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Influence of community mobilisation on utilisation of primary health care services among residents of Ilorin-West LGA, Kwara State

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Abstract---Community mobilisation remains a vital strategy for achieving health for all through effective primary health care (PHC) delivery in Nigeria. Despite this, PHC facilities in Kwara State are largely underutilised, especially in rural areas. This study examined the influence of community mobilisation on the utilisation of PHC

services among residents of Ilorin West Local Government Area, Kwara State. Specifically, it investigated whether increased awareness, improved access to health services, and enhanced community participation influence PHC utilisation. A descriptive survey design was adopted, and a multistage sampling technique was used to select 422 respondents. Data were collected using a validated researcher-designed questionnaire with a reliability coefficient of 0.80, and analysed using chi-square at a 0.05 significance level. The findings revealed that increased awareness ($\chi^2 = 56.28$, $df = 6$), improved access to health services ($\chi^2 = 21.37$, $df = 6$), and enhanced community participation ($\chi^2 = 77.87$, $df = 6$) significantly influenced PHC utilisation. The study concluded that community mobilisation positively impacts the use of PHC services in Ilorin West LGA. It recommended that residents support continuous health education campaigns, advocate for regular mobile clinics and outreach initiatives, and actively participate in local health committees to ensure community health needs are effectively met.

Keywords---Community Mobilisation, Primary Health Care, Utilisation.

1 Introduction

Health is wealth and basic need of life. The task of ensuring health for all is the responsibility of every individual. It is generally believed that improvement in health leads to a corresponding improvement in life expectancy, which is an index of human development. Active community participation in matter affecting their health and wellness rest entirely on the level of community mobilisation at the grassroots. Community mobilisation is essentially a process for reaching out to sectors of the community in creating partnerships to focus on ways of addressing a pressing issue or health problem. Empirical evidence has shown that among poor countries of the world, an increase in life expectancy is strongly correlated with increased access to and utilization of health care services (Fosu, 2020; Diop, 2020). This can be achieved by empowering community members and groups to take action to facilitate change (Okonkwo & Ngene, 2018). They include mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community. Mobilization efforts are often described as building community collaborative partnerships, community engagement, involvement, or coalition building (Haddad & Fournier, 2023).

Coalition building is the gateway to providing effective health care services to individuals, families, and groups within the communities concerned. Community mobilization engenders community participation and community ownership and ultimately guarantees the sustainability of health programmes (Magawa, 2022). In addition, it enhances resource mobilization, cost minimization, and appropriate utilization of health services (Obionu, 2017). Adequate resource mobilization and usage are particularly crucial for implementing primary health care. Important aspects of community mobilization include community entry, community

dialogue, and advocacy. In community entry, important stakeholders are engaged to obtain the necessary permission for health programmes and services, while community dialogue provides an opportunity for community members to channel their inputs into the planning, implementation, and evaluation processes (Uzochukwu et al., 2018). The components of community mobilization are determined by the national and local social, political, and economic circumstances, and by the expectations, needs, and abilities prevailing in the locality (Lucas & Gilles, 2023). It is essential to see the components as a continuum of community organization, mobilization, and involvement. Community organization is about creating self-awareness as an active entity. Although communities have implicit systems that have always existed and survived, from the point of view of health services, at least, a community should have a representative body to liaise and communicate with. This will give the community an explicit and functional structure. Mobilization is not a one-time activity but rather a continuous one expected to outlive any health workers (Magawa, 2022). Hence, the implementation of community mobilization requires a conducive political environment and commitment to make it a successful movement (Stock, 2018).

Comprehensive health centres are primary health care facilities providing promotive, preventive, curative, and rehabilitative services to a community. They may be well-built and equipped with adequate human and material resources and well-funded with taxpayers' money, but they are often grossly underutilized due to several factors, which may be economic, educational, geographical, sociocultural, political, legal, or religious (Buor, 2023). The attitude of health workers, the availability of doctors, irregular supplies and commodities, and inefficient service delivery are other strong factors affecting the utilization of these health services (Baltussen & Ye, 2015). In Africa, up to 80% of the population uses traditional medicine for primary health care (Haddad & Fournier, 2023). Eighty-five per cent of Nigerians use and consult traditional medicine for healthcare, social, and psychological benefits (Fosu, 2020). In rural Burkina Faso, modern health care facilities are only consulted by 19% of the population; others choose home treatment (52%), traditional healers (17%), or local village health workers (5%). This translates to a utilization of government services as low as 0.17 consultations per capita in 1997 (Diop, 2020). In Ghana, Mali, Nigeria, and Zambia, herbal medicines are the first line of treatment for 60% of children with high fever from malaria (Obionu, 2017). About 60–85% of births delivered in Nigeria, especially in rural communities, are by Traditional Birth Attendants, and these take place outside the health facilities. Many patients prefer to seek care at patent medicine stores or with traditional medicine operators instead of the formal health sector (Magawa, 2022).

Community mobilization and participation are known to play a key role in the utilization of health services by ensuring ownership and sustainability of health programmes and interventions (Okonkwo & Ngene, 2018). It involves encouraging the community to take part in their health care and development. It is a lengthy process and not only implies that the community members, government, and NGOs come together to develop a strategy to resolve issues within the community, but also entails the pooling of their resources (Uzochukwu et al., 2018). A key component of community mobilization involves identifying and developing leaders

from the community by strengthening and building their capacities in various issues (Lucas & Gilles, 2023). Community mobilization is neither a campaign undertaken once, nor a series of campaigns carried out over time. It is a continual and cumulative communication through educational and organizational processes that produce a growing autonomy and consciousness in the community about taking development into their own hands (Stock, 2018).

Community mobilization plays a pivotal role in raising awareness and knowledge about primary healthcare services. Educating the population about available healthcare services and their benefits ensures better understanding and utilization. Abdulraheem et al., (2022) highlight that awareness campaigns and educational programs are essential in breaking barriers to healthcare access in rural communities. These campaigns often involve tailored messages addressing cultural and social determinants that hinder access to care. Moreover, Maralankar and Rosenfield (2015) emphasize the use of community platforms like age-grade systems to disseminate health education. This culturally sensitive approach enhances comprehension and acceptance of health information, fostering community-wide engagement. Similarly, the work of Ajuba et al. (2021) underscores the importance of community consent-seeking activities, which build trust and encourage participation in health initiatives. Access to primary healthcare services often remains a challenge, particularly in rural and underserved areas. Community mobilization facilitates the development of infrastructure, transportation, and service delivery mechanisms that enhance access. Agarwal and Sarasua (2022) document Care India's Maternal and Infant Survival Project, where community-based health financing schemes improved access to maternal health services, ensuring affordability and proximity. In Nigeria, Abdulraheem et al. (2022) identify critical strategies for overcoming logistical barriers, such as the establishment of mobile clinics and outreach programs. These interventions, driven by community involvement, ensure that healthcare reaches marginalized populations. Similarly, Hagazy (2022) compares healthcare access between nomadic and settled populations, showing that community-driven initiatives significantly improve service utilization among nomads. The study by Onah, Ikeako, and Iloabachie (2018) further highlights how community mobilization can address gender-specific barriers. In Southeastern Nigeria, engaging community leaders and women's groups enhanced access to maternity services, as cultural constraints limiting women's mobility and healthcare access were mitigated through collective action.

One of the hallmarks of community mobilization is fostering active community participation in healthcare planning and delivery. This participatory approach ensures that health programs align with the community's unique needs and preferences. Freeman and Motsei (2016) argue for the inclusion of traditional healers in South African healthcare planning, as their involvement bridges the gap between modern and traditional practices, fostering community trust and participation. Ajuba et al. (2021) further demonstrate how engaging local stakeholders in public health actions enhances program acceptance and success. Their field experiences reveal that mobilizing community leaders, health workers, and volunteers ensures the sustainability of health initiatives. Similarly, Essien and Ekpo (2013) document that participatory health committees in Cross River State increased women's confidence in utilizing healthcare services, as they felt a

sense of ownership in the programs. The primary health care facilities in Kwara State are grossly under-utilized and in some extreme cases, completely neglected or ignored by the rural people generally and rural women in particular. The situation is worse in Ilorin West Local Government Area, where lot of people are oblivious of such healthcare services. Also, in Ilorin West Local Government Area, the level of utilization of primary healthcare services has been very marginal largely because of low level of health literacy and lack of mobilization. The men and women in the study areas scarcely visit primary health care facilities and some of them are not aware of the services rendered at the primary health care facilities because of widespread traditional alternatives available to them.

Most of them prefer to visit traditional medical practitioners and religious groups instead of their primary health care facilities available in their localities. The danger and consequences of this practice have been alarming. These include, complications emanating from unhealthy traditional medical practices, deaths associated with administration of herbal medications, infections and poisoning arising from the use of toxic herbal substances, amongst others. Therefore, there is need to ascertain whether effective social mobilization strategies could persuade and mobilize people to maximize utilize available primary health care services.

Also, while community mobilization has been widely studied in relation to improving health service utilization globally (Haddad & Fournier, 2023; Magawa, 2022), limited studies focus on its influence on primary health care utilization in specific Nigerian localities, such as Ilorin West LGA, Kwara State. Most research emphasizes general health interventions (Fosu, 2020; Obionu, 2017) without addressing the cultural, socioeconomic, and infrastructural factors unique to this area. Additionally, existing studies often neglect the long-term sustainability of community mobilization efforts and their measurable impact on service uptake (Stock, 2018). This study fills these gaps by examining localized mobilization strategies and utilization patterns. It is against this background that this study sought to find out the influence of community mobilisation on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

2 Materials and Methods

Descriptive research design of the survey type was adopted for this study. The population of the study comprised all 369,173 residents of Ilorin West Local Government Area, Kwara State according to 2024 population projection (National Population Commission, 2006). The target population of the study encompassed 38,395 residents in two randomly selected wards out of the twelve wards. The total number of respondents sampled for this study was 422. The sample size is adequate enough because the total population for this research work is more than 10,000 respondents; Research Advisor (2006) claimed that, for the population of more than 10,000, the sample size for the study should not be less than 384 at 95% level of confidence and 5% margin of error.

A multi-stage sampling procedure was employed in this research. In the first stage, a simple random sampling technique was used to select two (2) wards from Ilorin West LGA, Kwara State. The two wards were chosen through a balloting

method by selecting six wrapped papers out of twelve wrapped papers containing the names of all the wards in the LGA. The selected two (2) wards are Baboko and Ajikobi Wards. In the second stage, proportionate sampling technique was used to select 1.1% of the total population of residents in each ward. In the final stage, accidental sampling technique was used to select the 422 respondents for the study as residents meet accidentally were sampled.

A self-developed questionnaire patterned after four-point Likert rating scale format with options of Strongly Agree, Agree, Disagree and Strongly Disagree were used for the study. The instrument contained nine (9) items based on three variables of the study. Cronbach Alpha with a coefficient of 0.82 was used to ascertain the internal consistency of the study. Data was collected with the help of three research assistants. Descriptive statistics of frequency count and percentage was used to answer the research questions raised for the study. Strongly Agree (SA) and Agree (A) were merged into positive response, while Disagree (D) and Strongly Disagree (SD) were merged into negative response. Inferential Statistics of Chi-square was used to analysed the stated null hypotheses at 0.05 level of significance.

3 Results and Discussions

Table 1
Percentile Analysis of Increased Awareness and Utilisation of Primary Health Care Services

S/ N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
1	Community mobilisation efforts have increased my awareness of available primary health care services	116 (27.5%)	178 (42.2%)	294 (69.6%)	65 (15.4%)	63 (14.9%)	128 (30.4%)
2	Health talks in my community help me better understand the importance of regular medical checkups	133 (31.5%)	158 (37.4%)	292 (69.0%)	87 (20.6%)	44 (10.4%)	131 (31.0%)
3	Community mobilisation has helped correct my misconceptions about primary health care.	128 (30.3%)	202 (47.9%)	330 (78.1%)	56 (13.3%)	36 (8.5%)	92 (21.8%)
	Mean			305 (72.3%)			117 (27.7%)

Table 1 revealed that 72.3% that connote the majority of the respondents agree that increased awareness is an influence of community mobilisation on utilisation of primary health care services, while 27.7% disagree that increased awareness is an influence of community mobilisation on utilisation of primary health care services. This implies that increased awareness through community mobilisation have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Table 2
Percentile Analysis of Improved Access to Health Services and Utilisation of
Primary Health Care Services

S/ N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
4	Local health campaigns have made it easier to understand where to access PHC services.	150 (35.5%)	184 (43.6%)	334 (79.1%)	57 (13.5%)	31 (7.3%)	88 (20.9%)
5	Community sensitization programs have improved access to primary health care services in my area.	158 (37.4%)	194 (46.0%)	352 (83.4)	53 (12.6%)	17 (4.0%)	70 (16.6%)
6	Access to maternal and child health services has improved due to community mobilisation.	105 (24.9%)	127 (30.1%)	232 (55.0%)	118 (28.0%)	72 (17.0%)	190 (23.1%)
Mean				306 (72.5%)			116 (27.5%)

Table 2 revealed that 72.5% of the respondents agree that improved access to health services is an influence of community mobilisation on utilisation of primary health care services, while 27.5% do not agree that improved access to health services is an influence of community mobilisation on utilisation of primary health care services. This implies that improved access to health services through community mobilisation have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Table 3
Percentile Analysis of Enhanced Community Participation and Utilisation of
Primary Health Care Services

S/ N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
7	Community members are regularly involved in planning and decision-making processes related to primary health care services.	141 (33.4%)	202 (47.9%)	343 (81.3%)	53 (12.6%)	26 (6.2%)	79 (18.7%)
8	Health-related community meetings and forums are well-attended by a diverse cross-section of community members.	132 (31.3%)	142 (33.6%)	274 (64.9%)	87 (20.6%)	61 (14.5%)	148 (35.1%)
9	Community mobilization efforts have increased my awareness and participation in primary health care activities.	165 (39.1%)	202 (47.9%)	367 (87.0%)	49 (11.6%)	6 (1.4%)	55 (13.0%)
Mean				328 (77.7%)			94 (22.3%)

Table 3 revealed that 77.7% of the respondents agree that enhanced community participation is an influence of community mobilisation on utilisation of primary health care services, while 22.3% do not agree that enhanced community participation is an influence of community mobilisation on utilisation of primary

health care services. This implies that enhanced community participation through community mobilisation have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Table 4
Chi-Square Analysis on Increase Awareness and Utilisation of Primary Health Care Services

Variable	N	df	Cal. χ^2 value	Crit. χ^2 value	P value	Remark
Increase Awareness and Utilisation of Primary Health Care Services	422	6	56.28	12.59	0.000	H0 ₁ Rejected

Table 4 shows the calculated chi-square value of 56.28 which is greater than the critical chi-square value of 12.59 with a degree of freedom of 6 at 0.05 alpha level. Since the calculated χ^2 value is greater than the critical value, the null hypothesis which stated that increase awareness through community mobilisation will not significantly have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State was rejected. This implies that increase awareness through community mobilisation significantly influence utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Table 5
Chi-Square Analysis on Improved Access to Health Services and Utilisation of Primary Health Care Services

Variable	N	df	Cal. χ^2 value	Crit. χ^2 value	P value	Remark
Improved Access to Health Services and Utilisation of Primary Health Care Services	422	6	21.37	12.59	0.000	H0 ₂ Rejected

Table 5 shows the calculated chi-square value of 21.37 which is greater than the critical chi-square value of 12.59 with a degree of freedom of 6 at 0.05 alpha level. Since the calculated χ^2 value is greater than the critical value, the null hypothesis which stated that improved access to health services through community mobilisation will not significantly have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State was rejected. This implies that improved access to health services through community mobilisation significantly influence utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Table 6
Chi-Square Analysis on Enhanced Community Participation and Utilisation of Primary Health Care Services

Variable	N	df	Cal. χ^2 value	Crit. χ^2 value	P value	Remark
Enhanced Community Participation and Utilisation of Primary Health Care Services	422	6	77.87	12.59	0.000	H0 ₃ Rejected

Table 6 shows the calculated chi-square value of 77.87 which is greater than the critical chi-square value of 12.59 with a degree of freedom of 6 at 0.05 alpha level. Since the calculated χ^2 value is greater than the critical value, the null hypothesis which stated that enhanced community participation through community mobilisation will not significantly have influence on utilisation of primary health care services among residents of Ilorin West LGA, Kwara State was rejected. This implies that enhanced community participation through community mobilisation significantly influence utilisation of primary health care services among residents of Ilorin West LGA, Kwara State.

Discussion of Findings

From the results in Table 1, a significant majority (72.3%) of the respondents agreed that community mobilization has increased their awareness of primary health care services. This confirms the assertion by Abdulraheem et al., (2022) that awareness campaigns and community sensitization are critical tools in bridging health literacy gaps, especially in rural and peri-urban communities. The study's hypothesis testing further substantiates this with a chi-square value of 56.28 ($p = 0.000$), leading to the rejection of the null hypothesis and indicating a statistically significant influence of community mobilization on awareness creation. In the context of Ilorin West LGA, where many residents traditionally relied on herbal and religious alternatives, this increase in awareness is vital. As noted by Magawa (2022) and Fosu (2020), the dominance of traditional medicine in sub-Saharan Africa often overshadows the potential benefits of PHC services. Hence, mobilization strategies such as community health talks, house-to-house campaigns, and public enlightenment forums help demystify misconceptions and reinforce the value of preventive and curative care delivered through PHC.

According to Table 2, 72.5% of respondents indicated that community mobilization has improved their access to PHC services. Similarly, the test of hypothesis showed a significant result ($\chi^2 = 21.37$; $p = 0.000$), confirming that improved access is statistically attributable to mobilization activities. These findings resonate with those of Agarwal and Sarasua (2022) in their evaluation of Care India's Maternal and Infant Survival Project, where grassroots mobilization led to improved proximity and affordability of health services. In Ilorin West LGA, where physical access to PHC facilities is a challenge due to infrastructural and logistical constraints, community-driven initiatives, such as local health campaigns and mobile clinics, have made it easier for residents to identify service points and utilize them more frequently. The role of community sensitization in breaking down sociocultural and gender-based barriers, as emphasized by Onah et al., (2018), is especially relevant here. By involving community leaders and groups, these efforts have mitigated constraints such as women's mobility restrictions and cultural resistance to formal healthcare.

Table 3 highlights that 77.7% of respondents agree that enhanced community participation is an outcome of community mobilization efforts. The corresponding chi-square analysis ($\chi^2 = 77.87$; $p = 0.000$) confirms the significance of this relationship. This finding is consistent with the conceptual frameworks of Freeman and Motsei (2016) and Ajuba et al. (2021), who argue that participatory planning processes deepen community ownership and improve the sustainability

of health programs. The Ilorin West context, as revealed in the study, had previously shown minimal engagement in health planning and service delivery due to low health literacy and distrust in government initiatives. Mobilization activities through community dialogues, regular health forums, and the inclusion of diverse stakeholders have started reversing this trend. This participatory model is crucial for sustaining long-term health improvements, as highlighted by Lucas and Gilles (2023), who emphasize the importance of identifying and empowering local leaders in the mobilization process.

4 Conclusion

Based on the findings of the study, it was concluded that community mobilisation plays a significant role in enhancing the utilisation of primary health care services among residents of Ilorin West Local Government Area, Kwara State. Increased awareness through community mobilisation positively influenced the residents' understanding of available health services and encouraged them to seek timely medical attention. Improved access to health services, facilitated through community-driven initiatives, also contributed to higher levels of health service utilisation. Furthermore, enhanced community participation, resulting from sustained mobilisation efforts, strengthened the relationship between residents and primary health care providers, thereby promoting trust and regular service use.

In line with these conclusions, several recommendations were made. Community members should continue to support and actively participate in health education campaigns and sensitisation programmes, particularly those addressing prevalent health misconceptions. They are also encouraged to advocate for consistent mobile health clinics and outreach programmes to ensure that essential services reach populations in remote and underserved areas. Additionally, residents should take active roles in local health committees and partnerships with primary health care providers to ensure that community health needs are identified and adequately met.

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