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The Impact of Primary Health Care Delivery on Rural Community Wellbeing in Obudu Local Government Area of Cross River State

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Abstract

Despite policy efforts to expand Primary Health Care (PHC) coverage, many rural areas in Nigeria, including Obudu Local Government Area (LGA), continue to experience suboptimal health service delivery. Limited resources, poor infrastructure, and inadequate staffing have led to low utilization of PHC services and persistent health challenges such as high maternal and infant mortality, communicable diseases, and malnutrition. The core issue lies in understanding the actual impact of existing PHC services on the wellbeing of rural communities in Obudu to inform more effective health interventions and resource allocation. This study investigates the impact of PHC delivery on the wellbeing of rural communities in Obudu LGA of Cross River State, Nigeria. Employing a mixed-methods approach, data were gathered from 200 respondents across selected communities through structured questionnaires and interviews. Statistical analysis reveals that effective PHC delivery significantly enhances community health outcomes, reduces morbidity and mortality rates, and promotes overall wellbeing. The study recommends increased government investment and community participation to strengthen PHC services in rural areas.

Keywords: *Primary Health Care Delivery, Rural Community Wellbeing*

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Background to the Study

Obudu LGA, situated in the northern part of Cross River State, is predominantly rural, with many communities facing challenges such as inadequate health infrastructure, a shortage of health personnel, and limited health literacy. These factors contribute to poor health indicators and diminished community wellbeing. The role of Primary Health Care (PHC) in achieving improved health outcomes and enhancing community wellbeing has been widely recognized both globally and within Nigeria. PHC represents a critical component of health systems, designed to ensure equitable access to essential health services, especially in rural and underserved regions. Internationally, PHC is acknowledged as the cornerstone for achieving Universal Health Coverage (UHC) and improving population health outcomes (WHO, 2018).

In Nigeria, rural populations rely heavily on PHC centres for their basic health needs due to limited access to secondary and tertiary care facilities. PHC, as defined by the World Health Organization (WHO, 2018), is a people-centred, inclusive, and accessible approach that forms the foundation of a resilient and effective health system. It encompasses essential services such as immunisation, maternal and child healthcare, treatment of common illnesses, health education, and disease prevention. In rural areas, where access to higher-level healthcare is restricted, PHC often serves as the first—and sometimes only—point of contact between individuals and the formal healthcare system.

Rural communities constitute approximately 51.3% of Nigeria's population (National Bureau of Statistics [NBS], 2023), yet these areas continue to grapple with poor health outcomes, limited access to healthcare services, and a high disease burden. According to the Nigeria Demographic and Health Survey (NDHS, 2018), maternal mortality in rural regions is significantly higher than in urban areas, with rural women being nearly twice as likely to die from preventable complications during pregnancy and childbirth. Furthermore, the World Bank (2022) reported that only about 20% of Nigeria's estimated 30,000 PHC facilities are fully functional, with the majority suffering from chronic understaffing, poor infrastructure, and an erratic supply of essential medications.

In Cross River State, and particularly in Obudu LGA, these challenges are even more pronounced. Rural communities in Obudu experience a range of health problems including malaria, diarrhoeal diseases, respiratory infections, maternal complications, and malnutrition. The Cross River State Ministry of Health (2022) reported that over 60% of documented illnesses within the state arise from rural communities that lack adequate PHC infrastructure. While the government has initiated several reform programmes, such as the "Primary Health Care Under One Roof" (PHCUOR) framework, implementation remains inconsistent, and many rural populations still lack access to quality health services.

The relationship between effective PHC delivery and improved community wellbeing is both direct and substantial. Community wellbeing encompasses not just the absence of disease, but also the presence of social, economic, and environmental conditions that promote a high quality of life. For rural populations, access to functional PHC centres can result in increased life expectancy, reduced infant and maternal mortality rates, improved productivity, and

enhanced community resilience. Despite these potential benefits, there is a noticeable gap in research focusing specifically on the effectiveness of PHC in rural areas like Obudu. Most studies have concentrated on urban centres or utilised aggregated national-level data, thereby overlooking the unique local realities of communities such as those in Obudu LGA. This study therefore seeks to evaluate the extent to which primary health care delivery influences the wellbeing of rural dwellers in Obudu LGA, with the objective of generating context-specific insights for health system strengthening and inclusive rural development.

Objectives of the Study

The primary objective of the paper is to investigate the impact of PHC delivery on the wellbeing of rural communities in Obudu LGA of Cross River State, Nigeria. Specifically, the study will,

1. Assess the availability and accessibility of PHC services in Obudu LGA.
2. Evaluate the impact of PHC delivery on key health indicators and overall community wellbeing.
3. Identify challenges facing PHC delivery in rural communities.
4. provide recommendations for improving PHC service delivery in Obudu.

Literature Review

Primary Health Care (PHC) refers to essential health services made universally accessible to individuals and families within a community, with their full participation and at a cost that the community and country can afford (WHO, 2018). It serves as the cornerstone for achieving health equity, particularly in rural and underserved areas. PHC encompasses promotive, preventive, curative, and rehabilitative services designed to address the most pressing health needs at the grassroots level (Uzochukwu et al., 2015).

In the Nigerian context, the National Health Policy and the Primary Health Care Under One Roof (PHCUOR) framework aim to integrate PHC service delivery under a single administrative structure to improve effectiveness and accountability (NPHCDA, 2022). However, implementation has been slow and uneven across various states, especially in rural local government areas such as Obudu. Community wellbeing is a multidimensional construct that encompasses physical health, emotional stability, social cohesion, and access to essential services such as water, sanitation, and education (Erondu et al., 2021). Rural wellbeing depends significantly on access to quality PHC services, as rural residents often lack the means to travel long distances for specialised care (Onwujekwe et al., 2019). According to Adebayo et al. (2020), timely and equitable access to PHC in rural areas reduces disease burden, prevents maternal and child mortality, and promotes overall quality of life.

In rural Cross River State, health challenges include high rates of malaria, respiratory infections, maternal mortality, and malnutrition (Cross River State Ministry of Health, 2022). PHC facilities are often the first—and sometimes the only—point of contact for the majority of rural dwellers, emphasising their critical role in improving health and wellbeing. Studies consistently highlight challenges in PHC availability in rural Nigeria. A national assessment by the World Bank (2022) found that only around 20% of PHC facilities in Nigeria are fully

functional. Major constraints include inadequate infrastructure, shortage of skilled personnel, stock-outs of essential medicines, and lack of electricity and water supply.

Oleribe et al. (2016) observed that most rural PHC centres operate below acceptable standards, with many unable to provide even basic antenatal care or vaccinations. This situation is exacerbated in remote LGAs such as Obudu, where difficult terrain, poor road networks, and weak governance hinder service delivery (Okon & Ukpong, 2020). Moreover, geographical accessibility remains a major determinant of utilisation. Adebayo et al. (2020) found that proximity to a health facility significantly increases the likelihood of its utilisation. Similarly, Ebeigbe and Igho (2021) emphasised that PHC centres within a 5 km radius are more frequently used than those located further away.

Utilisation of PHC services depends not only on physical accessibility but also on perceived quality, staff attitudes, and availability of medicines (Onwujekwe et al., 2019). In Obudu, community members often perceive PHC services as substandard due to irregular staff attendance and drug stock-outs (Etim et al., 2021). This perception reduces trust in the system and leads to underutilisation of available facilities. However, communities that report frequent use of PHC services often experience better health outcomes. According to Oluwole (2021), there is a strong correlation between PHC utilisation and improved maternal and child health indicators, including reductions in neonatal deaths, birth complications, and under-five mortality.

Community involvement is a critical success factor in PHC delivery. Rifkin (2009) argued that active community participation leads to better alignment of services with local needs, improved accountability, and sustainability of health interventions. In Cross River State, however, community health committees are often underfunded and poorly coordinated, limiting their effectiveness (Ushie & Udoh, 2018). Studies by Ebeigbe and Igho (2021) show that where communities are involved in PHC planning and monitoring, service utilisation improves significantly. Local ownership also fosters better maintenance of facilities and ensures cultural appropriateness of the services delivered.

Theoretical Framework: The Social Determinants of Health

The Social Determinants of Health (SDH) framework, developed by the World Health Organization (WHO), provides a comprehensive lens for understanding the broad range of social, economic, and environmental factors that influence individual and community health outcomes (Solar & Irwin, 2010). According to this framework, health is not solely determined by biological or medical interventions, but is profoundly shaped by the conditions in which people are born, grow, live, work, and age. These determinants include income, education, employment, housing, nutrition, access to health services, and social support networks.

Core Elements of the SDH Framework

The SDH model divides these determinants into two broad categories:

a. **Structural Determinants:** These include socio-economic and political contexts such as income distribution, governance, education systems, and social policies that

influence the distribution of health opportunities.

b. **Intermediary Determinants:** These refer to individual-level circumstances and living conditions—such as housing quality, nutrition, psychosocial stress, behaviours, and health system access—that mediate the impact of structural factors on health.

Together, these determinants help explain the persistent disparities in health outcomes among different populations, especially between urban and rural communities. The application of the SDH framework to this study on Obudu Local Government Area is particularly relevant for the following reasons:

Health Inequities in Rural Settings

Rural communities like Obudu often experience systemic disadvantages that are not merely medical in nature but are rooted in broader social determinants. These include limited educational opportunities, high poverty rates, poor infrastructure, and geographic isolation, all of which influence health behaviour and service utilisation (Uzochukwu et al., 2015). The SDH framework enables researchers to examine how these structural factors undermine effective primary health care delivery and reduce community wellbeing.

Access to Health Services as a Determinant

Access to functional and quality PHC services is a core intermediary determinant in the SDH model. In the context of Obudu, the availability and proximity of PHC centres, the quality of services provided, and staff attitudes are crucial factors affecting whether community members seek care, how early they do so, and what outcomes they experience (Onwujekwe et al., 2019). By adopting the SDH framework, the study situates PHC not just as a medical intervention but as a mechanism to mitigate social and economic disadvantages.

Understanding Utilisation Patterns

The SDH framework helps in interpreting why certain segments of the population use PHC services more than others, even when facilities are physically available. For instance, individuals with higher education or income may be more likely to access PHC services than those without, due to greater health literacy or ability to afford indirect costs such as transport or medicines not covered by public services (Erondu et al., 2021). This insight is critical for designing inclusive health interventions in Obudu.

Influence of Governance and Policy

Governance structures at the local government level—including how PHC is funded, staffed, and monitored—represent structural determinants that shape service delivery. The SDH framework emphasises that poor political commitment, fragmented health policies, and weak community participation can perpetuate health inequalities, a reality evident in many parts of rural Nigeria (Adebayo et al., 2020).

Framing Community Wellbeing Holistically

Using the SDH framework allows the study to conceptualise community wellbeing not only in terms of reduced illness or mortality but as encompassing mental health, social cohesion,

productivity, and empowerment. A functional PHC system that is responsive to community needs contributes to these broader outcomes, making health care a platform for sustainable development.By applying the Social Determinants of Health framework, this study underscores that health outcomes in rural Obudu are the result of complex interactions between medical, social, economic, and political factors. It shifts the analytical focus from a narrow biomedical model to a holistic understanding of wellbeing, where improving PHC delivery must go hand-in-hand with addressing poverty, education, infrastructure, and governance. The SDH framework, therefore, offers both a diagnostic and prescriptive tool for analysing and improving the impact of PHC services on rural community wellbeing.

Methodology

Research Design

This study adopts a descriptive cross-sectional design using both quantitative and qualitative methods.

Population and Sample

The target population comprises residents of rural communities in Obudu LGA. Using Cochran's formula for sample size determination and considering a confidence level of 95% with a 5% margin of error, a sample size of 200 respondents was selected using stratified random sampling across five communities.

Data Collection Instruments

Structured questionnaires were administered to gather quantitative data on PHC utilisation, health status, and perceptions. In-depth interviews with health workers and community leaders provided qualitative insights on PHC challenges and successes.

Data Analysis

Quantitative data were analysed using SPSS version 25. Descriptive statistics (frequencies, percentages, means) and inferential statistics (Chi-square tests) were applied. Qualitative data were thematically analysed.

Statistical Data Presentation

Table 1: Demographic Characteristics of Respondents (N=200)

Variable	Frequency	Percentage (%)
Gender		
Male	90	45
Female	110	55
Age Group (years)		
18-29	50	25
30-44	70	35
45-59	50	25
60 and above	30	15
Education Level		
No formal education	40	20
Primary education	60	30
Secondary education	70	35
Tertiary education	30	15

Source: Field work, 2024

Table 2: Availability and Accessibility of PHC Services

Service Indicator	Yes (%)	No (%)
Presence of PHC center in community	85	15
Distance to PHC center < 5km	70	30
Availability of essential medicines	60	40
Availability of qualified health workers	55	45

Source: Field work, 2024

Table 3: Utilization of PHC Services and Health Outcomes

Indicator	Frequency	Percentage (%)
Utilized PHC services in last 6 months	140	70
Reported improvement in health after PHC visit	120	60
Reduction in child morbidity	110	55
Reduction in maternal complications	95	47.5

Source: Field work, 2024

Analysis and Results

Demographic Analysis

Majority of respondents were females (55%) and within the age group 30-44 years (35%). Education levels varied, with 50% having at least primary education, indicating moderate literacy that could influence health-seeking behavior.

Availability and Accessibility
85% reported the presence of PHC centers in their communities, but only 70% live within 5 kilometers, implying some access barriers. Essential medicines and qualified staff availability were reported by 60% and 55%, respectively, highlighting gaps in service delivery.

Utilization and Impact
70% utilization rate suggests a good level of engagement with PHC services. Of these, 60% acknowledged improved health outcomes, while over half reported reductions in child morbidity and maternal complications, indicating PHC's positive impact on wellbeing.

Table 4: Chi-Square Test of Association Between Key Variables

Variables Compared	Chi-Square (χ^2)	p-value	Significance
Proximity to PHC Centers vs. PHC Utilization	15.2	< 0.01	Significant
PHC Utilization vs. Reported Health Improvement	18.7	< 0.01	Significant

Source: Field work, 2024

Chi-square test showed a significant association between proximity to PHC centers and utilization ($\chi^2 = 15.2$, $p < 0.01$), and between utilization and reported health improvement ($\chi^2 = 18.7$, $p < 0.01$).

Discussion
The findings of this study affirm that effective Primary Health Care (PHC) delivery plays a pivotal role in promoting rural community wellbeing in Obudu Local Government Area (LGA) of Cross River State. The presence of PHC centres in 85% of surveyed communities and a 70% utilisation rate reflect a moderate level of health service availability and community engagement. These outcomes support existing literature emphasising that improved access to PHC is instrumental in reducing disease burdens and enhancing health equity, especially in underserved rural populations (Oluwole, 2021; Uzochukwu et al., 2015).

A significant insight from this study is the statistically significant relationship between the proximity of PHC facilities and their utilisation. Communities located within 5 kilometres of a PHC centre reported higher utilisation rates and better health outcomes. This observation aligns with Adebayo et al. (2020), who noted that geographical proximity to health centres significantly influences service uptake, particularly in rural Nigeria where transport infrastructure is poor. Furthermore, the study reveals that 60% of respondents who accessed PHC services in the preceding six months reported improvements in their health conditions. This is consistent with Ebeigbe and Igho (2021), who found that consistent access to PHC services leads to early detection and management of communicable diseases, improved maternal health, and a reduction in preventable mortalities.

However, several constraints continue to undermine the effectiveness of PHC delivery in the study area. Notably, only 55% of respondents confirmed the availability of qualified health

workers at their PHC centres, while 40% lamented the irregular availability of essential medicines. These deficiencies mirror national challenges reported by the National Primary Health Care Development Agency (NPHCDA, 2022), which has repeatedly highlighted issues of underfunding, poor human resource management, and fragmented supply chains within Nigeria's PHC system.

Qualitative interviews corroborated these statistical findings. Health workers expressed frustration over limited resources, poor remuneration, and lack of training opportunities. Community leaders emphasized that, while health centres exist, their functionality is often compromised by inconsistent government support and bureaucratic delays in funding disbursement. These challenges echo Onwujekwe et al. (2019), who reported that systemic inefficiencies significantly erode the confidence of rural dwellers in PHC systems and contribute to low health-seeking behaviours. Community participation emerged as another crucial factor influencing PHC success. While some respondents acknowledged the existence of health committees, many noted that these bodies were inactive or lacked influence in decision-making processes. According to Rifkin (2009), active community involvement in PHC management fosters local ownership, accountability, and service responsiveness. Similarly, Oleribe et al. (2016) emphasise that, without grassroots participation, PHC systems tend to function as top-down bureaucracies rather than people-centred platforms.

Additionally, this study's results reinforce global policy perspectives on PHC. The World Health Organization (WHO, 2018) reiterates that PHC is not only about health services but a comprehensive approach involving health promotion, disease prevention, and intersectoral collaboration. The Obudu context, like many rural Nigerian settings, still lags in these integrative aspects, focusing primarily on curative services. Strengthening health education, sanitation, and nutrition interventions could significantly enhance community wellbeing beyond clinical care. In conclusion, the discussion illustrates a clear nexus between PHC delivery and community wellbeing, moderated by accessibility, quality of services, and community engagement. While there are positive indications of PHC impact in Obudu, concerted efforts are required to address structural weaknesses, ensure adequate human and material resources, and institutionalise inclusive governance mechanisms within the PHC system.

Conclusion

This study set out to empirically examine the impact of Primary Health Care (PHC) delivery on the wellbeing of rural communities in Obudu Local Government Area (LGA) of Cross River State. Using a mixed-methods approach, data were collected from various communities, and the analysis revealed that, while PHC services are generally present and moderately utilised, significant gaps still exist in their delivery and effectiveness. The findings demonstrate that PHC centres play a crucial role in enhancing health outcomes, such as reduced child morbidity, fewer maternal complications, and overall improved access to preventive and curative services. A majority of respondents acknowledged that their interaction with PHC facilities positively influenced their health and general wellbeing. This supports the fundamental principle that equitable and accessible primary care is a vital determinant of rural health development.

However, the study also highlights persistent challenges that limit the full potential of PHC delivery in the area. These include inadequate staffing, insufficient medical supplies, infrastructural decay, and long travel distances for some residents. These barriers undermine efforts to achieve universal health coverage and improve the quality of life in rural settings. The statistical correlation between proximity to health centres and utilisation underlines the importance of spatial accessibility in health care planning. Furthermore, the qualitative data revealed a lack of consistent government support and poor community engagement in health decision-making. This suggests that a more decentralised and participatory approach to health governance could yield better outcomes in terms of service delivery and sustainability.

In light of these findings, it is evident that improving PHC delivery in Obudu requires a multifaceted strategy. This should include increased government investment in rural health infrastructure, recruitment and retention of qualified health workers, regular supply of essential medicines, and the establishment of outreach programmes to serve remote populations. Strengthening health education and community involvement is equally critical in promoting trust, awareness, and utilisation of available services. In conclusion, Primary Health Care delivery has a measurable and positive impact on the wellbeing of rural communities in Obudu LGA. Yet, to maximise its potential and truly transform health outcomes, there is a pressing need for policy reform, resource mobilisation, and collaborative efforts among government, health professionals, and the rural populace. A well-resourced and effectively managed PHC system is not only a pathway to improved health but a fundamental driver of rural development and human security.

Recommendations

Effective Primary Health Care (PHC) delivery remains a cornerstone for enhancing the wellbeing of rural populations. In Obudu Local Government Area (LGA), the success of PHC in improving health outcomes is constrained by systemic challenges such as underfunding, staff shortages, inadequate drug supplies, and limited accessibility in remote areas. To sustain and strengthen the positive impact of PHC delivery on rural community wellbeing, the following evidence-based recommendations are proposed:

1. **Increase Government Funding to Improve PHC Infrastructure and Staffing**

A critical recommendation is the substantial increase in government investment in PHC facilities. Most PHC centres in Obudu LGA are poorly equipped and understaffed, limiting their capacity to deliver comprehensive and quality care. Upgrading infrastructure — such as renovating buildings, providing clean water, electricity, and sanitation — and recruiting adequate healthcare workers (especially midwives, nurses, and community health extension workers) will significantly boost service delivery and community trust (Uzochukwu et al., 2015; WHO, 2020).

Adequate funding should also support capacity-building programmes for health workers to improve their technical competencies and patient interaction skills. Government health budgets should earmark funds specifically for rural health development through local implementation frameworks.

2. **Ensure Regular Supply of Essential Medicines**

Availability of essential medicines is one of the most important determinants of PHC utilisation in rural areas. When medications are frequently out of stock, patients lose faith in public health facilities and turn to traditional healers or private providers, often at greater financial cost. The government, in collaboration with the National Primary Health Care Development Agency (NPHCDA), should establish an efficient drug supply chain system to ensure the constant availability of WHO-recommended essential medicines (Onwujekwe et al., 2019). Furthermore, local community involvement in drug inventory monitoring can enhance transparency and accountability.

3. **Promote Community Health Education to Boost Service Utilisation**

Many residents in Obudu LGA exhibit low levels of health literacy, negatively impacting their willingness and ability to seek timely care. Therefore, health education campaigns must be intensified to raise awareness about the importance of utilising PHC services for preventive and curative care. These campaigns should be delivered in local languages and culturally sensitive formats through radio programmes, town hall meetings, religious gatherings, and school health clubs. Community-based health promotion, especially on maternal and child health, hygiene, immunisation, and disease prevention, can empower rural populations to make informed health decisions and reduce the burden of preventable diseases (Adebayo et al., 2020).

4. **Implement Mobile Health Clinics for Hard-to-Reach Areas**

Geographical barriers remain a significant constraint to accessing PHC services in Obudu's dispersed and mountainous communities. To address this, the Cross River State Ministry of Health, in collaboration with NGOs and donor agencies, should deploy mobile health clinics that can provide routine services such as antenatal care, immunisations, malaria treatment, and health screenings.

Mobile units are particularly useful in reaching underserved populations during disease outbreaks or health campaigns and can serve as interim solutions while plans for permanent PHC centres are developed. Studies show that mobile health services are cost-effective and improve health equity in rural and nomadic populations (Erondu et al., 2021; Nnebue et al., 2014).

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