

REVIEWER'S REPORT

Manuscript No.: IJAR-59202

Title:, KNOWLEDGE, UTILIZATION, AND BARRIERS TO USE OF PRIMARY HEALTH CARE SERVICES AMONG ATTENDEES IN IJERO-EKITI, EKITI STATE, NIGERIA,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision ...YES.....

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			☒	
Techn. Quality				☒
Clarity				☒
Significance			☒	

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Overall reviewer assessment

The manuscript addresses a **relevant public-health question**—utilization of PHC services and barriers to their use in Ijero-Ekiti. The local focus is potentially useful for PHC planning. However, **substantial methodological, statistical, reporting, and reference-verification problems need to be resolved before publication.**

1. Strengths

- Relevant topic:** PHC utilization and barriers are important for achieving universal health coverage and improving access to essential healthcare.
- Local evidence:** Data from Ijero-Ekiti may provide useful information for local health authorities and PHC managers.
- Clear general objectives:** The manuscript attempts to examine utilization patterns and perceived barriers.
- Cross-sectional design is reasonable** for describing utilization patterns and perceived barriers.
- Multistage sampling** is potentially appropriate for recruiting respondents across several PHC facilities.
- Sample size is reasonably large** (357 respondents), although the manuscript inconsistently reports 357 and 360.
- The manuscript considers several potentially relevant barriers, including:
 - waiting time,
 - drug availability,
 - staff attitude,
 - transportation,
 - distance,
 - facility adequacy,
 - cultural beliefs.

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8. The authors attempt to go beyond descriptive statistics by examining associations with religion and occupation.
9. The findings have potential practical implications for PHC service improvement.

2. Major weaknesses requiring correction

A. The title does not match the actual study

The title begins:

“Knowledge, utilization, and barriers...”

However, the manuscript **does not actually present a meaningful analysis of knowledge.**

The research questions address utilization and barriers, but not knowledge. The results also do not provide a knowledge score, knowledge categories, knowledge items, or an analysis of factors associated with knowledge.

Recommendation: Either:

- add a properly defined and analyzed knowledge component, or
- remove “Knowledge” from the title.

A more accurate title would be:

“Utilization and Barriers to the Use of Primary Health Care Services among Attendees in Ijero-Ekiti, Ekiti State, Nigeria.”

B. Serious inconsistency in sample size

The abstract states:

“The sample size was 360”

The Methods state:

“357 respondents were used”

The tables also total 357.

This must be corrected throughout the manuscript.

The authors should clearly state:

- calculated sample size,
- anticipated non-response allowance,
- number recruited,

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- number who completed questionnaires,
- final analytical sample.

C. The main utilization result is unclear and appears contradictory

The abstract states:

“110 (30.8%) respondents made use of the PHC services”

But Table 1 shows:

- 68 (19.0%) first time
- 179 (50.1%) occasionally
- 110 (30.8%) frequently

Thus, **110 does not represent total PHC utilization**. It represents respondents who reported frequent visits.

Furthermore, 198 respondents (52.9%) identified PHC as their usual first place for treatment.

Therefore, the statement that only 30.8% “made use of PHC services” is misleading.

The authors need to define **what constitutes “utilization.”**

For example:

- Any PHC use?
- Frequent PHC use?
- PHC as first point of care?
- A composite utilization score?

Without an operational definition, the main outcome is difficult to interpret.

D. The abstract and Table 2 contradict each other

The abstract reports:

long waiting time 224 (62.7%)

and:

attitude of health care workers 155 (43.4%).

But Table 2 reports:

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Long waiting time:

151 strongly agree + 117 agree = 268/357 (75.1%)

Staff attitude:

101 strongly agree + 109 agree = 210/357 (58.8%)

Drug unavailability:

132 strongly agree + 98 agree = 230/357 (64.4%)

Therefore, the abstract does not correspond with the presented table.

The authors must recalculate all percentages and decide whether they are reporting:

- strongly agree only,
- agree only,
- strongly agree + agree,
- or a predefined barrier score.

E. The statistical hypotheses are poorly constructed

The manuscript states:

“There is no significant difference between religion and utilization...”

But the hypothesis is actually about a **relationship/association**, not a difference.

It should be formulated as:

H₀: There is no significant association between religion and PHC utilization among respondents.

Similarly:

H₀: There is no significant association between occupation and perceived barriers to PHC utilization.

Also, the manuscript should report:

- degrees of freedom,
- exact p-values,
- effect size where appropriate,
- assumptions of the chi-square test.

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F. The chi-square analyses need closer examination

For Table 3, the reported $\chi^2 = 1.913$, $p = 0.591$ appears plausible, but the manuscript should report the **degrees of freedom**.

For Table 4, the reported $\chi^2 = 16.728$, $p = 0.005$ should also include degrees of freedom.

More importantly, the authors need to explain how “**High Utilization/Low Utilization**” and “**High Barrier/Low Barrier**” were derived.

Those categories are not adequately described in the Methods.

A reviewer cannot determine whether the categorization was:

- based on the median,
- mean,
- arbitrary cut-off,
- validated scale,
- or researcher-defined threshold.

This is a major methodological issue.

3. Methodological concerns

The questionnaire is described as “structured and expert validated,” but the manuscript does not provide sufficient information about:

- questionnaire development,
- number of items,
- domains,
- scoring,
- validity testing,
- reliability testing,
- Cronbach's alpha,
- pilot testing,
- definition of utilization,
- definition of barriers,
- definition of knowledge.

If a questionnaire was developed specifically for the study, **reliability evidence is particularly important**.

The sampling procedure also needs to be described step-by-step. The authors state “multistage sampling,” but do not clearly explain:

1. number of PHCs in the study area;
2. number selected;

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3. method used to select facilities;
4. number of respondents selected from each facility;
5. method of selecting individual respondents.

4. Selection bias is an important limitation

The study recruited **attendees at PHC facilities**.

This creates an important problem: people who never attend PHC facilities are excluded.

Consequently, the sample may not represent the general population's barriers to PHC utilization.

For example, someone who completely avoids PHC because of distance, cost, poor service, or dissatisfaction may never appear in the sample.

Therefore, the manuscript should avoid generalizing the findings to **all residents of Ijero-Ekiti**.

The conclusion should be restricted to the sampled PHC attendees.

This is one of the most important conceptual limitations of the study.

5. The study cannot establish causation

Because this is a cross-sectional study, statements such as:

“utilisation is significantly influenced by...”

are too strong.

The study demonstrates **associations/perceptions**, not causal effects.

Better wording would be:

“PHC utilization was associated with...”

or

“Respondents reported several factors that may act as barriers to PHC utilization.”

6. The discussion overinterprets some findings

The manuscript says:

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“Barriers to PHC usage in this study are predominantly service-related and institutional, rather than cultural or religious.”

This conclusion is not adequately demonstrated.

The study found no statistically significant association between **religion and utilization**, but that does not establish that religious or cultural factors are unimportant.

Similarly, one should not infer that barriers are “predominantly institutional” without a clearly defined classification and statistical comparison of barrier domains.

7. Reference problems require careful verification

This is a significant concern.

The reference list contains several citations whose bibliographic details should be independently checked before publication.

For example, the manuscript cites:

Hone et al. (2026). *Impact of primary health care reform in Turkey on service utilization and user satisfaction*.

The verifiable Oxford Academic article is titled “**Effect of primary health care reforms in Turkey on health service utilization and user satisfaction**” and was published in **Health Policy and Planning**, **32(1)**, 57–67, in 2017—not 2026.

This is not simply a formatting issue; it raises the need for **systematic verification of the entire reference list**.

The authors should verify every reference against:

- DOI,
- PubMed,
- Crossref,
- journal website,
- or another authoritative bibliographic database.

8. The Introduction is excessively broad

The introduction covers:

- global PHC,
- Cuba,
- Rwanda,

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- Thailand,
- United States,
- United Kingdom,
- Ghana,
- Kenya,
- Cameroon,
- Nigeria,
- Ekiti.

This creates a very broad narrative without sufficiently developing the **specific research gap in Ijero-Ekiti**.

The introduction should progressively narrow:

Global PHC → Nigeria → Ekiti State → Ijero-Ekiti → existing evidence → knowledge gap → study objective.

The current introduction could be substantially shortened.

9. The Discussion needs stronger interpretation of the actual data

The discussion frequently cites other studies but does not sufficiently explain **why the present findings occurred**.

For example, if waiting time is the dominant barrier, the authors should discuss possible mechanisms:

- inadequate staffing,
- patient volume,
- registration procedures,
- drug dispensing delays,
- workflow organization.

These should be presented as possible explanations, not established causes unless measured by the study.

10. Important demographic and utilization analyses are missing

The manuscript reports demographic characteristics but does not adequately analyze their association with utilization.

Potential variables include:

- age,
- sex,
- marital status,
- education,
- occupation,

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- income,
- distance,
- religion.

A more informative analysis could use **multivariable logistic regression** if the utilization outcome is appropriately dichotomized.

This would allow adjustment for potential confounding.

Key points for the authors

1. **Resolve the title/objective mismatch concerning “knowledge.”**
2. Correct the **357 versus 360 sample-size discrepancy**.
3. Define **PHC utilization operationally**.
4. Correct the inconsistent utilization figures in the abstract.
5. Recalculate the barrier percentages.
6. Explain how **high/low utilization** and **high/low barrier** were constructed.
7. Report χ^2 , **degrees of freedom**, p-values, and appropriate effect measures.
8. Provide questionnaire validity and reliability information.
9. Fully describe the multistage sampling procedure.
10. Address **selection bias from recruiting only PHC attendees**.
11. Avoid causal language in a cross-sectional study.
12. Verify **every reference**, especially references with questionable bibliographic information.
13. Reduce the overly broad introduction.
14. Strengthen the discussion around the actual local findings.
15. Add a clear **limitations section**.
16. Ensure all numbers in the abstract, tables, Results, Discussion, and Conclusion agree.

Significance of the study

The study has **potential local public-health significance** because understanding why people do or do not use PHC facilities can inform improvements in service organization, waiting time, medicine availability, staffing, and patient-provider interactions.

The finding that respondents report substantial problems relating to **waiting time, medicine availability, staff attitude, and facility adequacy** could be useful to PHC managers and local health authorities.

However, the significance is currently weakened by the methodological and reporting inconsistencies. In particular, because participants were recruited from people already attending PHC facilities, the study cannot adequately characterize the barriers experienced by **non-users** of PHC.

The verified literature also shows that PHC utilization and user experience are meaningful outcomes in health-system research; for example, a longitudinal study of Turkish PHC reform examined utilization, provider preference, satisfaction, and reported access problems using substantially more detailed longitudinal data.

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Recommended editorial decision

Recommendation: Major Revision

I would **not recommend acceptance in its present form**, but I also would not necessarily recommend outright rejection based solely on the manuscript as supplied.

The research question is relevant and the dataset may contain useful local information. However, the manuscript requires **substantial revision before it can be considered publishable**.

The most important conditions for reconsideration are:

1. **Correct the numerical inconsistencies.**
2. **Clearly define and measure utilization.**
3. **Resolve the “knowledge” issue.**
4. **Recheck the statistical analyses and reporting.**
5. **Explain questionnaire development, validity and reliability.**
6. **Describe sampling adequately.**
7. **Add limitations concerning selection bias and cross-sectional design.**
8. **Remove causal/overstated conclusions.**
9. **Verify the complete reference list against authoritative sources.**
10. **Rewrite the abstract so that every number corresponds exactly to the Results tables.**

Suggested reviewer recommendation to the editor

Recommendation: Major Revision

This manuscript addresses an important and locally relevant public-health issue concerning utilization of primary health care services and perceived barriers among attendees in Ijero-Ekiti, Ekiti State, Nigeria. The topic is appropriate for a public-health or health-services journal, and the study may provide useful local evidence for improving PHC service delivery.

However, substantial concerns currently limit the reliability and interpretability of the manuscript. These include inconsistencies in the reported sample size (360 in the abstract versus 357 in the Methods and tables), unclear operational definition of PHC utilization, discrepancies between the abstract and Table 2 regarding the magnitude of reported barriers, insufficient explanation of the construction of “high/low utilization” and “high/low barrier” categories, incomplete reporting of chi-square analyses, and inadequate description of questionnaire validity and reliability.

There is also a mismatch between the manuscript title, which includes “knowledge,” and the actual research questions and results, which do not adequately measure or analyze knowledge. The authors should either incorporate a properly defined knowledge component or remove “knowledge” from the title.

A further important limitation is that respondents were recruited from PHC attendees. Consequently, the findings may not represent people who do not use PHC facilities and may therefore underestimate or mischaracterize barriers among non-users. The conclusions should be restricted accordingly.

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The reference list also requires systematic verification. At least one citation is incorrectly reported: the manuscript cites a 2026 Hone et al. paper, whereas the identifiable article is “Effect of primary health care reforms in Turkey on health service utilization and user satisfaction,” published in Health Policy and Planning, 32(1), 57–67, in 2017. This indicates that the authors should verify all references against the original journal or authoritative bibliographic databases.

Overall, the manuscript has potential but requires major methodological, statistical, reporting, and bibliographic revision. I recommend **Major Revision** and reconsideration after the authors have adequately addressed these issues.