

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		YES		
Techn. Quality			YES	
Clarity			YES	
Significance		YES		

Reviewer's ID: JPR- 148

Detailed Reviewer's Report

Overall assessment

The manuscript addresses a relevant primary health care issue in Ijero-Ekiti and presents potentially useful information on PHC attendance and perceived barriers. However, substantial revision is required because of internal numerical inconsistencies, insufficient methodological detail, unclear operationalization of utilization and barriers, and incomplete ethical reporting.

Major comments

1. Sample size is inconsistent. The abstract reports 360 respondents, whereas the Methods and all principal tables use 357. The authors should identify the calculated sample, achieved sample, and final analytical sample and use these consistently.
2. The multistage sampling procedure is not sufficiently described. Specify the sampling stages, facilities selected, sampling frame, allocation by facility, method of selecting individual attendees, inclusion/exclusion criteria, and data-collection period.
3. 'Utilization of PHC services' is not operationally defined. The manuscript presents visit frequency, first place for treatment, satisfaction, affordability, preference and intention to return, but Tables 3–4 use 'High Utilization/Low Utilization' and 'High Barrier/Low Barrier' without explaining how these categories were constructed. Provide the scoring method, cut-offs and justification.
4. There are important numerical inconsistencies. Table 1 lists satisfaction counts of 97, 167, 154 and 39, which sum to 457 rather than 357, although the percentages sum to 100%. The abstract reports long waiting time as 224 (62.7%) and poor worker attitude as 155 (43.4%), while the Results report 151 (42.3%) and 109 (30.5%). These figures must be checked against the original dataset.
5. The statistical methods require clarification. Explain how Likert responses were handled, how utilization/barrier categories were derived, the degrees of freedom for each test, treatment of small expected cell counts, and the assumptions used for chi-square testing.

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6. The design is described as cross-sectional descriptive, but inferential association tests are central to the results. Describe the study consistently and avoid causal language because temporal relationships cannot be established in a cross-sectional design.
7. The conclusion that barriers are predominantly service-related rather than cultural or religious is stronger than the analyses presented. Religion was tested against utilization, occupation against barriers, while cultural beliefs and traditional medicine were mainly described. The conclusion should be restricted to what was actually measured and tested.
8. Ethical reporting is incomplete. 'Institutional Approval Obtained' should identify the approving institution/committee and approval reference where applicable, and describe informed consent and confidentiality procedures.
9. The questionnaire is described as structured and expert-validated, but the validation process is not reported. Provide details of content validation, pretesting/piloting and reliability assessment if performed.
10. The reported mean age of 37.5 ± 1 needs clarification. State whether ± 1 is a standard deviation, standard error or another measure, and provide an appropriate measure of variability.
11. Some explanations in the Discussion—such as facility readiness, staffing and community engagement—were not directly measured. Present these as possible explanations rather than study findings.
12. References and citations require technical editing for consistency, spacing, numbering and bibliographic accuracy.

Minor comments

1. Correct grammar, punctuation, spacing and typographical errors throughout.
2. Standardize terminology and spelling of Ijero-Ekiti and primary health care/primary healthcare.
3. Ensure the abstract contains the same sample size and numerical results as the main text.
4. Clarify exactly who qualifies as an 'attendee' and discuss how this sampling frame affects generalizability to non-users of PHC.
5. Table 2 should state whether each barrier was independently rated or whether respondents could select multiple barriers.
6. Check figures for readability, labels, denominators and consistency with the tables.
7. Add a limitations subsection addressing cross-sectional design, facility-attendee sampling, self-reported measures and possible selection/social-desirability bias.

RECOMMENDATION

Accept after major revision. The research question is relevant and the dataset may provide useful local evidence, but the current manuscript needs substantial correction and methodological clarification before its findings can be confidently interpreted.