

# Utilization Of Primary Healthcare Services Among Public Health Workers in Port Harcourt Metropolis, Nigeria

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Article History	Abstract
<b>Original Research Article</b>	<i>Proactive use of healthcare facilities is one of the healthy habits that public health workers are supposed to model as frontline providers. This study focused on the utilization of primary healthcare services among public health workers in Port Harcourt metropolis, Nigeria. Literature was reviewed under conceptual framework, theoretical framework and empirical review. This study adopted the cross-sectional research design with a population consisting of all primary health care workers in Port Harcourt in Rivers State. A sample size of 400 was selected using a systematic sampling procedure. Data was collected with a questionnaire and analyzed with percentage, mean and paired sample t-test at 0.05 level of significance. The result of the study showed that: majority 315(80.6%) had ever used primary health center for personal health needs, 284(72.6%) had on-site PHC clinic as the first choice to visit when they are ill, and 315(80.6%) knew exactly where to go when there is need for care at PHC facility. More of the respondents (42.7%) often used the PHC for follow-up on a chronic condition (e.g., hypertension), 160(40.9%) rarely visited the PHC for acute illnesses (e.g., fever, malaria), and 163(41.7%) rarely attended a routine check-up or screening at the PHC. The perception of service quality by public health workers in Port Harcourt Metropolis was positive (2.77±0.92). It was concluded that, the utilization of primary healthcare services among public health workers in Port Harcourt metropolis was high. It was recommended among others that the government should monitor the cost at which the healthcare services are delivered by setting up a special monitoring team who will promptly visits the health facilities to elicit response from users on the cost of services; this will reduce the rate of exploitation by the workers.</i>
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## Introduction

One of the ways for assessing the quality of a healthcare system is the extent to which staff working in the health institutions actually use the healthcare services available to them within their workplace, the assessment take into consideration factors such as the number of visits, the kinds of services used, and the perceived quality of the care given. The proactive use of healthcare facilities is one of the healthy habits that public health workers are supposed to model as frontline providers and stewards of community health. Okpi and Okereke (2019) opined that huge resources are currently being expended in Nigeria to finance healthcare at various levels (primary, secondary, and tertiary) and in various institutions to guarantee a

sufficient supply of these services, which include preventive, curative, rehabilitative, and promotional healthcare.

Patient preferences are influenced by factors such as individual needs, ease of access to medical facilities, the state of the healthcare system, and service quality. According to Amod et al. (2013), people in rural Nepal treated mild illnesses at home and only sought professional medical attention when they were moderately or severely unwell. Additionally, medical professionals were only consulted after visits to traditional healers (Amod et al., 2013). Similarly Kahabuka et al. (2013) showed in a

Tanzanian survey up to 54% of participants chose primary health care centers (PHCs) as their first choice and pharmacies as second choice for child care. Additionally women in urban regions and those with higher levels of education in that nation used higher level hospitals more frequently (Kahabuka et al., 2013). Nwankwo et al. (2017) showed positive perception of the quality of service offered by both healthcare systems in both private and public health sector in Lagos, Nigeria; however the private hospitals had better rating when elite hospitals were taken out of the equation. A nearly ubiquitous occurrence in poor nations is the underutilization of public health services (Nwankwo et al., 2017). Ajibade (2013) opined that in Osun State, Nigeria, women typically purchased medications from pharmacies before visiting medical facilities, and only one-third of them did so within 24 hours of the onset of the illness.

According to a survey conducted in Abeokuta, Nigeria, government-owned general hospitals were the most preferred locations for treating common medical issues, followed by private hospitals, while Primary Health Centers (PHC) were the least preferred. The use of government hospitals was more common than private hospitals due to significant criteria such as costs and treatment effectiveness, while short wait times were important when choosing private hospitals (Oredola and Odusanya, 2017). Ajibade (2013) showed the non-use of healthcare facilities significantly correlated with age, religious views, remoteness, education, and attitude of medical staff.

Primary health care facilities are designed to provide primary care to the community, essential services and drugs are found at the primary health level, but with most primary health care facilities in various states of disrepair and lacking the required manpower, they cater for a lower percentage of the population. Titus et al. (2015) showed that only 42.50% of the residents utilized primary health care services in south western Nigeria. The basic services to be accessed in PHC are health education, appropriate nutrition, family planning, vaccination, prevention of endemic illnesses, portable water supply and hygiene, appropriate treatment of common diseases, essential medications, community mental health, oral health, and referral service (Umunna, 2014). Primary health facilities usually offer exemptions and subsidies to a few services such as routine immunization, family planning and antenatal care with the aim of ensuring universal access to essential healthcare service. Otovwe and Elizabeth (2017) showed most of the participants patronized primary health care services because of immunisation and malaria treatment. Several researchers are of the opinion most PHC cannot deliver quality health service due to issues with staffing,

infrastructure and drug availability, this informs patients' propensity to avoid PHC facilities which impacts hospital operations at secondary level most likely resulting in overcrowding experienced in the outpatient departments. Koce et al. (2020) blamed this bypass issue on the irregular nature of how the PHC facilities operate, such as the opening times and closure of the facilities and lack of some diagnostic capacities. PHC services offered at general hospitals are not cost-effective because each illness's treatment costs are significantly higher than those at PHC facilities (Mojaki et al., 2014). From the perspective of doctors, they preferred seeking health care at tertiary level as they questioned the medical knowledge of some of the staff rendering care at the PHC facilities stating that majority of healthcare providers at the primary level of care were either community health workers or nurses (Koce et al., 2019).

Frequency of use of health care facilities refers to how often a health worker accesses healthcare in their facilities. The frequency would vary based on individual health needs, healthcare facility efficiency, financial constraints and work schedules. Some studies show majority of public health workers seek medical attention at least once a year, while others delay seeking care due to tight work schedule or other reasons. Aliyu et al. (2020) showed majority of the respondents (54.7%) prefer to attend government-owned (public) health facilities. Preference to public facilities was largely due to low cost of treatment (39.8%) and was significantly associated with level of income ( $\chi^2 = 97.3$ ,  $p < 0.001$ ).

Type of care accessed could be preventive, curative, rehabilitative or promotional. Health workers typically use healthcare facilities for their own personal healthcare needs, including preventative checkups, treatment for illnesses, and sometimes even accessing specialized services depending on their role and the facility's availability. Okoroafor et al. (2023) stated that the current trend in disease management is mostly curative and focused on addressing the present health complaints. Of all patients who attended health facilities, only 2.4% (n=20) received optimal health promotion services. Disease prevention services were optimally provided to only 3.6% (n=30) patients. However emergency visits and routine check-ups are common among health workers, but preventive care is often underutilized. There is the need for integrated care that caters for the various kinds of care.

Perception of quality refers to the satisfaction levels of health workers regarding healthcare services. Public health facilities, despite being well-equipped with specialized staff and services have issues such as poor infrastructure, lengthy wait times, and resource shortages which may impact how often health professionals use them and how they perceive

their quality. Okoroafor et al. (2023) stated that the quality of facilities is one of the factors considered by health workers in choosing location of service. Mahmoud et al. (2019) showed that the perceived quality of service by COHSASA-Accredited Hospitals in Nigeria was significantly lower than expected quality despite being accompanied with positive levels of satisfaction and repurchase intentions.

Affordability significantly influence health workers' utilization of Primary Health Care (PHC) facilities. Evidence from sub-national schemes in Nigeria shows that enrollment in insurance dramatically reduces financial barriers, enabling timely care-seeking behavior. A study in Anambra State found that after joining the state social health insurance, enrollees including health professionals were notably more likely to seek appropriate care promptly, attributing increased facility use to lower out-of-pocket costs and improved drug availability and provider access (Onyemaechi & Ezenwaka, 2022). Similarly, research in the Federal Capital Territory reported that NHIS enrollment enhanced willingness to utilize preventive and primary care services. Those insured exhibited increased frequency of facility visits, reduced out-of-pocket expenditure, and perceived improvements in provider interactions and service access, despite some concerns about advanced diagnostics (Abah et al., 2024). Among federal civil servants in Rivers State, NHIS coverage was strongly associated with higher PHC utilization: 72.5% of insured civil workers attended a facility at least once in the past year, compared to lower utilization among the uninsured. Key drivers of continued use included possession of an NHIS card, favorable provider attitudes, and overall satisfaction (Adebisi & Adeniji, 2021). These findings show for health workers balancing heavy workloads and personal finances, insurance removes the obstacle of direct payments, prompting them to prioritize their own preventative and primary care. In effect, health insurance doesn't just democratize access it legitimizes care-seeking among those who often neglect their own health.

Port Harcourt metropolis is an urban city with a good number of public health facilities dotting the city. The city has reference and specialized care centers, general, zonal and private hospitals, and numerous modernized PHC around the communities with a large health workforce running these facilities. The utilization patterns and satisfaction levels of health workers regarding these health care facilities is a measure of the quality of care offered by the facilities and will influence the perception of patients towards public health facilities.

### Statement of the Problem

The overcrowding and overdependence on secondary and tertiary levels of healthcare in the currently being witnessed

in the country may be an indication that the primary health care system which is designed to be the first point of care may be grossly underutilized, this is a problem requiring urgent attention, as many health professionals in Port Harcourt are known to assess secondary and tertiary level facilities for their personal health needs. This is a problem because it reflects a broader systemic issue in the health sector, such as insufficient medical supplies, poor working conditions, and inefficient healthcare management at the PHC level. The consequences of this issue extend beyond the health staff themselves to the local population, as public trust in government health facilities may further diminish, leading to increased patient preference for private healthcare, which is frequently more expensive and inaccessible to low-income groups. In Port Harcourt, the underutilization of PHC will negatively affect the attainment of SDG goals, hinder proper management of common diseases and impact the morbidity and mortality rates across all age groups. Therefore, the study aimed to determine the utilization of primary healthcare facilities among staff in public health training institutions in Port Harcourt Metropolis. The following research questions were set to guide the study

1. What is the extent of utilization of primary health care facilities by public health workers in Port Harcourt metropolis?
2. What is the frequency of use of primary health care facilities by public health workers in Port Harcourt metropolis?
3. What type of health service is accessed by public health workers in Port Harcourt metropolis?
4. What is the perception of service quality by public health workers in Port Harcourt metropolis?
5. What is the extent of affordability of the health service to public health workers in Port Harcourt metropolis?

### Hypotheses

The following hypotheses were formulated and tested at 0.05 alpha level.

1. There is no significant difference in the utilization of primary health care facilities by public health workers in Port Harcourt Metropolis based on type of health service accessed.
2. There is no significant difference in the utilization of primary health care facilities by public health workers in Port Harcourt Metropolis based on the perception of service quality.
3. There is no significant difference in the utilization of primary health care facilities by public health workers in Port Harcourt Metropolis based on the affordability of the health service.

## Methodology

The study employed an institutional based cross sectional design. The population of the study consisted of all primary health care workers in Port Harcourt, Rivers State, Nigeria. The sample size for the study was 400 which was selected using systematic random sampling method. Data was collected using interviewer-administered structured questionnaire titled "Utilization of Primary Health Care Services among Public Health Workers in Port Harcourt Metropolis (UPHCSPHWIPH)". The face and content validity was determined by three experts, a health educator, a sociologist and a statistician. The reliability coefficient of

the instrument was 0.88. The questionnaire was administered with the help of two trained research assistants. Instructions regarding the filling of the instrument were extensively explained to the respondents, and the filled instruments collected at the spot. The raw data collected was coded and analyzed with the aid of Statistical Products for Service Solutions version 27.0, using percentages, mean and standard deviation to answer the research question, the hypotheses were analyzed using Paired Sample t-test.

## Results

The results of the study are shown below:

**Table 1: Percentage distribution showing utilization of primary health care facilities by public health workers in Port Harcourt**

Items	Yes F(%)	No F(%)	Total F(%)	Remark
Ever used primary health center for personal health needs	315(80.6)	76(19.4)	391(100)	High
On-site PHC clinic is the first choice to visit the when ill	284(72.6)	107(27.4)	391(100)	High
Had a clear understanding of the services offered at PHC center	331(84.7)	60(15.3)	391(100)	High
Felt comfortable seeking treatment at PHC center for work-related injuries or illnesses	288(73.7)	103(26.3)	391(100)	High
Know exactly where to go when there is need for care at PHC facility	315(80.6)	76(19.4)	391(100)	High

Table 1 presents the percentage distribution showing utilization of PHC facilities. The result showed that majority 315(80.6%) had ever used primary health center for personal health needs, 284(72.6%) had on-site PHC clinic as the first choice to visit when they are ill, and 315(80.6%) knew exactly where to go when there is need for care at PHC facility. Thus, the utilization of primary health care facilities by public health workers in Port Harcourt was high.

**Table 2: Frequency of use of primary health care facilities by public health workers in Port Harcourt Metropolis**

Items	Never F(%)	Rarely F(%)	Often F(%)	Always F(%)	Remark
Visited the PHC for acute illnesses (e.g., fever, malaria)	119(30.4)	160(40.9)	88(22.5)	24(6.1)	Rarely
Attended a routine check-up or screening at the PHC	56(14.3)	163(41.7)	152(38.9)	20(5.1)	Rarely
Used the PHC for follow-up on a chronic condition (e.g., hypertension).	60(15.3)	152(38.9)	167(42.7)	12(3.1)	Often
Accessed immunization services at the PHC	96(24.6)	144(36.8)	116(29.7)	35(9.0)	Rarely
Sought advice or counseling (e.g., nutrition, stress management) at the PHC.	71(18.2)	180(46.0)	124(31.7)	16(4.1)	Rarely
Went to the PHC for minor surgical or wound-care procedures	104(26.6)	191(48.8)	88(22.5)	8(2.0)	Rarely

Table 2 presents the frequency of use of primary health care facilities by public health workers in Port Harcourt Metropolis. The result showed that 160(40.9%) rarely visited the PHC for acute illnesses (e.g., fever, malaria), 163(41.7%) rarely attended a routine check-up or screening at the PHC, 167(42.7%) often used the PHC for follow-up on a chronic condition (e.g., hypertension), and 191(48.8%) rarely went to the PHC for minor surgical or wound-care procedures.



*Table 3: Type of health service is accessed by public health workers in Port Harcourt Metropolis*

Items	Never F(%)	Rarely F(%)	Often F(%)	Always F(%)	Remark
General outpatient consultations (doctor/nurse visits).	192(49.1)	128(32.7)	56(14.3)	15(3.8)	Never
Laboratory tests (e.g., CBC, blood sugar).	84(21.5)	199(50.9)	92(23.5)	16(4.1)	Rarely
Maternal or reproductive health services (e.g., antenatal check).	136(34.8)	148(37.9)	76(19.4)	31(7.9)	Never
Emergency or urgent care for sudden injuries or acute episodes.	104(26.6)	175(44.8)	96(24.6)	16(4.1)	Rarely
Health education sessions or workshops.	132(33.8)	156(39.9)	87(22.3)	16(4.1)	Rarely
Referral services to higher-level facilities	136(34.8)	140(35.8)	92(23.5)	23(5.9)	Rarely
Routine preventive services (e.g., vaccinations).	83(21.1)	196(50.1)	84(21.5)	28(7.2)	Rarely

Table 3 presents the type of health service is accessed by public health workers in Port Harcourt Metropolis. The result showed that more of the respondents 192(49.1%) never used general outpatient consultation, other services rarely accessed were: laboratory test 199(50.9%), maternal or reproductive health services 148(37.9%), emergency or urgent care for sudden injuries or acute episodes 175(44.8%), health education sessions 156(39.9%), routine preventive services 196(50.1%).

*Table 4: Weighted mean showing the perception of service quality by public health workers in Port Harcourt Metropolis*

SN	Items	Mean	Std Dev	Remark
1	The waiting area and treatment rooms at the PHC are clean and well-maintained.	2.75	0.91	Positive
2	Medical equipment and supplies are readily available when needed.	2.72	0.94	Positive
3	The PHC staff communicate clearly and respectfully.	2.78	0.91	Positive
4	Receive timely attention without long, unnecessary delays.	2.79	0.98	Positive
5	Concerns and questions are addressed fully by PHC personnel.	2.83	0.86	Positive
6	Confidentiality and privacy are upheld during consultations.	2.86	0.93	Positive
7	Trust the PHC staff to handle personal health concerns professionally.	2.70	0.97	Positive
<b>Grand mean</b>		<b>2.77</b>	<b>0.92</b>	<b>Positive</b>

Criterion mean = 2.50. Guide: <2.50 is negative while  $\geq 2.50$  is positive perception

Table 4 presented the weighted mean on the perception of service quality by public health workers in Port Harcourt Metropolis. The result showed that the grand mean of  $2.77 \pm 0.92$  was greater than the criterion mean of 2.50, indicating a positive perception. Thus, the perception of service quality by public health workers in Port Harcourt Metropolis was positive.

*Table 5: Weighted mean showing extent of affordability of the health service to public health workers in Port Harcourt Metropolis*

SN	Items	Mean	Std Dev	Remark
1	The cost of services at the PHC is reasonable for me.	2.91	0.8	High extent
2	Health insurance (e.g., NHIS) covers most services needed at the PHC.	2.82	0.87	High extent
3	Rarely have to pay out-of-pocket for essential medicines at the PHC.	2.90	0.87	High extent

4	Fee structures (consultation, lab tests) are clearly explained before service.	2.88	0.87	High extent
5	Would use the PHC more often if all costs were fully covered by insurance.	2.86	0.85	High extent
6	Overall, satisfied with the financial aspects of obtaining care at the PHC.	2.91	0.95	High extent
<b>Grand mean</b>		<b>2.88</b>	<b>0.86</b>	<b>High extent</b>

Criterion mean = 2.50; Guide: <2.50 is low extent while  $\geq 2.50$  is high extent

Table 5 presented the weighted mean on extent of affordability of the health service to public health workers in Port Harcourt metropolis. The result showed that the grand mean of  $2.88 \pm 0.86$  was greater than the criterion mean of 2.50, indicating a high extent. Thus, the extent of affordability of the health service to public health workers in Port Harcourt metropolis was high.

**Table 6: Paired sample t-test showing difference between type of health service accessed and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis**

Paired Variables	n	Mean	SD	df	t-value	p-value	Decision
Utilization	391	1.27	0.44	390	14.37	0.00*	H <sub>0</sub> Rejected
Service accessed	391	2.01	0.91				

\*Significant;  $p < 0.05$

Table 6 showed the paired sample t-test summary of the significant difference between type of health service accessed and utilization of PHC. The result showed that there was a statistically significant difference as the p-value = 0.00 was less than 0.05 (t-value = 14.37, df = 390,  $p < 0.05$ ). Thus, the null hypothesis which stated that there is no significant difference between type of health service accessed and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis was rejected.

**Table 7: Paired sample t-test showing difference between perception of service quality and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis**

Paired Variables	n	Mean	SD	df	t-value	p-value	Decision
Utilization	391	1.27	0.44	390	17.71	0.00*	H <sub>0</sub> Rejected
Perception	391	2.14	0.83				

\*Significant;  $p < 0.05$

Table 7 showed the paired sample t-test summary of the significant difference between type of health service accessed and utilization of PHC. The result showed that there was a statistically significant difference as the p-value = 0.00 was less than 0.05 (t-value = 17.71, df = 390,  $p < 0.05$ ). Thus, the null hypothesis which stated that there is no significant difference between perception of service quality and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis was rejected.

**Table 8: Paired sample t-test showing difference between affordability of the health service and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis**

Paired Variables	n	Mean	SD	df	t-value	p-value	Decision
Utilization	391	1.27	0.44	390	30.91	0.00*	H <sub>0</sub> Rejected
Affordability	391	2.74	0.90				

\*Significant;  $p < 0.05$

Table 8 showed the paired sample t-test summary of the significant difference between affordability of the health service and utilization of PHC. The result showed that there was a statistically significant difference as the p-value = 0.00 was less than 0.05 (t-value = 30.91, df = 390,  $p < 0.05$ ). Thus, the null hypothesis which stated that there is no significant difference between affordability of the health service and utilization of primary health care facilities by public health workers in Port Harcourt Metropolis was rejected.

## Discussion

The findings of the study were discussed below:

The result showed that majority 315(80.6%) had ever used primary health center for personal health needs, 284(72.6%) had on-site PHC clinic as the first choice to visit when they are ill, and 315(80.6%) knew exactly where to go when there is need for care at PHC facility. Thus, the utilization of primary health care facilities by public health workers in Port Harcourt was high. This finding was expected thus not surprising considering that the respondents are public health workers who understand the value of skilled healthcare. The finding of this study is in concordance to the findings of the study on utilization of Primary Health Care Services in Jaba Local Government Area of Kaduna State Nigeria by Agofure and Sarki (2017) who revealed that majority, 330(97.10%), of the respondents utilized primary health care services. Also, the results from the study of Richard and Kio (2021) on factors influencing utilization of the primary health care services in Odeda Local Government Area, Ogun State revealed that the respondents has above average level of utilization of primary health care services with an overall percentage of 78.1%. Furthermore, the study aligns with that of Peter-Kio and Okem (2023) among women in Cross-Rivers State that revealed a high level of utilization of PHC services among women. The similarity between the results from these studies and the present study could be because of the similarities in study design as both studies adopted a descriptive design.

The result showed that 160(40.9%) rarely visited the PHC for acute illnesses (e.g., fever, malaria), 163(41.7%) rarely attended a routine check-up or screening at the PHC, 167(42.7%) often used the PHC for follow-up on a chronic condition (e.g., hypertension), and 191(48.8%) rarely went to the PHC for minor surgical or wound-care procedures. This finding was not surprising though the utilization was high, more have indicated that they rarely use. By implication, the respondents hardly fall ill so there was no need to frequently visit the PHC, but when they seldom fell ill, they utilize the facility to seek healthcare. The finding of this study is in tandem with other studies such as Ugochukwu et al. (2022), Iyinbor et al. (2022), Abdulaziz et al. (2022), and Opeyemi et al. (2023) which showed that the respondents rarely utilize PHC services. The similarity between the results from these studies and the present study could be because of the similarities in study design as both studies adopted a descriptive design.

The result showed that the services rarely accessed were: laboratory test 199(50.9%), maternal or reproductive health services 148(37.9%), emergency or urgent care for sudden injuries or acute episodes 175(44.8%), health education

sessions 156(39.9%), routine preventive services 196(50.1%). This finding is not different from the report from several other studies such as Muzaffar (2015) which showed that, respondents rarely access any primary healthcare facility if such facility is sited in an area, or far distance that challenges families to pay transport fees, and compensate the gap left at home to care for children. The finding also corroborates Fisseha et al. (2017) whose report revealed that healthcare facilities are rarely accessed as distance has a direct impact on the choice of health facilities. This similarity found between the previous studies and the present one could be attributed to the homogeneity of the study population.

The result showed that the perception of service quality by public health workers in Port Harcourt Metropolis was positive. This finding was expected because the respondents who are public health workers already know the importance of PHC which had shaped their perception towards the services. The finding of this study to the study of Ugochukwu et al. (2022) in Enugu state who revealed positive perception towards PHC services. The result from Agofure and Sarki (2017) in Jaba Local Government Area of Kaduna State Nigeria also revealed that perception towards primary healthcare services was positive. The study also corroborates that of Richard and Kio (2021) in Odeda Local Government Area, Ogun State which revealed positive perception towards primary health care services. However, the finding of this study is not in line with the findings of Igwe et al. (2014) on women access to primary health care services in Orumba North Iga, Anambara State, Nigeria which revealed that more than half of the respondents (64.6%) indicated that negative perception of health workers towards use the PHC services. The variance between the previous study and the present one could be attributed to the fact that the previous study reported the perception women toward attitude of healthcare workers which discouraged women from utilizing the PHC services while the present study focused on the perception of service quality among public health workers. This could be implicated for the variance found.

The result showed that the grand mean of  $2.88 \pm 0.86$  was greater than the criterion mean of 2.50, indicating a high extent. Thus, the extent of affordability of the health service to public health workers in Port Harcourt metropolis was high. The finding of this study corroborates that of Bashir (2012) which showed financial cost of service was a major factor which affects access to healthcare service as the access decreased when cost of services increased. The finding of this study is line with that of Esena et al. (2013) which found that payment for health care services is a major factors associated with the use of health care services. The

finding of this study is also in tandem with that of Yadav and Kesarwani ((2016) which showed affordability as a factor affecting access to such health care service. This similarity found between the previous studies and the present one could be attributed to the homogeneity of the study population.

## Conclusion

Based on the findings of the study, it was concluded that, the utilization of primary healthcare services among public health workers in Port Harcourt metropolis, Nigeria was high though the health services were utilized rarely with a positive perception towards the quality of services provided.

## Recommendations

The following recommendations were made based on the findings of the study:

1. Government and health workers should emphasize the need to utilize the services provided by the PHC facilities, by carrying out health awareness campaigns to sustain the high level of utilization found.
2. The government should monitor the cost at which the healthcare services are delivered by setting up a special monitoring team who will promptly visits the health facilities to elicit response from users on the cost of services.
3. More non-governmental organizations should partner with the government to build more primary healthcare facilities in strategic places close to residents.
4. Community health workers should educate the more people on the need for primary healthcare services, this may help to sustain the positive perception found.
5. Community stakeholder should be fully involved in the delivery of PHC services by ensuring that not only public health workers benefit but women at the grassroots level also have access to PHC.

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