including health practitioners should ensure the objectives of primary health care services delivery are followed through with competent and excellent activities to realize those objectives to promote effectiveness and efficiency of primary health care
2. Government and health care administrators should ensure that health supplies are procured and evenly distributed to primary health care centres. There should be monitoring and supervision team to ensure health supplies get to the health facilities and are used for the community members with the health needs. The supply chain must be organized and monitored periodically.
3. The right training, amenities and remunerations to health care practitioners should be of utmost priority to ensure commitment, motivation and right attitude/behaviours to work. These should be the concerns of the training institutions and government.

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