



Original Article

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## Barriers and Facilitators Influencing Primary Health Care Utilization in Nasarawa Local Government Area, Kano State, Nigeria: A Qualitative Study

Muhammad Abbas Sani<sup>1,\*</sup>, Ibrahim Shehu Aliyu<sup>2</sup>, Adamu Alhaji<sup>3</sup>, Aisha Mahmoud Ibrahim<sup>1</sup>, Muhammad Alhassan Baba<sup>1</sup>, Mamuda Alhaji Sabo<sup>1</sup>, Abubakar Ibrahim<sup>2</sup>, Hauwa'u Abdullahi Ibrahim<sup>4</sup>, Umar Shuaibu<sup>1</sup>, Hassan Farouk Hassan<sup>2</sup>, Isa Sadeeq Abubakar<sup>4,5</sup>, Hassan Yusuf Ahmad<sup>6</sup>

<sup>1</sup>Department of Public Health, Federal University of Health Sciences, Azare, Bauchi State, Nigeria

<sup>2</sup>Department of Community Medicine, Federal University of Health Sciences, Azare, Bauchi State, Nigeria

<sup>3</sup>Department of Nursing Science, Federal University of Health Sciences, Azare, Bauchi State, Nigeria

<sup>4</sup>Department of Community Medicine, Bayero University Kano, Kano State, Nigeria

<sup>5</sup>Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

<sup>6</sup>Department of Physiotherapy, Karaye Emirate Specialist Hospital, Kano State, Nigeria

\*Corresponding author: [abbassanimuhd99@gmail.com](mailto:abbassanimuhd99@gmail.com)

### Abstract

**Background:** Primary health care (PHC) is a fundamental component of effective health systems and a key strategy for achieving universal health coverage. Despite ongoing efforts to strengthen PHC systems in Nigeria, utilization of primary health care services remains inconsistent in many communities. Understanding the barriers and facilitators influencing PHC utilization is essential for improving access to healthcare services. This study explored community and health system factors influencing the utilization of primary health care services in Nasarawa Local Government Area of Kano State, Nigeria. **Methods:** A qualitative cross-sectional study design was employed using focus group discussions (FGDs) and key informant interviews (KIIs). Six FGDs were conducted among community members, while eight KIIs were conducted with healthcare workers and facility managers. Participants were purposively selected based on their experience with PHC services. Data were collected using semi-structured interview guides and audio-recorded with participants' consent. Transcripts were analyzed using thematic content analysis to identify major themes and subthemes related to barriers and facilitators of PHC utilization. **Results:** Analysis of the data generated two major themes: barriers and facilitators influencing PHC utilization. Key barriers identified included geographical inaccessibility, financial constraints, frequent drug stock-outs, inadequate staffing, long waiting times, and negative provider attitudes. Conversely, several facilitators were reported, including proximity of health facilities, affordability of services, availability of maternal and child health services, trust in healthcare providers, and community outreach activities. Participants emphasized that while PHC services were generally affordable and accessible to nearby communities, systemic challenges such as inconsistent drug supply and workforce shortages reduced confidence in PHC facilities. **Conclusion:** Utilization of primary health care services in the study area is influenced by a combination of structural, financial, and health system factors. Addressing barriers such as drug stock-outs, workforce shortages, and geographical accessibility while strengthening community outreach and trust in healthcare providers is critical for improving PHC utilization. Strengthening PHC systems will contribute significantly to improving healthcare access and health outcomes at the community level.

**Keywords:** Primary Health Care, Utilization, Barriers, Facilitators, Qualitative Study, Nigeria.

## Introduction

Primary health care (PHC) is a cornerstone of effective health systems and a key strategy for achieving universal health coverage. PHC delivers essential preventive, promotive, curative, and rehabilitative services and serves as the first point of contact between individuals and the health system. Strong PHC systems improve population health outcomes, reduce health inequities, and enhance the efficiency of healthcare delivery [World Health Organization, 2008](#); [World Health Organization, 2019](#).

Despite global efforts to strengthen PHC systems, utilization of primary health care services remains suboptimal in many low- and middle-income countries. Health service utilization is influenced by structural, economic, and health system factors [Andersen, 1995](#). Previous studies have identified geographical accessibility, financial capacity, availability of essential medicines, health workforce availability, and perceived quality of care as key determinants of healthcare-seeking behaviour [Kruk et al., 2018](#); [Sharma et al., 2018](#). Structural barriers such as long distances to health facilities and transportation challenges limit PHC utilization in several developing countries [Mohanani et al., 2016](#); [Tessema et al., 2020](#). Financial constraints and out-of-pocket payments also remain important barriers to healthcare access [Dalinjong & Laar, 2012](#); [Pandey et al., 2018](#).

Health system challenges also affect PHC utilization. Inadequate staffing, long waiting times, poor provider–patient communication, and frequent stock-outs of essential medicines can discourage community members from seeking care at primary health facilities [Kruk et al., 2018](#). In Nigeria, inconsistent drug supply, workforce shortages, and financial barriers have been reported to influence PHC utilization [Federal Ministry of Health, 2016](#), particularly in northern regions where health system capacity remains limited.

Community perceptions and trust in healthcare providers also influence healthcare-seeking behaviour. Positive provider attitudes and community engagement can encourage the use of PHC services, while negative experiences may discourage utilization [Gilson, 2003](#); [Ozawa & Sripad, 2013](#). Community outreach and health education programmes can further improve awareness of avail-

able services and strengthen trust between communities and health facilities.

Qualitative research approaches provide valuable insights into community experiences and perceptions of healthcare services and help identify context-specific barriers and facilitators influencing PHC utilization [Creswell & Creswell, 2018](#). Nasarawa Local Government Area of Kano State represents a setting where PHC facilities are available but utilization remains inconsistent. This study therefore explored community and health system factors influencing the utilization of primary health care services in Nasarawa Local Government Area, Kano State, Nigeria.

## Methods

### Study Design

This study employed a qualitative cross-sectional design using focus group discussions (FGDs) and key informant interviews (KIIs) to explore barriers and facilitators influencing the utilization of primary health care (PHC) services. A qualitative approach was considered appropriate because it enables in-depth exploration of participants' experiences, perceptions, and attitudes regarding PHC utilization within their social and health system context [Creswell & Creswell, 2018](#).

### Study Setting

The study was conducted in Nasarawa Local Government Area (LGA) of Kano State, Nigeria. The LGA comprises both urban and semi-urban communities and has several functional primary health care facilities that provide services such as maternal and child health care, immunization, treatment of common illnesses, and health education. The area was selected because of its diverse population and varying patterns of PHC utilization.

### Study Participants and Sampling

Participants included adult community members and healthcare providers with experience in using or delivering PHC services. Community participants consisted mainly of male and female caregivers residing in the study communities, while key informants included healthcare workers and facility managers involved in PHC service delivery.

A purposive sampling technique was used to re-

cruit participants who could provide relevant information regarding PHC utilization. Community participants were recruited through community leaders and local health facility contacts, while key informants were selected based on their professional roles within PHC facilities.

### Data Collection

Data were collected using semi-structured interview guides designed to explore participants' experiences and perceptions regarding PHC utilization. The guides included questions on accessibility of PHC facilities, availability of medicines and services, healthcare provider attitudes, financial challenges, and community perceptions of PHC services.

Six focus group discussions were conducted with community members to capture shared experiences regarding PHC utilization, while eight key informant interviews were conducted with healthcare providers and facility managers to obtain insights into health system challenges affecting service delivery. Interviews and discussions were conducted in the local language by trained research assistants. With participants' consent, interviews were audio-recorded and supplemented with field notes documenting contextual information and non-verbal cues.

### Data Analysis

Audio recordings were transcribed verbatim and translated into English. Data were analyzed using thematic content analysis. Transcripts were reviewed and coded to identify meaningful units of information related to PHC utilization. Codes were subsequently grouped into categories and organized into broader themes and sub-themes describing barriers and facilitators influencing PHC utilization. Data analysis was conducted iteratively to allow emerging themes to guide interpretation of the findings.

### Rigor and Trustworthiness

The trustworthiness of the qualitative findings was ensured through strategies that enhanced credibility, dependability, confirmability, and transferability [Lincoln & Guba, 1985](#). Credibility was strengthened through triangulation of data sources obtained from both community members and health-

care providers. Dependability was ensured through systematic documentation of the research procedures and analytic process. Confirmability was enhanced by maintaining an audit trail of coding decisions and presenting representative participant quotations to support the findings. Transferability was supported through detailed descriptions of the study setting and participants.

### Data Saturation

Data collection continued until thematic saturation was reached, defined as the point at which additional interviews or discussions did not generate new themes relevant to PHC utilization.

### Ethical Considerations

Ethical approval for the study was obtained from the Kano State Ministry of Health Research Ethics Committee (Approval No.: SHREC/2025/5863). Permission was also obtained from relevant local authorities and health facility managers before data collection. Written informed consent was obtained from all participants prior to participation. Participants were assured of confidentiality and anonymity, and all information obtained during the study was used strictly for research purposes.

## Results

### Socio-demographic Characteristics of Study Participants

**Table 1: Characteristics of Study Participants**

Participant Category	Description	Number
Focus Group Discussions (FGDs)	Community members (male and female caregivers)	6
Key Informant Interviews (KIIs)	Healthcare workers Facility managers	5 3
<b>Total Participants</b>		<b>14</b>

Six focus group discussions (FGDs) were conducted with community members, and eight key informant interviews (KIIs) were conducted with healthcare providers and facility managers working in primary

health care facilities in the study area. Participants included male and female caregivers from urban and semi-urban communities as well as healthcare workers involved in PHC service delivery. The distribution of participants is presented in Table 1.

**Themes and Subthemes Identified**

Analysis of the qualitative data generated two major themes influencing PHC utilization: barriers to PHC utilization and facilitators of PHC utilization. Each theme consisted of several subthemes reflecting participants’ experiences and perceptions regarding PHC services (Table 2).

**Theme 1: Barriers to Primary Health Care Utilization**

Participants identified several barriers that limited the utilization of PHC services including geographical inaccessibility, financial constraints, drug stock-outs, inadequate staffing, long waiting times, and negative provider attitudes (Table 3).

**Table 2: Major Themes and Subthemes Identified**

Theme	Subthemes
<b>Barriers to PHC Utilization</b>	Geographical inaccessibility Financial constraints Drug stock-outs Inadequate staffing Long waiting time Negative provider attitude
<b>Facilitators of PHC Utilization</b>	Proximity of health facilities Affordability of services Availability of maternal and child health services Trust in healthcare providers Community outreach activities

Distance to health facilities and transportation challenges were commonly reported barriers, particularly among residents of semi-urban communities. Participants explained that long travel distances discouraged them from seeking care, especially during emergencies.

“The health centre is far from our community. When someone is sick, especially at night, it becomes very difficult to reach the facility.”

*(FGD participant, female caregiver)*

Participants also reported financial constraints such as transportation costs and out-of-pocket payments. Frequent drug stock-outs reduced confidence in PHC facilities, while shortages of healthcare workers resulted in long waiting times for services. Some participants also expressed dissatisfaction with the attitudes of certain healthcare workers, which discouraged them from using PHC facilities.

**Table 3: Reported Barriers to PHC Utilization**

Barrier	Description
<b>Geographical inaccessibility</b>	Long distance to PHC facilities and transportation challenges
<b>Financial constraints</b>	Transportation costs and out-of-pocket payments
<b>Drug stock-outs</b>	Frequent unavailability of essential medicines
<b>Inadequate staffing</b>	Shortage of healthcare workers
<b>Long waiting time</b>	Delays before receiving care
<b>Negative provider attitude</b>	Poor communication and perceived disrespect

**Theme 2: Facilitators of Primary Health Care Utilization**

Despite the barriers identified, participants also reported several factors that encouraged the use of PHC services including proximity of health facilities, affordability of services, availability of maternal and child health services, trust in healthcare providers, and community outreach activities (Table ??).

Participants indicated that proximity to PHC facilities encouraged healthcare utilization because services were easier to access.

“Because the clinic is close to our community, it is easy for us to go there when our children are sick.”

*(FGD participant)*

**Table 4: Reported Facilitators of PHC Utilization**

Facilitator	Description
<b>Proximity of health facilities</b>	Short distance to nearby PHC centres
<b>Affordability of services</b>	Lower cost compared with private facilities
<b>Maternal and child health services</b>	Availability of immunization, antenatal care, and treatment
<b>Trust in healthcare providers</b>	Confidence in healthcare workers
<b>Community outreach</b>	Health education and outreach activities

Participants also noted that PHC services were generally affordable compared with private facilities. Availability of maternal and child health services such as immunization and antenatal care further encouraged utilization. In addition, community outreach and health education activities helped improve awareness of available services and strengthened trust in PHC facilities.

## Discussion

This qualitative study explored community and health system factors influencing the utilization of primary health care (PHC) services in Nasarawa Local Government Area of Kano State, Nigeria. The findings indicate that PHC utilization is influenced by a combination of structural, socioeconomic, and health system factors. Key barriers identified included geographical inaccessibility, drug stock-outs, inadequate staffing, long waiting times, financial constraints, and negative provider attitudes. Conversely, facilitators included proximity to health facilities, affordability of services, availability of maternal and child health services, trust in healthcare providers, and community outreach activities.

Geographical accessibility emerged as an important determinant of PHC utilization in this study. Participants frequently reported that long distances to health facilities and transportation challenges discouraged timely healthcare-seeking. Similar findings have been reported in studies conducted in Ethiopia and India, where distance to health facilities significantly reduced utilization of

primary health care services [Abebe et al., 2019](#); [Ghosh, 2017](#). Evidence from Bangladesh also indicates that physical accessibility strongly influences healthcare utilization [Ahmed et al., 2009](#). In Nigeria, geographical accessibility remains a major determinant of healthcare-seeking behaviour, particularly in northern regions where health facilities are unevenly distributed and transportation infrastructure is limited [National Primary Health Care Development Agency, 2019](#). These findings highlight the need to improve physical access to PHC services in resource-constrained settings.

Drug stock-outs were also identified as an important barrier to PHC utilization. Participants reported that frequent shortages of essential medicines reduced their confidence in PHC facilities and encouraged them to seek care from private pharmacies or informal providers. Similar findings have been reported in Uganda, where inconsistent availability of essential medicines reduced utilization of public health services [Armstrong-Hough et al., 2018](#). Studies conducted in Ghana have also shown that medicine shortages discourage community members from using PHC facilities [Agodokpessi et al., 2020](#). In Nigeria, weak pharmaceutical supply systems and irregular procurement processes have been identified as major contributors to medicine shortages at primary health care facilities [National Primary Health Care Development Agency, 2019](#). Strengthening medicine supply chains may therefore be critical for improving reliability and community trust in PHC services.

Health workforce constraints and long waiting times were also reported as barriers to PHC utilization. Participants indicated that shortages of healthcare workers increased patient waiting times and reduced service efficiency. Similar findings have been reported in South Africa, where inadequate staffing negatively affected service delivery and utilization of health services [George et al., 2012](#). Evidence from Pakistan also shows that workforce shortages contribute to longer waiting times and reduced healthcare utilization [Malik & Hussain, 2017](#). In Nigeria, inadequate human resources for health at the PHC level remain a major challenge affecting service delivery and quality of care [Federal Ministry of Health, 2016](#). Addressing workforce shortages through improved recruitment, training, and retention strategies may there-

fore improve PHC utilization.

Financial barriers were also identified as determinants of healthcare utilization. Although PHC services are generally intended to be affordable, participants reported hidden costs and out-of-pocket expenditures that limited their ability to access care. Similar findings have been reported in India, where out-of-pocket healthcare payments significantly reduce healthcare utilization [Berman et al., 2010](#). Evidence from Ghana also indicates that financial constraints remain a major barrier to primary health care access [Blanchet et al., 2012](#). In Nigeria, out-of-pocket spending continues to represent the dominant form of health financing, often limiting access to healthcare services for low-income populations [Federal Ministry of Health, 2016](#). Reducing financial barriers through expanded health insurance coverage may therefore improve access to PHC services.

Provider attitude and perceived quality of care also influenced PHC utilization in this study. Some participants reported negative interactions with healthcare workers that discouraged them from seeking care at PHC facilities. Evidence from Kenya has shown that perceived poor quality of care and negative provider attitudes reduce healthcare utilization [Topp et al., 2018](#). Similar findings have been reported in Ethiopia, where patient dissatisfaction with provider behaviour discouraged use of health services [Berhanu & Berhanu, 2015](#). Improving patient-provider relationships and strengthening patient-centered care may therefore enhance utilization of PHC services.

Despite these barriers, several facilitators of PHC utilization were identified. Proximity to health facilities, affordability of services, and availability of maternal and child health services were frequently cited as factors encouraging healthcare use. Trust in healthcare providers and community outreach activities also strengthened community engagement with PHC facilities. Evidence from Brazil has shown that improved accessibility and community trust significantly increase primary health care utilization [Macinko & Harris, 2011](#). Similarly, studies conducted in Tanzania have demonstrated that community outreach programs and improved service accessibility can increase healthcare utilization [Mubyazi et al., 2012](#). These findings suggest that strengthening community engagement and im-

proving service accessibility may enhance PHC utilization.

## Conclusion

This study identified several community and health system factors influencing the utilization of primary health care services in Nasarawa Local Government Area, Kano State, Nigeria. Major barriers included geographical inaccessibility, drug stock-outs, workforce shortages, long waiting times, financial constraints, and negative provider attitudes. Conversely, proximity of health facilities, availability of maternal and child health services, trust in healthcare providers, and community outreach activities were identified as key facilitators. Addressing these barriers while strengthening the identified facilitators is essential for improving PHC utilization and health outcomes at the community level.

## Recommendations

Based on the findings of this study, the following actions are recommended:

1. Strengthen pharmaceutical supply systems to ensure consistent availability of essential medicines in PHC facilities.
2. Improve health workforce capacity through recruitment, training, and equitable distribution of healthcare workers.
3. Strengthen community outreach and health education programs to improve awareness and trust in PHC services.
4. Improve geographical accessibility through strategic placement of PHC facilities and better transportation infrastructure.

## Study Limitations

This study has some limitations. First, it was conducted in a single local government area in Kano State, which may limit generalizability to other settings. Second, as a qualitative study, the findings are based on participants' perceptions and experiences and may be subject to recall or personal interpretation. However, the use of multiple data sources helped strengthen the credibility of the findings.

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## Conflict of Interest

The authors declare no conflict of interest.

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## Authors' Contribution

MAS conceived the study, designed the research methodology, coordinated data collection, conducted data analysis, and drafted the manuscript. ISA and AA contributed to study design, interpretation of findings, and critical revision of the manuscript.

AMI, MAB, and MAS assisted with data collection, transcription, and data management.

AI, HAI, and US participated in literature review, data interpretation, and manuscript editing.

HFH, ISA, and HYA provided technical guidance, reviewed the manuscript for intellectual content, and supervised the research process. All authors read and approved the final version of the manuscript.

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