International Journal of Clinical and Experimental Medical Sciences
2025, Vol. 11, No. 5, pp. 77-81
https://doi.org/10.11648/j.ijcems.20251105.13

Research Article

Challenges in Primary Health Care Delivery and Health-Seeking Behaviour: Implementing Social Behavioural Strategies in Awka, Nigeria

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Abstract

Primary health care (PHC) is essential for providing equitable and accessible health services, particularly in low- and middle-income countries like Nigeria. However, in Awka, the capital city of Anambra State, significant challenges impede the effective delivery of PHC services. This paper examines these challenges, focusing on systemic and socio-behavioural barriers that undermine health outcomes in the region. The study identifies key issues such as inadequate infrastructure, insufficient funding, a critical shortage of skilled health personnel, and persistent logistical problems in the supply and distribution of essential medical resources. Additionally, it highlights the complex social and behavioural factors rooted in cultural beliefs, low health literacy, and community distrust that contribute to poor health-seeking behaviours and resistance to public health interventions. The interplay between these operational and socio-cultural challenges results in suboptimal delivery of PHC services, particularly in areas such as preventive care, maternal and child health, and chronic disease management. To address these issues, the paper advocates for the development and implementation of targeted social and behavioural strategies that are culturally sensitive and community-driven. By tackling both the systemic inefficiencies and the socio-behavioural obstacles, there is potential to significantly improve health outcomes in Awka. This study contributes to the broader discourse on healthcare delivery in Nigeria, offering insights that could inform policy development and programme implementation in similar contexts across the country and beyond.

Keywords

Challenges, Health-Seeking Behaviour, Implementing, Primary Healthcare delivery, Social Behavioural Strategies

1. Introduction

Primary health care (PHC) "is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's health needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment", World Health Organization [12], It was first recognized globally in 1978 as a veritable tool for achieving health for all peoples of the world and for addressing the main health problems in

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Received: 5 May 2025; **Accepted:** 25 August 2025; **Published:** 26 September 2025

the community by providing promotive, preventive, curative as well as rehabilitative services to the populace [11]. Primary health care (PHC) serves as the bedrock of health systems worldwide, aiming to provide accessible, affordable, and equitable health services to populations. However, in Awka, Nigeria, the delivery of PHC is fraught with significant challenges that undermine its effectiveness. The health system in this region grapples with inadequate infrastructure, insufficient funding, a shortage of skilled health personnel, and persistent logistical issues in the supply and distribution of essential drugs and medical supplies [1, 8].

Moreover, these operational challenges are exacerbated by complex social and behavioral factors. Cultural beliefs, low health literacy, and community distrust of health services contribute to poor health-seeking behaviors and resistance to public health interventions [2, 4, 9]. These barriers are particularly pronounced in preventive care, maternal and child health, and the management of chronic diseases. The intersection of these systemic impediments with socio-cultural dynamics results in suboptimal health outcomes in Awka. Addressing these issues is critical for enhancing the quality of PHC services and achieving better health outcomes for the population in this region [1, 6, 10]. A comprehensive understanding of these challenges is necessary to develop and implement effective social and behavioural strategies that mitigate these barriers and improve health care delivery in Awka. This paper explores the challenges in PHC delivery in Awka, Nigeria, and to assess the potential of social behavioural strategies to mitigate these challenges.

2. Primary Health Care System in Nigeria: An Overview

Primary Health Care (PHC) is the cornerstone of any effective healthcare system, providing the first level of contact for individuals, families, and communities with the health system. In Nigeria, the PHC system is particularly crucial due to the country's large population, diverse geography, and varying levels of healthcare access across different regions. The PHC system in Nigeria is designed to deliver essential health services that are universally accessible to individuals and families in the community. It is part of the broader healthcare system, which includes secondary and tertiary levels of care. The Nigerian PHC system is domiciled in communities and primarily managed at the local government level, with oversight from state and federal authorities. The structure of the PHC system in Nigeria can be traced back to the 1978 Alma-Ata Declaration, which emphasized the importance of PHC in achieving "Health for All." In response, Nigeria adopted the PHC approach in the 1980s, establishing a three-tier system comprising health posts, health clinics, and comprehensive health centers [5]. These facilities are meant to offer a range of services, including preventive, promotive, curative, and rehabilitative care.

3. Challenges Facing the Primary HealthCare System in Awka/Nigeria

Despite the well-intentioned design, the PHC system in Nigeria faces numerous challenges. One of the most significant issues is the chronic underfunding of PHC services. According to the [11], Nigeria's health expenditure as a percentage of GDP is among the lowest in the world, with a significant proportion of health funding coming from out-of-pocket payments by households [8, 12]. Another major challenge is the shortage of skilled health workers. Nigeria faces a critical shortage of doctors, nurses, and other health professionals, particularly in rural areas where the need for PHC services is most acute. The uneven distribution of health workers is exacerbated by poor working conditions, inadequate infrastructure, and the brain drain of medical professionals to other countries [3, 8].

Furthermore, the PHC system is plagued by inefficiencies in the supply chain for essential medicines and vaccines, leading to frequent stockouts and interruptions in service delivery. These challenges are compounded by governance issues, including weak coordination among the different levels of government and a lack of accountability in the management of health resources [6, 9, 10].

4. Challenges in Primary Health Care Delivery in Awka

The delivery of PHC in Awka faces a range of challenges that compromise the quality, accessibility, and effectiveness of health services. These challenges are multifaceted and interrelated, creating a complex environment that requires comprehensive interventions.

I Inadequate Infrastructure

Inadequate infrastructure is one of the most significant challenges facing PHC in Awka. Many healthcare facilities lack basic amenities such as clean water, reliable electricity, and essential medical equipment [7]. This has not only compromised the quality of care but, also discouraged healthcare professionals from working in these facilities, exacerbating the shortage of skilled personnel. Awka Metropolis faces significant infrastructure challenges despite being an urban center. Many PHC facilities in the city and our rural communities are outdated and poorly maintained. According to a 2023 survey, approximately 30% of health centers in Awka lack essential diagnostic tools and reliable power supply, impacting service delivery [1, 8, 9]. Also, rapid urbanization has increased pressure on existing facilities, exacerbating resource shortages.

Ii Insufficient Funding and Resources

The PHC system in Awka is underfunded, leading to shortages of essential medicines, medical supplies, and trained healthcare workers. This lack of resources results in suboptimal care and forces patients to seek treatment in sec-

ondary or tertiary facilities, increasing the burden on the broader health system. PHC services in Awka suffer from chronic underfunding, leading to shortages of essential medicines, medical supplies, and human resources [4]. This lack of resources forces patients to seek care at secondary or tertiary facilities, placing additional strain on the broader health system and leading to delays in care. Financial limitations significantly impact PHC delivery in Awka Metropolis. The city's health budget is constrained by broader state financial issues, with recent reports indicating a 12% reduction in health funding [12]. The challenges are compounded by inefficiencies in fund allocation and management, leading to delays in procurement as well as, maintenance of health equipment.

iii Shortage of Skilled Health Care Professionals

There is a critical shortage of trained healthcare professionals in Awka's PHC centers. Many health workers are undertrained or overworked, leading to burnout and high turnover rates [1, 5]. These shortages hamper the capacity of PHC centers to provide comprehensive care and respond to the health needs of the people in the community. Therefore, the health workforce in Awka Metropolis is strained due to high demand and limited resources. Data from the Awka Health Authority indicates that the city has a critical shortage of health professionals, with fewer than 50% of the required staff available [8, 10]. The urban-rural disparity in health worker distribution means that while some areas in Awka have better access to health professionals, others remain underserved. The high cost of living in the city also affects the recruitment and retention of health workers.

v Systemic Inefficiencies and Bureaucratic Delays

Systemic inefficiencies, including bureaucratic delays and poor management practices, further undermine PHC delivery in Awka. These inefficiencies result in the under-allocation of resources, delayed procurement of essential supplies, and ineffective healthcare delivery [7]. Management challenges are prevalent in Awka's health system, including administrative inefficiencies and corruption. Reports suggest that around 18% of health sector funds in Awka are misappropriated or inefficiently used, affecting overall service delivery [10]. These management issues contribute to delays and discrepancies in health service implementation.

5. Implementing Social Behavioral Strategies in Awka

Social behavioural strategies are crucial for promoting health-seeking behaviours and improving health outcomes. However, their implementation in Awka is challenged by cultural barriers, low health literacy, and limited community engagement.

I Cultural Beliefs and Practices

Cultural beliefs and practices play a significant role in shaping health behaviors in Awka. Traditional beliefs about health and illness, reliance on alternative medicine, and stigma associated with certain diseases can hinder the adoption of modern health practices. Social behavioral strategies must be culturally sensitive and tailored to address these beliefs [4].

Ii Low Health Literacy

Low levels of health literacy in Awka contribute to poor health outcomes and limit the effectiveness of social behavioural interventions. Many individuals lack the knowledge and skills needed to make informed decisions about their health, leading to delayed or inappropriate health-seeking behaviours [8, 1]. Enhancing health literacy is critical for the success of social behavioral strategies. Expanding health education programs tailored to the urban context of Awka can address prevalent health issues. Programmes focusing on preventive care, such as sanitation and non-communicable diseases, are crucial. Recent initiatives like the "Awka Health Awareness Campaign" have shown promise in increasing public knowledge and promoting healthier behaviors [12].

iv Limited Community Engagement

Community engagement is essential for the successful implementation of social behavioural strategies. In Awka, there is seldom limited involvement of community members in health programs, which reduces the impact of these interventions. Strengthening community engagement through participatory approaches can enhance the effectiveness of social behavioral strategies [3, 4]. Community engagement is vital for improving PHC outcomes in Awka Metropolis. Initiatives, such as the "Awka Community Health Council" can enhance local involvement in health planning and delivery. The success of similar models in urban settings, such as the "City Health Forums" in Lagos, demonstrates the benefits of involving community members in decision-making processes [9].

6. Theoretical Framework

To understand the challenges in PHC delivery and the implementation of social behavioural strategies in Awka, the Social Determinants of Health (SDH) framework, provides a comprehensive lens through which to understand the factors influencing health outcomes. It encompasses the conditions in which people are born, grow, live, work, and age, and how these conditions are shaped by the distribution of money, power, and resources. Applying the SDH framework to the Primary Health Care (PHC) system in Nigeria highlights the broader social, economic, and environmental factors that affect health outcomes and access to healthcare services.

7. Social Determinants of Health and the Nigerian PHC System

The PHC system in Nigeria is deeply intertwined with the social determinants of health, which can be grouped into the

following categories:

I Economic Stability:

Economic stability is a critical determinant of health, influencing individuals' ability to access and afford healthcare services. In Nigeria, a significant proportion of the population lives in poverty, which directly impacts their health-seeking behavior and access to PHC services.

Income and Employment: Low-income levels and high unemployment rates in Nigeria contribute to financial barriers that prevent many people from accessing PHC services. Out-of-pocket expenses for healthcare, such as consultation fees, medication, and transportation, are often prohibitive, leading to delayed or foregone care [6, 11].

Ii Economic Inequality: Economic disparities between urban and rural areas exacerbate inequities in access to PHC services. Rural areas, where poverty rates are higher, often have fewer health facilities, less qualified health workers, and inadequate infrastructure, further limiting access to care [9, 10].

Ii Education:

Education is a powerful determinant of health, influencing health literacy, health behaviors, and the ability to navigate the healthcare system.

Health Literacy: In Nigeria, varying levels of education impact individuals' understanding of health information and their ability to make informed health decisions. Low literacy levels, particularly in rural areas, contribute to poor health-seeking behaviors, such as low utilization of antenatal care, immunization services, and preventive health practices [2].

iii Educational Attainment: Higher educational attainment is associated with better health outcomes, as educated individuals are more likely to engage in healthy behaviors, seek timely medical care, and advocate for their health needs. However, disparities in educational opportunities, particularly for women and girls, limit their ability to access and benefit from PHC services.

Iii Social and Community Context:

The social and community context, including social networks, cultural norms, and levels of social cohesion, plays a significant role in health outcomes and access to PHC services.

Iv Cultural Beliefs and Practices: In many Nigerian communities, traditional beliefs and practices influence health-seeking behaviors. For example, reliance on traditional healers and skepticism towards modern medicine can lead to delayed or avoided use of PHC services. Cultural norms also affect attitudes toward family planning, maternal health, and child immunization [10].

V Social Support Networks: Strong social support networks can facilitate access to healthcare by providing emotional, informational, and financial support. In Nigeria, extended family and community networks often play a crucial role in supporting health-seeking behavior. However, social stigma related to certain health conditions, such as HIV/AIDS, can also discourage individuals from seeking care.

Iv Neighborhood and Physical Environment:

The physical environment, including the quality of housing, access to clean water, sanitation, and transportation, significantly impacts health and access to PHC services.

i Infrastructure: Poor infrastructure, particularly in rural and underserved urban areas, limits access to PHC services. Inadequate transportation options, poor road conditions, and long distances to health facilities make it difficult for individuals to seek timely care, especially in emergencies [1].

Ii Environmental Health Risks: Exposure to environmental health risks, such as poor sanitation, unsafe drinking water, and pollution, contributes to the burden of disease in Nigeria. These risks are often higher in low-income communities, where access to clean water and sanitation services is limited, leading to higher rates of waterborne diseases and other health issues.

Health Care Access and Quality:

Access to and the quality of healthcare services are central to the SDH framework, directly influencing health outcomes.

I Availability of Services: The availability of PHC services in Nigeria is uneven, with significant disparities between urban and rural areas. While urban areas may have better access to health facilities, rural areas often suffer from a shortage of health workers, essential medicines, and medical equipment [7].

Ii Quality of Care: The quality of PHC services in Nigeria is affected by several factors, including underfunding, inadequate training for health workers, and poor infrastructure. These challenges lead to inconsistent service delivery, which undermines public trust in the health system and discourages the use of PHC services.

Vi Addressing SDH to Strengthen the PHC System in Nigeria

To improve the effectiveness of the PHC system in Nigeria, it is essential to address the underlying social determinants of health:

I Poverty Alleviation Programmes: Implementing poverty alleviation programs that enhance economic stability, such as job creation, social safety nets, and access to affordable healthcare, can reduce financial barriers to PHC services.

ii Education Initiatives: Expanding educational opportunities, particularly for women and girls, can improve health literacy and empower individuals to make informed health decisions. Health education campaigns tailored to the literacy levels and cultural contexts of different communities are also crucial.

iii Community Engagement: Engaging communities in health planning and decision-making processes can ensure that PHC services are culturally appropriate and responsive to local needs. Strengthening community health committees and involving traditional leaders in health promotion can enhance the acceptability and uptake of PHC services.

iv Infrastructure Development: Investing in infrastructure improvements, such as better roads, transportation, and

health facilities, can enhance access to PHC services, particularly in rural areas. Ensuring access to clean water and sanitation is also critical for reducing the burden of disease.

V Improving Health Care Quality: Enhancing the quality of PHC services through better training for health workers, adequate supply of essential medicines, and improved facility management can build public trust and encourage greater use of PHC services.

8. Conclusion and Recommendations

The delivery of primary health care in Awka, Nigeria, faces significant challenges that require urgent attention. Inadequate infrastructure, insufficient funding, a shortage of skilled healthcare professionals, and systemic inefficiencies undermine the effectiveness of PHC services. In the broader context of public health, Primary Health Care is indispensable for achieving health equity, improving health outcomes, and ensuring the sustainability of health systems. Its emphasis on accessibility, prevention, integration, and community involvement makes it a critical component of effective public health strategies and a cornerstone of universal health coverage. Also, the implementation of social behavioral strategies is hindered by cultural barriers, low health literacy, and limited community engagement. To address these challenges, there is a need for targeted interventions, including upgrading health facilities, improving workforce training, and enhancing financial management. Strengthening community engagement and partnerships between government, NGOs, and private sectors can also contribute to better PHC outcomes in Awka City. By leveraging the theoretical framework discussed in this paper, policymakers and healthcare providers can develop strategies that are both effective and sustainable, ultimately improving health outcomes for the people of Awka and beyond.

Abbrevations

PHC	Primary Health Care
MCH	Maternal and Child Health
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
NGO	Non-Governmental Organization
LGA	Local Government Area
SBAs	Skilled Birth Attendants
IEC	Information, Education, and Communication
HSB	Health-Seeking Behaviour
WHO	World Health Organization
WASH	Water, Sanitation, and Hygiene
COVID-19	Coronavirus Disease 2019
CMAM	Community Management of Acute Malnutrition
RUTF	Ready-to-Use Therapeutic Food

Conflicts of Interest

The authors declare no conflicts of interest.

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