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Barriers to primary healthcare utilization among older adults in Ekiti, Nigeria: Implicatons for policy to promote good health and well-being

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Abstract
Background: Primary healthcare facilities are designed to serve as the first point of contact within the healthcare system. However, older adults often bypass primary healthcare facilities despite their relative affordability especially in low-resource settings.
Objective: This study was designed to examine the extent of primary healthcare facility utilization among older adults in Ekiti State and to identify factors militating against adequate utilization.
Methods: This hospital-based cross-sectional study involved community-dwelling older adults aged 60 years and above residing in Ekiti State. Data were obtained through structured interviewer-administered questionnaires to assess healthcare utilization, out-of-pockets expenditures, awareness of primary health centre locations, and perceived service availability. Descriptive and inferential statistics were carried out.
Results: Utilization of primary healthcare facilities was low despite incurring lowest mean healthcare expenditure. Major barriers to utilization included poor awareness of the location of primary healthcare centres, lack of medical doctors, and unavailability of essential medications. The lower cost of care alone could not pull older adults towards primary healthcare centres.
Conclusion: The under-utilization of primary healthcare centres by older adults in Ekiti State is driven primarily by systemic deficiencies rather than healthcare expenditure. Improvement in human resources, ensuring consistent drug availability and improvement in community awareness are crucial to improving primary health facility utilization and make it a trusted entry point for older adults.

Keywords: Primary healthcare, utilization, barriers, older adults, implications for policy

Introduction

It has been recognized that for older adults to maintain high functionality and ensure healthy ageing, healthcare access is an essential component due to the negative effect of chronic diseases and multimorbidity [1–3]. The high prevalence of multimorbidity places a high burden of healthcare utilization on the older adults who are mostly dependent after active service years [4–6]. Equity in healthcare access among all ages is a major challenge especially in low resource countries where the population of older adults is projected to grow at a fast rate [7–10]. Unfortunately, many low- and medium-income countries like Nigeria do not have institutionalized programme for the care of the older adults [11, 12].

Health insurance for the older adults is non-existent in most developing countries. In Nigeria, the National health insurance is limited to the formal sectors especially the Federal civil servants. The implication of this being the exclusion of the older adults who are already retired from active service. Monthly pension is often misconstrued as a form of social insurance in some countries and this has been found to be grossly inadequate in meeting the needs of these highly vulnerable populations [13, 14].

The healthcare system in Nigeria in in three tiers, namely, primary, secondary, and tertiary health facilities [15, 16]. The primary healthcare facilities are designed to be the closest and provide the most affordable, accessible and equitable healthcare for the people by providing first contact, primary care [17]. This should provide safety net for older adults who are limited in many areas like mobility and finance. However, researches have demonstrated a mismatch between the policy concept and implementation regarding the role of this important level of healthcare. Many challenges have been identified in the areas of human capacity, quality of care, and service delivery [18]

Effective utilization of healthcare facility depends on factors like cost of accessing care, accessibility, availability of facilities (both human and materials), quality of care and confidence in the healthcare system among others.[19,20] Therefore, ensuring equitable access to healthcare especially among vulnerable group like the older adults may go beyond mere establishment of such facilities, quality assurance through oversight functions by the supervising agencies may be equally important.

Although healthcare facilities were categorized into primary, secondary/tertiary, and private facilities, Patients often do not observe the hospital hierarchy and the referral system is not observed. Cases that supposed to be managed at the primary and secondary facilities often present first at the teaching hospitals which supposed to take referrals from the lower hospitals and this makes it near impossible to separate the secondary from tertiary healthcare facilities in term of clinical duties. This may be due to operational challenges faced by the health institutions.[18] The primary health centres however, still remain distinct in its scope of service.

Methods

Study design and setting

This was a descriptive cross-sectional design conducted at the Outpatient Clinic of the department of Family Medicine, Ekiti State University Teaching Hospital (EKSUTH) in Ado-Ekiti, Southwest Nigeria. EKSUTH the training hospital of the College of Medicine, Ekiti State University, providing specialized care to residents of Ekiti State as well as the neighbouring states of Osun, Ondo, Kwara, and Kogi giving the hospital a wide catchment area and therefore ideal for this research.

Population

The study population consisted of 286 older adults aged 60 years and above who accessed care at the outpatient clinic between June to August 2025. All consenting older adults were consecutively selected during the study period.

Data Collection

Information was obtained from respondents with the aid of an interviewer administered questionnaire. The data collected included the patient's sociodemographic characteristics and the preferred healthcare facility when the respondent needed healthcare. Reasons for non-utilization of primary healthcare facilities was also sought when indicated.

Ethical consideration

Ethical approval for this study was obtained from the Ethics and Research Committee of Ekiti State University Teaching Hospital, Ado Ekiti.

Results

Pattern of healthcare facility choice among the older adults

Older adults demonstrated low preference for primary healthcare facility with an overwhelming preponderance of secondary/tertiary healthcare. Those who preferred private healthcare facility constituted the least proportion. (Figure 1)

Healthcare expenditures based of the type of healthcare facility utilized

The difference in healthcare expenditure based on the healthcare facility is not statistically significant but there are noticeable differences (P= 0.05). The mean expenditures were highest for private healthcare facility. This was followed in descending order by the secondary/tertiary facility users, the flexible group, the lowest being the primary healthcare facility.

Reasons for non-patronage of primary healthcare facility

The most prominent reason was that respondents were not aware of the locations of the primary healthcare facilities in their localities. This was followed by non-availabilty of doctors and medicines in the facilities. Other less prominent reasons were that the primary healthcare facilities were far from their homes and poor staff attitude. (Figure 3)

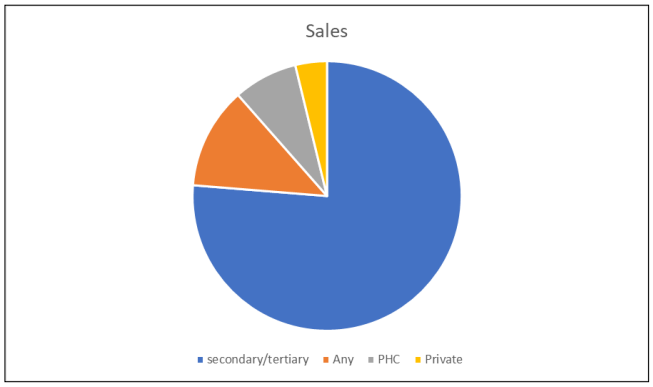

Fig 1: Distribution of subjects based on healthcare facility choice

Table 1: Healthcare expenditures based on healthcare facility choices

Facility	N	Mean monthly expenditure	SD	F-stat	P-value
		(N'000)			
Secondary/tertiary	218	18.3	11.1		
Primary	22	14.2	7.8		
Private	11	22.7	12.6	2.8	0.05
Any	35	16.5	9.9		

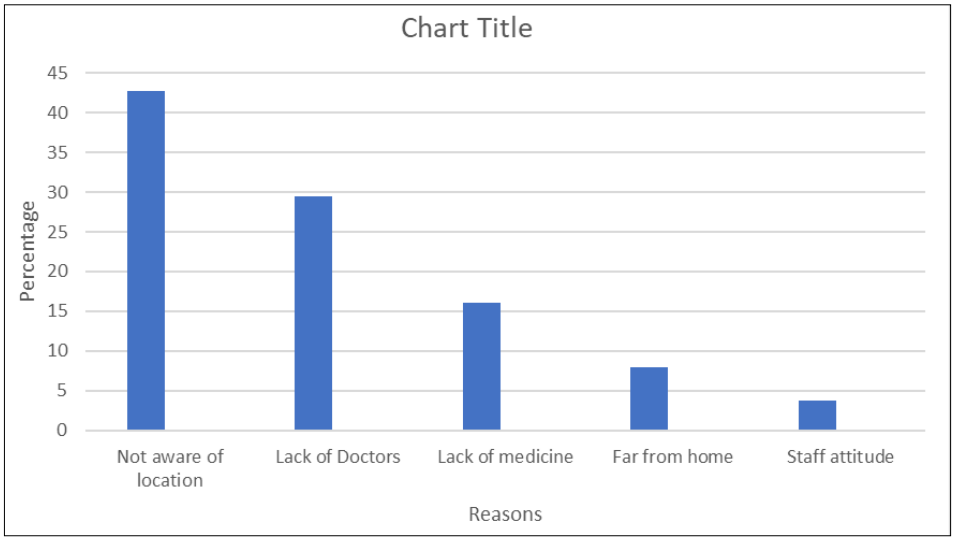

Fig 2: Reasons for non-patronage of primary healthcare centre

Discussion

This research has demonstrated low utilization of primary healthcare facilities among the study population despite affordability. Respondents in a study among residents in Ado Ekiti metropolis by Okunade *et al* perceived primary Shealthcare services as cheap and affordable.[21] Factors that mitigated against adequate utilization of primary healthcare facilities were also established in this work.

This level of care is designed to be the first contact level care, most accessible, affordable, and capable of meeting the primary care needs of the people. This operational design is more important to the older adults considering their well-documented limitations in physical activity. [21–23] This level of care is vital to achieving the Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all ages [24]. However, low or sub-optimal utilization of primary healthcare services has been demonstrated among various populations [25–27].

We found the primary healthcare facilities as the most affordable in this work. This is expected because such facilities were designed to be accessible and affordable to cater for the primary care needs of citizens. One would expect the cost advantage to be a pull factor for higher patronage which was not so among our study population. According to Yisa *et al*, 60-70% of Nigerians bypass primary health centres despite the fact that PHC account for 85.3% of total number of healthcare facilities in the country [28].

This study established some of the reasons for the non-patronage of primary health centres among the study population. The most prominent reason was that respondents were not aware of the location of the primary healthcare facilities. This finding is at variance with other researchers who demonstrate good awareness of PHC among residents in parts of Ekiti. [29,30]This disparity may be because their studies were among the general population and not limited to older adults. This is a demonstration of information failure. It is an easily modifiable barrier through information dissemination. The role of the Community Health Extension workers is very crucial in the respect. They are close to the people and have insights into the issues their communities face and are well positioned to be health advocates.[31] The presence of such facility should be felt among the host community. Many of the older adults are retirees who lived most of their lives in urban areas before relocating to their communities. They might not be familiar with services of the primary healthcare facilities.

Non-availability of medical doctors ranked second among the mitigating factors. Lack of doctors and other health workers has been identified as barrier to PHC utilization in previous researches in Nigeria [30, 32], This is a reflection of inequitable distribution of healthcare personals especially doctors in Nigeria. Manpower is usually concentrated in the secondary and tertiary healthcare facilities in the urban and semi-urban settings [33, 34]. Addressing this disparity can only be done through policy formulation and incentive that will be adequate to encourage and retain doctors in the primary health centres. Compensation with rural allowance is recommended to be included in the policy. Other reasons which include lack of medicine, distance from place of residence and poor staff attitude have been found by previous researchers. Similar findings were documented as barriers to PHC utilization among older adults in Lagos State, Nigeria [35]. As suggested by Ogunyemi *et al*, some of the measures to improve PHC utilization by the older adults include training of workers in the care of older adults, recognition of older adults as priority population, and targeting PHC policy to serve older adult population [35]. In addition to these, government must provide essential medications targeted at the common chronic disease that are prevalent among older adults. Also. Effective communication with older adults should be a regular training in view of the peculiarity in communication with older adults.

Conclusion

This work has shed light on the reasons why cost alone was not enough to boost older adults' interest in the utilization of primary healthcare facilities. It has offered practical suggestions that will influence policy towards ensuring equitable utilization of healthcare facilities by the older adults.

Limitations

This study was clinic based and therefore may not be generalizable among the general population. The clinic serves a large catchment area of community-dwelling older adults; therefore, the findings may provide useful insights into similar populations. It may also have implications for similar older adult populations in secondary and tertiary hospitals.

References

1. Hu Y, Yang Y, Gao Y, Zhao L, Chen L, Sui W, *et al*. The impact of chronic diseases on the health-related quality of life of middle-aged and older adults: the role of physical activity and degree of digitization. BMC Public Health,2024:24:2335.
2. Ye J. Effect of Chronic Disease on the Aging Population. Highlights in Science, Engineering and Technology,2023:36:1393–7.
3. Rizzuto D, Melis RJF, Angleman S, Qiu C, Marengoni A. Effect of Chronic Diseases and Multimorbidity on Survival and Functioning in Elderly Adults. Journal of the American Geriatrics Society,2017:65(5):1056–60.
4. Barbosa M, Almeida L, Colaço T, Santo ME, Santos R, Martins P, *et al*. Dependency profile of the older adult population of a family health unit in northern Portugal. Front Public Health,2025:13:1473713.
5. Prevalence of dependency and associated risk factors in the elderly – Acta Paulista de Enfermagem [Internet]. [cited 2026 Jan 14]. Available from: https://acta-ape.org/en/article/prevalence-of-dependency-and-associated-risk-factors-in-the-elderly/
6. Uwakwe R, Ibeh C, Modebe A, Bo E, Ezeama N, Njelita I, *et al*. The Epidemiology of Dependence in Older People in Nigeria: Prevalence, Determinants, Informal Care, and Health Service Utilization. A 10/66 Dementia Research Group Cross-Sectional Survey. Journal of the American Geriatrics Society.,2009:57:1620–7.
7. Mejía-Grueso A, Mejía-Grueso J, Guarín Navas EG, Cortés Bahamón CM, Chavarro-Carvajal DA, Niño Cruz GI, *et al*. Inequalities in access to health services among older adults in Colombia, 2015−2023. Cogent Gerontology,2025:4(1):2570145.
8. Chi Z, Lun H, Ma J, Zhou Y. Income inequality and healthcare utilization of the older adults-based on a

study in three provinces and six cities in China. Front Public Health [Internet], 2024, 12. [cited 2026 Jan 14]. Available from: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1435162/full
9. Preston SH, Stokes A. Sources of Population Aging in More and Less Developed Countries. Popul Dev Rev,2012:38(2):221–36.
10. Sudharsanan N, Bloom DE. The Demography of Aging in Low- and Middle-Income Countries: Chronological versus Functional Perspectives. In: Future Directions for the Demography of Aging: Proceedings of a Workshop [Internet]. National Academies Press (US), 2018. [cited 2026 Jan 14]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK513069/
11. Lloyd-Sherlock P. Old Age and Poverty in Developing Countries: New Policy Challenges. World Development,2000:28(12):2157–68.
12. A Critical Window for Policymaking on Population Aging in Developing Countries | PRB [Internet]. [cited, 2026 Jan 14]. Available from: https://www.prb.org/resources/a-critical-window-for-policymaking-on-population-aging-in-developing-countries/
13. Khai TS, Nkansah JO, Khan AW, Asaduzzaman M, Khai TS, Nkansah JO, *et al*. Supporting Ageing Populations in Developing Countries: A Comparative Analysis of Pension Schemes and Policy Insights. Challenges [Internet], 2024, 15(2). [cited 2026 Jan 14]. Available from: https://www.mdpi.com/2078-1547/15/2/27
14. Lloyd-Sherlock P, Minicuci N, Beard J, Chatterji S. Social protection and preventing illness in developing countries: Establishing the health effects of pensions and health insurance. International Social Security Review,2012:65(4):51–68.
15. Oyedeji R, Abimbola S. How tertiary hospitals can strengthen primary health care in Nigeria. Niger Med J,2014:55(6):519–20.
16. Structure of Nigeria's Health Care System | PDF | Universal Health Care | Health Maintenance Organization [Internet]. [cited 2026 Jan 14]. Available from: https://www.scribd.com/document/499496082/HEALTH-CARE-Structure-in-Nigeria-1
17. The role of Primary Healthcare in Nigeria: a way forward - BCPHR Journal [Internet]., 2021. [cited 2026 Jan 14]. Available from: https://bcphr.org/blog-oke-3/
18. Ogah PO, Uguru N, Okeke C, Mohammed N, Ogbe O, Ashiver WG, *et al*. Primary health care in Nigeria: best practices and quality of care in Nigeria. BMC Health Serv Res,2024:24:963.
19. Farhan A, Aryeetey GC. Factors influencing utilization of healthcare services in Danku in the upper west region of Ghana: a mixed method study. Journal of Global Health Science [Internet], 2024, 6(2). [cited 2026 Jan 14]. Available from: https://doi.org/10.35500/jghs.2024.6.e15
20. Joseph O, Muhammed A, Raji A, Ibimidu A, AA J, Kadiri K. Factors determining the utilization of healthcare facilities in a semi-urban setting in Kwara State Nigeria. Anthropological Researches and Studies,2017:7:80–7.
21. Suryadinata RV, Wirjatmadi B, Adriani M, Lorensia A. Effect of age and weight on physical activity. J Public Health Res,2020:9(2):1840.
22. Ruiz Montero P, Chiva-Bartoll O. Effects of Ageing in Physical Fitness. Occupational Medicine Health Affairs, 2016, 4.
23. Gomez-Bruton A, Navarrete-Villanueva D, Pérez-Gómez J, Vila-Maldonado S, Gesteiro E, Gusi N, *et al*. The Effects of Age, Organized Physical Activity and Sedentarism on Fitness in Older Adults: An 8-Year Longitudinal Study. International Journal of Environmental Research and Public Health [Internet], 2020, 17(12). [cited 2026 Jan 29]. Available from: https://www.mdpi.com/1660-4601/17/12/4312
24. Sustainable Development Goals [Internet]. [cited 2026 Feb 6]. Available from: https://www.who.int/data/gho/data/themes/sustainable-development-goals
25. Zhu N, Li J, Liu X, Luo L, Cheng W, Li X, *et al*. Effects of access to primary healthcare services on health vulnerability among older adults in China: focusing on demographic differences. Front Public Health [Internet], 2025, 13. [cited 2026 Jan 29]. Available from: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1656886/full
26. Saris AA Rasha AlAhmari, Khalid Alahmary, Atika A Al Sudairy, Nisreen Innab, Raghib Abu. Factors Affecting Utilization of Primary Healthcare Services in Saudi Arabia - Ashraf A'aqoulah, Rasha AlAhmari, Khalid Alahmary, Atika A. Al Sudairy, Nisreen Innab, Raghib Abu Saris, 2025. INQUIRY: The Journal of Health Care Organization, Provision, and Financing [Internet], 2025. [cited 2026 Jan 29]. Available from: https://journals.sagepub.com/doi/10.1177/00469580251326444
27. Lin Y, Chu C, Chen Q, Xiao J, Wan C. Factors influencing utilization of primary health care by elderly internal migrants in China: the role of social contacts. BMC Public Health,2020:20(1):1054.
28. Yisa SS, Ogunniyi TJ, Dine RD. Strengthening primary health care in Nigeria: a means to achieve universal health coverage. BMJ Global Health,2025:10(10):e018486.
29. Okunade A, Adeusi T, Iluku-Ayoola O. Awareness and Perception towards the Utilization of Primary Healthcare Services in Ado--Ekiti Local Government Area, Ekiti- State, Nigeria,2020:1:23–34.
30. Oluwadare T, Adegbilero-Iwari O, Fasoro A, Faeji C. Utilization of Primary Healthcare Centers by Residents of Ido-Ekiti, Nigeria. Ethiop J Health Sci,2023:33(2):227–36.
31. Job N, Johnston JS, Westgate C, Skinner NA, Ward V, Ballard M, *et al*. Community health worker perspectives on advocacy: design-based research to develop a digital advocacy training course. Front Public Health [Internet], 2024, 12. [cited 2026 Feb 3]. Available from: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1334279/full
32. Muhammed KA, Umeh KN, Nasir SM, Suleiman IH. Understanding the Barriers to the Utilization of Primary Health Care in a Low-Income Setting: Implications for

Health Policy and Planning. J Public Health Afr,2013:4(2):e13.
33. Nwankwo ONO, Ugwu CI, Nwankwo GI, Akpoke MA, Anyigor C, Obi-Nwankwo U, *et al*. A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria. PLoS One,2022:17(3):e0266159.
34. Ojo K. The crisis in the distribution of health personnel in Nigeria. Health Policy and Planning,1990:5(1):60–6.
35. Ogunyemi AO, Balogun MR, Ojo AE, Welch SB, Onasanya OO, Yesufu VO, *et al*. Barriers and facilitators to the delivery of age-friendly health services in Primary Health Care centres in southwest, Nigeria: A qualitative study. PLOS ONE,2024:19(3):e0288574.