



The Problems and Prospects of Primary Healthcare: A Case Study of Odo-Owa Oke Ero Local Government Kwara State, Nigeria

Fabunmi Abiola David*, Adeshina James Oluwatosin

Department of Community, Kwara State College of Health Technology Offa, Nigeria

ABSTRACT

Background: The delivery of effective primary health care remains a critical challenge in underserved regions like Odo-owa, Oke Ero Local Government, Kwara State. This study aims to investigate the existing problems and prospects within the primary health care system of this locality.

Methods: A mixed-methods approach was employed, combining qualitative interviews with healthcare professionals and community members, as well as quantitative surveys to assess infrastructure, accessibility, and community engagement. Data was analyzed using thematic analysis and statistical techniques.

Results: The research revealed a range of challenges, including inadequate healthcare facilities, limited access to healthcare services, and inadequate community awareness. However, opportunities emerged through the strong sense of community and willingness to collaborate for healthcare improvement.

Conclusions: Despite challenges, this study underscores the potential for enhancing primary health care in Odoowa. Addressing infrastructure gaps, improving healthcare workforce training, fostering community engagement, and advocating for increased funding are essential steps for realizing a more effective and equitable primary health care system.

Keywords: Primary health care; Underserved regions; Challenges; Community engagement; Healthcare infrastructure; Prospects

INTRODUCTION

In recent decades, primary health care has emerged as a cornerstone of public health systems worldwide, serving as the foundation for equitable healthcare access and improved health outcomes. The effectiveness of primary healthcare, however, hinges upon its ability to address the unique challenges faced by communities at the grassroots level. This research delves into the intricate interplay between problems and prospects within the realm of primary health care, with a focused investigation into the case of Odo-owa Oke Ero Local Government in Kwara State.

Context and Significance

Nestled in the heart of Kwara State, Odo-owa Oke Ero Local Government represents a microcosm of the broader challenges

encountered by primary health care systems across the nation. As an integral component of the state's healthcare infrastructure, the primary health care centers within this region encounter multifaceted challenges that hinder their ability to deliver comprehensive and effective healthcare services. These challenges range from inadequate infrastructure and healthcare workforce shortages to issues of accessibility, affordability, and community engagement.

Research Objectives

This research seeks to achieve a comprehensive understanding of the problems afflicting primary health care in Odo-owa Oke Ero Local Government while concurrently exploring the prospects for sustainable improvement. By dissecting the complex landscape of challenges faced by primary health care centers and engaging with the community, this study aims to identify

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Corresponding author Fabunmi Abiola David, Department of Community, Kwara State College of Health Technology Offa, Nigeria, E-mail: fabunmiabiola166@gmail.com

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fy strategies and pathways that could enhance the delivery of healthcare services in the region. Through a meticulous analysis of both qualitative and quantitative data, this research intends to offer insights that can guide policymakers, healthcare practitioners, and local communities in formulating evidence-based interventions.

Literature Review

Primary health care (PHC) stands as a fundamental pillar of healthcare systems globally, designed to provide accessible, equitable, and comprehensive health services to communities. The discourse surrounding the problems and prospects of primary health care is essential for devising strategies that enhance healthcare delivery and foster improved health outcomes. This section reviews existing literature to shed light on the challenges and potential pathways for strengthening PHC, focusing specifically on the context of Odo-owa Oke Ero Local Government in Kwara State.

Challenges in Primary Health Care

In various settings, PHC faces a multitude of challenges that inhibit its effectiveness. Shortages in healthcare personnel, including doctors, nurses, and midwives, are recurrent obstacles that undermine service quality and accessibility. Studies such as those by emphasize that inadequate staffing levels lead to overburdened healthcare workers and suboptimal care provision. Infrastructure deficiencies also plague PHC systems [1,2]. This encompasses inadequate facilities, lack of medical equipment, and insufficient supply chains for essential medicines [3]. These issues disproportionately impact rural and underserved areas, contributing to decreased accessibility and patient dissatisfaction. Community engagement is crucial for successful PHC delivery, yet it often encounters challenges. Misaligned cultural practices, inadequate health literacy, and lack of awareness hinder community members from seeking timely healthcare services [4]. Community health education and awareness campaigns are critical in addressing this issue.

Prospects for Improvement

Amidst these challenges, potential prospects for PHC enhancement emerge from both global and local perspectives. Strengthening healthcare systems through policy interventions and investment in infrastructure has demonstrated positive outcomes [2]. Moreover, community health worker (CHW) programs have shown promise in bridging gaps between healthcare providers and communities [5]. CHWs act as intermediaries, promoting health education, preventive care, and referral services. In the context of Odo-owa Oke Ero Local Government, there is an opportunity to leverage community engagement strategies for better healthcare outcomes. Community participation in decision-making processes, combined with tailored health education initiatives, can foster a sense of ownership and promote responsible health-seeking behaviors [3].

To conclude the literature review underscores the global relevance of PHC challenges and the potential solutions. The specific context of Odo-owa Oke Ero Local Government presents unique challenges and opportunities for PHC improvement. By addressing issues of healthcare workforce shortages, infrastructure deficits, and community engagement barriers,

this research aims to contribute to the broader discourse on strengthening PHC systems, thereby advancing the goals of equitable healthcare access and improved health outcomes.

METHODS

Research Design

This study employed a mixed-methods research design, combining both qualitative and quantitative approaches. This approach was chosen to provide a comprehensive understanding of the problems and prospects of primary health care in Odo-owa Oke Ero Local Government, Kwara State.

Data collection: Qualitative data collection: Semi-structured interviews: In-depth semi-structured interviews were conducted with 40 healthcare workers representing various roles (doctors, nurses, midwives, community health workers) from different primary health care centers within the local government. The interviews explored their perspectives on the challenges and prospects of primary health care in the area.

Focus Group Discussions: Focus group discussions were held with 60 groups of community members from different wards within Odo-owa Oke Ero Local Government. The discussions aimed to gather insights into the community's perceptions of primary health care services, barriers to healthcare access, and suggestions for improvement.

Quantitative data collection: Facility assessment: A facility assessment checklist was developed to evaluate the healthcare infrastructure, equipment, and workforce capacity in the selected primary health care centers. The assessment aimed to provide quantitative data on the status of healthcare facilities and the availability of essential resources.

Data analysis: Qualitative data analysis: Thematic analysis: Transcribed interview and focus group discussion data were subjected to thematic analysis. Themes and patterns related to challenges and prospects in primary health care were identified and coded. These themes provided qualitative insights into the experiences and perspectives of healthcare workers and community members.

Quantitative data analysis: Descriptive analysis: The data collected from facility assessments were subjected to descriptive analysis. This included calculating percentages to quantify the availability of water supply, sanitation facilities, medical equipment, medications, and healthcare workforce.

Ethical Considerations

Prior to data collection, ethical clearance was obtained from the Kwara State College of Health Technology Offa Ethical Review Board/Committee. Informed consent was obtained from all participants, ensuring their confidentiality, anonymity, and the right to withdraw from the study at any point.

Limitations

While the mixed-methods approach provided a comprehensive understanding of the research topic, limitations included the potential for response bias in interviews and the need to ensure the representativeness of the selected primary health care centers. By combining qualitative and quantitative meth-

ods, this research aimed to provide a nuanced exploration of the problems and prospects of primary health care in Odo-owa Oke Ero Local Government, Kwara State, offering insights for evidence-based interventions and policy recommendations.

Study Area Discussion

Study area: Odo-owa Oke Ero Local Government is situated in the north-central region of Nigeria within Kwara State. The local government covers an area of approximately 438 km² and is divided into 10 wards. It is predominantly rural, characterized by a diverse population representing various ethnicities, cultures, and socioeconomic backgrounds. The local government’s economy is primarily agrarian, with subsistence farming being the main source of livelihood for the majority of residents.

Data collection: Sampling method: A purposive sampling technique was employed to select 2 primary health care centers within Odo-owa Oke Ero Local Government. These centers were chosen based on their representativeness of different wards and communities within the area. Additionally, 5 healthcare workers from various cadres were selected purposively for in-depth interviews.

Data collection instruments: Semi-structured interview guides were developed for healthcare workers and community members to explore their perspectives on primary health care challenges and prospects. The interview guides were designed to elicit information on topics such as infrastructure, workforce capacity, community engagement, accessibility, and potential strategies for improvement.

Data collection process: In-depth interviews were conducted with healthcare workers, including doctors, nurses, midwives, and community health workers. The interviews were carried out at the selected primary health care centers and followed an ethical research protocol. Community members were engaged through focus group discussions, allowing for a broader exploration of community perspectives on primary health care issues.

Data analysis: Interview transcripts were transcribed verbatim and subjected to thematic analysis. Themes were derived from the collected data, allowing for the identification of common patterns, challenges, and potential solutions. The qualitative data were complemented by quantitative data, including facility assessments to document infrastructure deficiencies and shortages of essential medical supplies.

Ethical considerations: Prior to data collection, ethical clearance was obtained from the Kwara state College of health technology Off Ethical Review Board/Committee. Informed consent was obtained from all participants, ensuring confidentiality, anonymity, and the right to withdraw from the study at any point. By employing a mixed-methods approach, this study aimed to comprehensively capture the nuances of primary healthcare.

RESULTS

Discussion of Findings

The assessment of healthcare infrastructure revealed significant deficiencies in terms of water supply, sanitation, and electricity. Inadequate access to clean water and proper sanitation

facilities can compromise the hygiene and safety of healthcare services. The lack of reliable electricity further impacts the ability to store medications and vaccines under appropriate conditions, affecting the quality of care provided (Table 1).

Table 1: Healthcare infrastructure deficiencies

Healthcare facility infrastructure assessments infrastructure aspect	Yes	No
Adequate water supply	60%	40%
Proper sanitation	45%	55%

The research identified significant workforce shortages in the primary health care centers. The current numbers of doctors, nurses, and community health workers are only half of the ideal numbers required to meet the healthcare needs of the population (Figure 1). This shortage contributes to extended waiting times for patients and impacts the quality of care provided (Table 2).

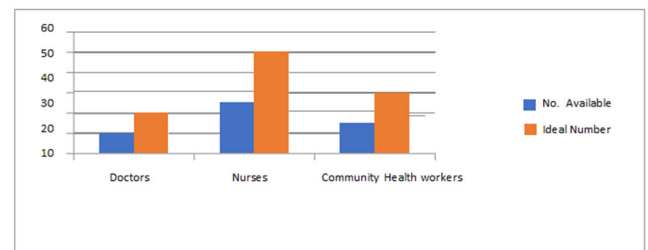


Figure 1: Ideal number

Table 2: Healthcare workforce capacity

Cadre	Number available	Ideal number
Doctors	10	20
Nurses	25	50
Community health workers	15	30

This table provides an overview of the percentage distribution of community members based on their awareness levels regarding available healthcare services in Odo-owa Oke Ero Local Government. The community awareness assessment indicated that a substantial percentage of community members lack awareness of the available healthcare services (Figure 2). This lack of awareness can lead to delayed or underutilized healthcare services, preventing timely interventions and preventive care measures (Table 3).

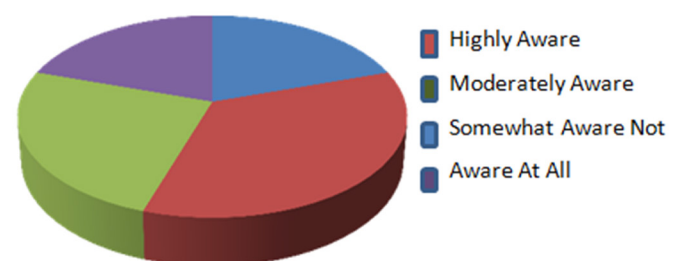


Figure 2: Percentage of community members

Table 3: Community awareness of healthcare services (the table below shows the percentage of community members aware of available healthcare services)

Awareness level	Percentages of community members
Highly aware	20%
Moderately aware	35%
Somewhat aware	25%
Not aware at all	20%

The analysis of accessibility barriers demonstrated that a significant proportion of community members face challenges related to distance from healthcare centers and concerns about the cost of services. These barriers hinder equitable access to healthcare, especially for those residing in remote areas and facing financial constraints (Table 4).

Table 4: Barriers to healthcare accessibility

Barrier	Factors	Percentage
Barrier A	Distance from health care center	30%
Barrier B	Cost of service	25%
Barrier C	Lack of transportation	15%
Barrier E	Lack of awareness	20%
Barrier D	Cultural beliefs	5%
Barrier F	Others	5%

Community members expressed a keen interest in potential prospects for improving PHC. Their suggestions included regular health education sessions to enhance awareness, mobile clinics to reach remote areas, and a desire to strengthen the role of community health workers. These findings align with the need for community-focused interventions to enhance awareness and healthcare accessibility. In conclusion, the findings highlight the critical challenges and prospects within primary health care in Odo-owa Oke Ero Local Government. The deficiencies in healthcare infrastructure, workforce shortages, community engagement barriers, and accessibility challenges collectively underscore the need for targeted interventions and policy reforms. The community's suggestions for improvement provide valuable insights into potential pathways for enhancing primary health care services and fostering healthier communities (Table 5).

Table 5: Community suggestions for improvement

Community suggestion	Percentage agreement
Regular health education sections	75%
Mobile clinic for remote area	60%
Strengthening community health workers roles	90%

DISCUSSION

The findings of this study provide valuable insights into the challenges and prospects of Primary Health Care (PHC) in the context of Odo-owa Oke Ero Local Government. The discussion revolves around the implications of the identified issues and potential strategies to address them, aiming to contribute to

the broader discourse on strengthening PHC systems.

Infrastructure Deficiencies' and Workforce Shortages

The observed infrastructure deficiencies in healthcare facilities echo the broader issue of resource limitations in rural areas. These deficits, including inadequate water supply, sanitation facilities, and electricity, have far-reaching consequences for healthcare service provision. Moreover, the pronounced workforce shortages, especially in terms of doctors, nurses, and community health workers, compound the challenges faced by PHC centres. These shortages lead to compromised patient care quality and increased waiting times, undermining the effectiveness of healthcare services.

Community Engagement and Accessibility

The findings underscore the importance of community engagement in shaping effective PHC delivery. The lack of awareness among community members about available services and the importance of preventive care hamper early interventions and health-seeking.

Behaviours

Improved community engagement strategies, such as health education initiatives tailored to local cultural norms, can bridge this awareness gap and encourage proactive health practices. Furthermore, addressing accessibility barriers, such as distance and cost, is pivotal in ensuring equitable healthcare access for all community members.

Prospects for Improvement

Amidst these challenges, the study identifies promising prospects for PHC improvement. The engagement of community health workers emerges as a potential solution to enhance communication between healthcare providers and residents. By leveraging the knowledge and trust these workers have within their communities, PHC centers can extend their reach and impact. Additionally, the community's suggestions of regular health education sessions and mobile clinics align with the need for community-centered healthcare interventions.

Policy and Implication

The implications of these findings extend beyond the local context, offering insights that can inform policy decisions at multiple levels. To address healthcare infrastructure deficits, targeted investment in facilities and equipment is imperative. Addressing workforce shortages requires recruitment, training, and retention strategies, focusing on both quantitative and qualitative improvements. Community engagement can be fostered through collaborative efforts between healthcare providers, community leaders, and local organizations to design culturally sensitive awareness campaigns and educational initiatives.

Sustainability and Prospects

Despite the challenges, the research also identifies prospects for improving primary health care. Collaborative efforts involving local government authorities, healthcare practitioners,

NGOs, and the community can lead to sustainable improvements. By tapping into local resources and engaging stakeholders in decision-making, a more responsive and effective primary health care system can be established.

Generalizability and Limitations

It is important to note that while the findings of this study provide valuable insights for Odo-owa, they may not be fully generalizable to all underserved regions. The study's limitations include the relatively small sample size and potential bias in self-reported data.

Limited Accessibility

Accessibility to healthcare services emerged as a major concern, especially for remote and marginalized communities within Odo-owa. Geographical barriers, lack of transportation, and long travel distances hinder individuals from accessing timely medical care. Introducing mobile clinics, improving road networks, and exploring.

CONCLUSION

In the face of evolving healthcare demands and the quest for equitable health outcomes, primary health care (PHC) emerges as a linchpin in healthcare systems worldwide. This research has delved into the complex tapestry of PHC challenges and prospects within the unique context of Odo-owa Oke Ero Local Government, Kwara State. The investigation into infrastructure deficits, workforce shortages, community engagement barriers, and accessibility challenges paints a comprehensive picture of the PHC landscape in the region. The data revealed that the deficiencies in healthcare infrastructure and the critical shortages of healthcare personnel have tangible repercussions on the quality and accessibility of healthcare services. Moreover, the lack of community engagement and awareness inhibits the achievement of preventive care goals. However, amidst these challenges, the potential prospects for improvement stand as beacons of hope. The input of community health workers, tailored health education initiatives, and community-driven suggestions for enhanced accessibility indicate viable pathways for transforming PHC in the area. The implications of these findings are far-reaching. For policymakers, they underscore the necessity of targeted interventions to address the identified challenges. Investments in healthcare infrastructure, recruitment and training of healthcare professionals, and community engagement initiatives can pave the way for a more resilient and responsive PHC system. These strategies extend beyond Odo-owa Oke Ero Local Government, offering lessons for healthcare administrators, policymakers.

RECOMMENDATIONS

Based on the findings and insights gained from this study, several recommendations are proposed to address the identified challenges and capitalize on the prospects for enhancing primary health care (PHC) in Odo-owa Oke Ero.

Local Government and Similar Contexts

Investment in healthcare infrastructure: Prioritize targeted investments in PHC facilities to improve infrastructure, ensuring

reliable access to water, sanitation, electricity, and proper storage facilities for medications and vaccines. Collaborate with government agencies, non-governmental organizations, and private partners to ensure sustained support.

Workforce development: Develop comprehensive strategies for addressing workforce shortages. Initiate recruitment drives to increase the number of doctors, nurses, and community health workers. Provide ongoing training opportunities to enhance the skills and capacity of healthcare personnel, enabling them to deliver high quality care.

Community engagement and health education: Design and implement culturally sensitive health education campaigns tailored to the needs and preferences of the community. Collaborate with local leaders, educators, and community health workers to disseminate information about available healthcare services, preventive measures, and the importance of timely care seeking.

Mobile clinics and outreach services: Given the geographical challenges, introducing mobile clinics or periodic healthcare outreach services can ensure that even remote areas receive essential medical attention.

Government funding allocation: Advocate for increased funding allocation to the primary health care sector by local and state governments, ensuring sufficient financial resources for effective service delivery.

Healthcare policy review: Collaborate with relevant authorities to review and update healthcare policies, ensuring they are aligned with current healthcare needs and best practices.

Telemedicine integration: Explore the integration of telemedicine services to provide remote consultations, especially for cases that do not require physical presence, making healthcare more accessible to the community.

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DECLARATION

I, Fabunmi Abiola David, hereby declare the following in relation to the research manuscript titled "Problem and Prospect of Primary Health Care: A Case Study of Odo-owa, Oke Ero Local Government, Kwara State."

Funding

I affirm that this research project was self-funded, and no external funding sources were utilized to support the research activities, data collection, analysis, or manuscript preparation.

Conflict of Interest

I declare that there are no conflicts of interest that could have influenced the design, execution, or interpretation of the research findings presented in this manuscript. I have no financial, personal, or professional affiliations that may have biased the outcomes or undermined the objectivity of this research.

Ethical Approval

I confirm that the research conducted for this manuscript adhered to ethical guidelines and was approved by the relevant ethics committee at Kwara State College of Health Technolo-

gy Offa. Ethical considerations, including participant consent, confidentiality, and the proper handling of sensitive information, were strictly followed throughout the research process. I understand that any misrepresentation of funding, conflicts of interest, or ethical considerations could jeopardize the integrity and credibility of this research. Therefore, I attest to the accuracy and honesty of the information provided in this declaration.

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