Journal of Womens Health, Issues & Care

Research Article A SCITECHNOL JOURNAL

Mobilization Strategies and Utilization of Primary Healthcare Services among Rural Women in Odukpani and Calabar South Local Government Area of Cross River State, Nigeria

Eteng Ikpi Etobe*

Department of Sociology, University of Calabar, Calabar, Nigeria

***Corresponding author:** Eteng Ikpi Etobe, Department of Sociology, University of Calabar, Calabar, Nigeria; E-mail: etengetobe@gmail.com

Received date: 17 May, 2023, Manuscript No. JWHIC-23-99085;

Editor assigned date: 22 May, 2023, PreQC No. JWHIC-23-99085 (PQ);

Reviewed date: 05 June, 2023, QC No. JWHIC-23-99085;

Revised date: 14 June, 2023, Manuscript No. JWHIC-23-99085 (R);

Published date: 11 August, 2023, DOI: 10.4172/2325-9795.1000451

Abstract

The gross under-utilization of primary healthcare facilities in Odukpani and Calabar South local government areas and its corollary effects on the health and welfare of citizens motivated this research. The main purpose of this study was to examine the extent to which the use of social mobilization strategies or approaches influenced the utilization of primary healthcare services by rural women in Odukpani and Calabar South local government areas of cross river state. To achieve this primary purpose, three null hypotheses were formulated to direct the course of this study. The survey research design was adopted which helped to make inferences and generalizations of the population by selecting a randomized sample size of 391 rural women for this study. This sample size was done through multistage sampling technique. The questionnaire was the main instrument used for data collection. The reliability status of the instrument was established through test-retest method. Independent t-test and probate regression were the statistical tools used because of the nature of variables involved. The hypotheses were tested, retained or rejected where necessary at 0.05 level of significance and relative degrees of freedom. The result of data analysis revealed that, there was a significant influence of social strategies or approaches on utilization of primary healthcare services by rural women. Based on the findings, it was recommended amongst others that, government should partner with the private sector to find health education programs at rural communities to enhance greater awareness and utilization of primary healthcare services.

Keywords: Mobilization; Utilization; Healthcare services; Local government

Introduction

Health is a major form of human capital. There exist substantial agreement to the relationship between health and economic development. It is generally believed that improvement in health leads to a corresponding improvement in life expectancy, which is an index of human development. In empirical evidence has shown that among poor countries of the world, increase in life expectancy is strongly correlated with increased access to and utilization of health care services [1].

Health care utilization by a population be it rural or urban is relative to its availability, affordability, quality and cost of services as well as the economic status of the users. It is therefore in recognition of this fact that Nigerian governments at all levels have made numerous efforts towards the provision of health care facilities to their population especially in rural areas and often disadvantaged communities [2].

The main thrust of the national health policy is to bring abbot a comprehensive health care system, based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources, so that, individuals and communities are assured of productivity, social well being and enjoyment of living. Health care services based on primary health care, include among other things; education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition, maternal and child care including family planning; immunization against the major infections diseases, prevention and control of locally endemic and epidemic drugs and supplies.

Rural women are active agents of economic and social change and environmental protection in many ways such as farmers, producers, investors, caregivers and consumers. They play crucial roles to ensure food and nutrition security, eradication of rural poverty and improve well being of their families. Rural women also face serious health challenges and gender based discrimination that often deny them knowledge about health care opportunities, resources and available services, hence, poor utilization by them. There are growing concerns that, the level of utilization of primary health care services by rural women in Nigeria is generally very low. Abiodun and Williams, note that, the general level of primary health care utilization among rural women in Saharan and sub-Saharan Africa is low, which is partly due to the widespread of health illiteracy which reinforces traditional beliefs and practices. Also, Abiodun, estimated that, only 20.27% of rural women utilize primary health care survives in the southern part of Nigeria; 15.8% of rural women utilize these services in the northern part of Nigeria, while 30.04% utilize primary health care services in western Nigeria. However, this estimate was unavailable for eastern Nigeria because the study by Abiodun did not include this part of the country in its sample.

Similarly, Peters puts the level of utilization of primary health care services by rural women in Nigeria among the six geopolitical zones as follows: South-South (19.2%); South-East (11.19%); North-West (15.13%); South-West (31.09%); Nort-Central (18.21%) and North-East (11.19%), respectively [3].

Specifically, studies by Essien and Ekpo, indicate that, the level of utilization of primary health care services in Odukpani local government area between the years 2000-2012 was very low. They put the figures as follows: In the year 2000 (20.1%), 2001 (20.8%), 2002 (25.81%), 2003 (18.11%), 2004 (20.16%), 2005 (27.81%), 2006 (17.3%), 2007 (21.09%), 2008 (30.11%), 2009 (31.74%), 2010 (26.13%), 2011 (24%) and 2012 (26.17%). The percentage of

SciTechnol All articles published in Journal of Womens Health, Issues & Care are the property of SciTechnol and is protected by copyright laws. Copyright © 2023, SciTechnol, All Rights Reserved.

utilization of primary health care services in the area during the period under review varied greatly and despite the fluctuations the rate of utilization has been observed in Calabar South by Raymond who argued that the level of primary health care services utilization in the area was 18.29% in 2010; 21.09% in 2011 and 28.09% in 2012. He further asserts that, the trend is likely to continue unless urgent steps were taken to mobilize the people to utilize primary health care services as provided.

There is a mismatch between the member of women living in rural areas and the level of their utilization of primary health care services in the facilities provided by government. This implies that, the under-utilization of these services in the study area has remained a source of concern to government. It is against this background that this study is undertaken to examine the social strategies or approaches and primary health care services utilization among the rural women in Odukpani and Calabar South local government areas of cross river state [4].

Statement of research problem

The primary health care facilities in cross river sate 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 Odukpani local government area, where approximately 79.2% of the women live typically rural communities and a substantial member of them are illiterates. Also, in Calabar South local government area, the level of utilization of primary health care services has been very marginal largely because of low level of health literacy and lack of mobilization. The rural 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 [5].

Specifically, in a health care setting at Odukpani local government area, it was observed that, many women would register for antenatal care, but at the end of time, a negligible member of those that attended antenatal care in that primary health care facility would eventually present themselves for child delivery in the health care facility. Some of these rural women will present themselves at the health care facility, after a failed attempt by the traditional birth attendants. Most often, the interfered cases would result to either loss of the baby or mother or both, as a result of complications that follow inadequate care by the traditional birth attendants and sometimes ignorance by the rural women. Also, some rural women in the research area could come to the health care facility with their babies for immunization and after instructions, would still fail to comply to instruction and advice, leaving the children not properly immunized, thus expressing them to childhood killed diseases. These and other problems emanating from low utilization of available primary health care services form the basis of the problem of this study [6].

Therefore, there is need to ascertain whether effective social mobilization strategies could persuade and mobilize the rural women to maximize utilize available primary health care services. It is against this background that this study sought to find out the extent to which social mobilization strategies or approaches can influence the utilization of primary health care services among rural women in Calabar South and Odukpani local government area of cross river state. In other words, how can social strategies influence utilization of primary health care services among rural women [7].

Purpose of the study

The main purpose of this study was to examine the extent to which the use of social mobilization strategies influences the utilization of primary health care services utilization by rural women in Odukpani and Calabar local government areas. The specific objectives were to:

- Ascertain the extent to which social mobilization talks during age grade meetings influence the utilization of primary health care services among rural women.
- Investigate the extent to which home visitation by health care workers influence the utilization of primary health care services among rural women.
- Find out the extent to which health extension education and enlightenment campaigns by health care workers influence the utilization of primary health care services among rural women.
- Investigate the extent to which the use of town criers and town hall meetings influence utilization of primary health care services among rural women.
- Examine the extent to which social mobilization advocacy influence the utilization of primary health care services among rural women.
- Ascertain the effect of social mobilization strategies on rural women's utilization of primary health care services [8].

Research questions

The following research questions were formulated to guide this study:

- To what extent does the use of social mobilization talks during age grade meeting influence the utilization of primary health care services among rural women?
- To what extent does home visitation by health care involves influence the utilization of primary health care services among rural women?
- How does the use of public enlightenment campaigns influence the utilization of primary health care services among rural women?
- To what extend does the use of town-criers and town hall meeting influence the utilization of primary health services among rural women?
- How does social mobilization advocacy influence the utilization of primary health care services among rural service?
- What is the effect of social mobilization strategies on rural women's utilization of primary health care services in the study area?

Statement of research hypotheses

The following null hypotheses were postulated to guide this study:

- The use of social mobilization talks during age grade meetings does not significantly influence the utilization of primary health care services among rural women.
- How visitation by health care workers do not significantly influence the utilization of primary health care services among rural women.
- There is no significant influence of health education and enlightenment campaigns on the utilization of primary health care services among rural women.

- There is no significant influence of town criers and town hall meetings on the utilization of primary health care services among rural women.
- There is no significant influence of social mobilization advocacy on utilization of primary health care services among rural women.
- There is no significant composite influence of social mobilization strategies on utilization of primary health care services among rural women [9].

Materials and Methods

The survey research design was adopted for this study to ascertain the link between the social mobilization strategies and utilization of primary health care services among the rural women of child bearing age. It also enabled us to select a representative sample from the large population of subjects upon which generalizations were made. This research was carried out in Odukpani and Calabar, local government areas of cross river state, Nigeria. The indigenous people of this area are principally farmers and fishermen and women, although some women are engaged in petty trading. They are multi-lingual due to the presence of a variety of ethnic grouping such as, Efik, Ibibio, Qua, Ejagham, Oron, Annang, amongst others [10].

The purposive and simple random sampling techniques were employed to select the subjects for the study. The two local government areas Odukpani and Calabar South were purposively selected based on tier increased incidence of low utilization of primary health care services among the rural women, while simple randomization procedure was used in selecting the 391 respondents across the two local government areas used for the study. This randomization procedure involves, first, the selection of ten political wards from Odukpani local government area out 13 wards that are in that local government area and another ten political wards from Calabar South, out of eleven wards. Each political ward was segmented into households, that were randomly selected using 10% of estimated number, using hat and draw method. Respondents from the 20 political random selection of women of childbearing age in the household or primitive selection where only one existed in the household. This brought variation in the number of selected respondents based on the population of households the study area, with a maximum of 21 households and a minimum of 11 households randomly selected. Each selected household produced one respondent for the study (Tables 1-3) [11].

S/N	L.G.A	Number of political wards	Randomly selected political wards	Total number of women aged 18-51 years
1	Calabar South	11	10	25,906
2	Odukpani	13	10	18,654
Total		24	20	44,560

Table 1: Population distribution by local government areas, political wards and women of child bearing age.

L.G.A	Political wards	Estimated no. of use households	No. of women aged 18-51 years	Randomly selected households (10%)	Randomly selected women
Calabar South	Ward 1	319	3189	31	21
	Ward 2	240	2470	24	21
	Ward 3	236	2358	23	21
	Ward 4	248	2499	24	21
	Ward 5	262	2656	26	21
	Ward 6	239	2367	23	21
	Ward 7	248	2479	24	21
	Ward 8	257	2565	25	21
	Ward 9	230	2299	22	21
	Ward 10	301	3024	30	21
Total	10	2579	25,906	252	210
Odukpani	Central Odukpani	220	2168	21	21
	Adiabo Efut	215	2109	21	21
	Creek town I	213	2122	21	21

	Creek town II	126	1244	12	12
	Eniong	220	2157	21	21
	Eki	120	118	11	11
	Ekori/Anaku	213	2131	21	21
	Ikoneto	125	1186	11	11
	Odof	217	2153	21	21
	Onim/Amkiong	225	2196	21	21
Total	10	1894	18654	181	181

Table 2: Sample distribution by local government areas, political wards, households and respondents.

Variables	No. of items	X	SD	A
Health talks/age grade meeting	6	19.35	3.05	0.86
Home visitation	7	12.46	1.13	0.81
Health mobilization enlightenment campaigns	7	20.04	3.25	0.88
Town meetings/ town criers	6	12.5	2.14	0.77
Social mobilization advocacy	9	13.32	1.99	0.82
Utilization of primary health care services	8	15.8	2.48	0.73

Table 3: Crombach's alpha reliability estimate of research variables (N=50).

Procedure for data analysis

Data were analyzed as follows:

Hypothesis one: The use of health talks during age meetings does not significantly influence utilization of primary health care services among rural women.

Independent variable: Health talks during age grade meetings.

Dependent variable: Utilization of primary health care services.

Statistical tool: Independent t-test.

Hypothesis two: Home visitation by health care workers does not significantly influence utilization of primary health care services among rural women.

Independent variable: Home visitation.

Dependent variable: Utilization of primary health care services.

Statistical two: Independent t-test.

Hypothesis three: There is no significant influence of health extension education and enlightenment campaign on utilization of primary health care services among rural women.

Independent variable: Health extension education and enlightenment campaigns.

Dependent variable: Utilization of primary health care services.

Statistical tool: Independent t-test.

Hypothesis four: There is no significant influence of town hall meetings and town criers on utilization of primary health care services among rural women.

Independent variable: Town hall meetings and town criers.

Dependent variable: Utilization of primary health care services.

Statistical tool: Independent t-test.

Hypothesis five: There is no significant influence of social mobilization advocacy on utilization of primary health care services among rural women.

Independent variable: Social mobilization advocacy.

Dependent variable: Utilization of primary health care services.

Statistical tool: Probate regression model.

Hypothesis six: There is no significant composite influence of social mobilization strategies and utilization of primary health care services among rural women.

Independent variable: Social mobilization strategies.

Dependent variable: Utilization of primary health care services.

Statistical tool: Probate regression model.

Results and Discussion

Hypothesis one

There is no significant influence of the use of health talks during age grade meetings on the utilization of PHC services among rural women. This hypothesis was tested using independent t-test analysis of the use of health talks during age grade meetings on the utilization of primary health care services (N=391) (Tables 4 and 5) [12].

Variables	Response category	Frequency	Percentage
Use of health talks during age grade meetings	Often	134	34.3
Home visitation by health workers	Rare	257	56.7
	Total	391	100
	Often	172	44
Home extension education/ enlightenment campaign	Rare	219	56
	Total	391	100
	Often	182	46.5
Use of town-crier/town hall meeting	Rare	209	53.5
	Total	391	100
	Often	109	27.9
Use of social work advocacy	Rare	282	72.1
	Total	391	100
	Often	196	50.1
Utilization of health care services	Rare	195	49.9
	Total	391	100
	N	Mean	Std. deviation
	391	22.68	6.59

Table 4: The following tables shows the descriptive statistics of the research variables.

Variable	Use of health talks during age grade meeting	N	Mean	SD	t-value	p-value
Utilization of primary health care services	Often used	134	24.34	6.08	3.65*	000*
	Rarely used	257	21.82	6.69		
Note: *p<05; df=389; critical t=1.966						

Table 5: Independent t-test analysis of the use of health talks during age grade meetings on the utilization of primary health care services (N=391).

Table 5 showed that at 0.05 level of significance and 389 degrees of freedom, the critical t-value is 1.966. The calculated t-value obtained in computing the influence of the use of health talks during age grade meetings on the utilization of primary health care services was 3.65, with significant value of 0.000. The calculated t-value was seen to be higher than the critical t-value and the obtained significant value less than 0.05 level of significance used in the study ($p<0.5$). With these results, the null hypothesis which stated that, the use of health talks during age grade meetings, does not significantly influence utilization of primary health care services among rural women was rejected.

Hypotheses two

There is no significant influence of home visits (house-to-house) by social mobilizers on the utilization of primary health care services among rural women. This hypothesis was tested using the independent t-test and result presented in Table 6.

Variable	Home health by health social workers	N	Mean	SD	t-value	p-value
Utilization of primary health care services	Often visited	172	27	5.02	14.20*	0
	Rarely visited	219	17.27	5.6		
Note: *p<05; df=389; critical t=1.966						

Table 6: Independent t-test analysis of influence of home visit by health workers on the utilization of primary health care services among rural women (N=391).

Table 6 showed the analysis of the difference between the group of respondents who were often visited at home by social mobilizers and the group rarely visited. It indicated that the calculated t-value was of 0.05 ($p<0.05$). The critical t-value obtained at 0.05 level of significance and 389 degrees of freedom was 1.966. The calculated t-value was seen to be greater than the critical t-value and the obtained significant value was less than 0.05 level of significance. With this result, the null hypothesis which states that, homes visits by social mobilizers does not significantly influence the utilization of primary health care services among rural women was rejected. It was alternatively accepted that, home visits by social mobilizers significantly influence the utilization of primary health care services among the rural women.

Hypothesis three

There is no significant influence of health education and enlightenment campaign on the utilization of primary health care services among rural women. This hypothesis was tested using independent t-test analysis and the result is presented in Table 7 below.

Variable	Health extension education and enlightenment campaign	N	Mean	SD	t-value	p-value
Utilization of primary health care services	Often educated and enlightened	182	25.04	5.07	7.08*	0
	Rarely educated and enlightened	209	20.61	6.93		
Note: *p<05; df=389; critical t=1.966						

Table 7: Independent t-test analysis of influence of the use of health extension and enlightenment campaign on the utilization of primary health care services among rural women (N=391).

Results in Table 7 showed that, at 0.05 level of significance and 389 degrees of freedom, the critical t-value was 1.966 and the calculated t-value obtained in computing the influence of health extension education and enlightenment campaign on the utilization of primary health care services among rural women was 7.08, with significant value of 0.000 ($p<0.05$). Since the calculated t-value was greater than the critical t-value, it means that, the result was statistically significant. With this result, the null hypothesis which states that, there is no significant influence of the use of health education/ enlightenment campaign on the utilization of primary health care services among rural women was rejected. It was therefore accepted that, there is significant influence of the use of health education and enlightenment campaign on the utilization of primary health care services among rural women.

Hypothesis four

There is no significant influence of town hall meetings and town criers on utilization of primary health care services among rural women. This hypothesis was tested using the independent t-test whose result is presented in Table 8 below.

Variable	Use of town crier and town hall meetings	N	Mean	SD	t-value	p-value
Utilization of primary health care services	Often used town crier	109	24.79	4.55	4.00*	0
	Rarely used town crier	282	21.87	7.07		
Note: *p<05; df=389; critical t=1.966						

Table 8: Independent t-test analysis of influence of use of town crier and town hall meetings on the utilization of primary health care services among rural women (N=391).

Table 8 shows that at 0.05 level of significance and 389 degrees of freedom, the critical t-value was 1.966. The calculated t-value obtained in computing the influence of the use of town hall meetings and town criers on the utilization of primary health care services was 4.00, with significant value of 0.000 ($p<0.05$). The calculated t-value was found to be greater than the critical t-value which implied that the result was statistically significant. Based on these results, the null hypothesis which stated that, there is no significant influenced of the use of town hall meetings and town criers on the utilization of primary health care services among rural women was rejected. The alternate hypothesis therefore was accepted. This hypothesis states that, there is a significant influence of the use of town hall meetings and town criers on the utilization of primary health care services among rural women.

Hypothesis five

There is no significant influence of social mobilization advocacy on utilization of primary health care services among rural women. To test this hypothesis, the independent t-test was used and the result is presented in Table 9 below.

Variable	Social work advocacy	N	Mean	SD	t-value	p-value
Utilization of primary health care services	Often used social work advocacy	196	25.81	5.81	10.67*	0
	Rarely used social work advocacy	195	19.54	5.8		
Note: *p<05; df=389; critical t=1.966						

Table 9: Independent t-test analysis of influence of social work advocacy on the utilization of primary health care services among rural women (N=391).

Results in Table 9 showed that, at .05 level of significance and 389 degrees of freedom, the critical t-value was 1.966. The calculated t-value of 0.000 ($p<0.05$) was significant. Since the calculated t-value of 10.6 at 0.05 level of significance was greater than the critical t-value, the result is statistically significant. With this result the null hypothesis which states that, social mobilization advocacy does not significantly influence the utilization of primary health care services among rural women was rejected. It was alternatively accepted that, social mobilization advocacy significantly influenced the utilization of primary health care services.

Hypothesis six

There is no significant composite influence of social mobilization strategies on utilization of primary health care services among rural women. To test this hypothesis, probate regression analysis was used and the result is presented in Table 10 below.

Variable	Coefficient	Standard error	t-value
Intercept (X_0)	-2.39694***	1.08844	-2.20219
Use of health talk during age grade meeting (X_1)	-0.36692	0.41716	-0.90353
Home visitation (X_2)	0.24817***	0.076	3.238
Health extension education and enlightenment campaign (X_3)	0.53429*	0.42338	1.2196
Town-crier/town hall meeting (X_4)	0.28596**	0.1616	1.76963
Social work advocacy (X_5)	-0.31820***	0.18739	-1.69811
Pseudo R^2 (CoX and shell)=0.725	-	-	-
Chi square (X^2) statistics=211.206***	-	-	-
-2 log likelihood=109.751	-	-	-
Significant at 5%	-	-	-

Table 10: Probate regression result of the composite effect of social work education strategies on utilization of primary health care services.

Diagnostic statistics

The improvement in fit, made by the explanatory variables included in the model was measured by the model chi square of 211.206, which is significant at 5% level of probability, indicating that, the independent variables included in the model jointly significantly predicted the dependent variable in the regression. The strength of association between the dependent and independent variables, captured by the C_{ox} and Snell Pseudo R^1 the strength of association between the dependent and independent variables was about 75%.

Parameter estimates

The model was estimated for the full sample of women, the utilization of primary health care services was modified as a function of the use of health talks during age grade meetings, home visit by health workers, health education and enlightenment campaign, town hall meetings and town criers and social mobilization advocacy (X_1), home visit (X_2), health education and enlightenment campaign (X_3), town hall meetings and town criers (X_4), and social mobilization advocacy (X_5) were statically significant variously at ***=1%,*** =5%, *=10%.

The other one variable-health talk during age grade meetings was not significantly influencing the utilization of primary health care services. It could be concluded that the utilization of primary health care services among rural women in the study area, depends on social mobilization strategies like home visits, health education and enlightenment campaigns, town hall meetings and town criers as well as social mobilization advocacy.

Health talks during age grade meetings in respect of hypothesis one which stated that, there was no significant influence of health talks during age grade meetings on utilization of primary health care services among rural women showed that, it was rejected. This findings agrees with Anderson's who noted that, utilizing age grades as means of mobilizing rural people for health care services is an effective strategy, since rural people have strong inclination to their age grade. In many rural communities, attendance at age grade meeting was compulsory, so that, any member who fails to attend a meeting without due permission was usually fined. Members usually try to avoid payment of fines by attending meetings regularly. Thus, Onah, et al., stated that, in Enugu state, health talks during age grade meetings were affectively used to mobilize rural women to participate in child immunization and family planning programs and access other primary health care services. The results also corroborates the submissions of Lopez who observes that, the use of health talks during age grade meetings has far reaching implications for the utilization of rural health facilities among ruralities.

Home visitation by health care services on utilization of primary health care services

The data analysis in respect of hypothesis two, which states that there was no significant influence of home visit by health workers on utilization of primary health care services among rural women showed that, it was rejected. This indicates that, the first comparison group, that is, those who were often visited at home by health workers obtained a higher mean score than the second group who were rarely visited at home by health workers, the more utilization of primary health care services by the rural women and vice versa. This result is supported by that of Freeman who observed the utilization of primary health care services in both rural and urban areas increased with increase in home visits by health workers. Studies by Freeman found out that, 78% of rural women who utilized primary healthcare services were those who were visited at least once a week by health workers.

The result also corroborates the work of Fulder when he observed that frequent home visitations helped to build a fundamental relationship between health workers and local people, because such visits enabled health workers to sensitize the people, which increased their attendance at the primary health care facilities. Edwards also observed that, in rural communities where women lived in isolated and non-investment neighbourhoods, the best strategy for enhancing access to and utilization of primary health care services was to visit the homes of the rural people, to sensitize them, on the need to access and utilize the services offered by primary health care providers and possibly, attend to the their minor health issues at home.

Health education and enlightenment campaigns on utilization of primary health care services

The result of the analysis of data as regards hypothesis three which states that, there was no significant influence of health education and enlightenment campaigns on utilization of primary health care services among rural women showed that, it was rejected. The obtained t-value of 7.08 was seen to be positive and significant. This showed that, the first group of respondents who responded to the often use of health education and enlightenment campaigns, obtained a higher mean score than the group that responded to the rare use of health education and enlightenment campaigns. This indicates that, the more the use of health enlightenment campaigns, the more the awareness and utilization of primary health care services by rural women. More so, the rare use of health education and enlightenment campaigns can decrease awareness and lead to less utilization of primary health care services by rural women.

This result confirms the findings of Stephen, Henderson and Sarojni who advocated for the need for a national approach to health education to promote behavioural and attitudinal change to utilization of primary health care services. Abdulraheem, Oladipo and Amodu, also noted that, community based activities should support increased participation in their own health care. This should include health extension education, to educate people on what services they should expect from the primary health care centers, as well as, activities on promotion of healthy lifestyles, prevention of and early detection and treatment of common diseases. Studies by Abdulraheem, et al. also noted that, to enhance the utilization of primary health care services by rural women, extension education strategies should address several aspects of communication/health promotion. This, they said led to increasing awareness and achieving behaviour change in the community members. The findings further confirm the submissions of World Health Organization (WHO), that educational status of mothers plays a pivotal role in the health of the family. Also, adult educational programmes linked to health and healthy lifestyles can contribute effectively to the dissemination of health information that would help local people utilize health care services.

Town hall meetings and town criers on utilization of primary health care services

The result arising from data analysis of hypothesis four which states that, there was no significant influence of town hall meetings and town criers on utilization of primary health care services among rural women show that, it was rejected. The obtained t-value was also significant and positively signed. This means that, the first group of respondents who often relied on or used town hall meetings and town criers obtained higher mean score than the second group of respondents who rarely used town hall meetings and town criers. The implication of these results was that, the more the use of town hall meetings and town criers, the more the awareness and utilization of primary health care services among rural women. More so, rare use of town hall meetings and town criers can decrease awareness, hence less utilization of primary health care services by rural women. This report supports Raymond's findings which stated that, one of the widely used traditional media of communication was the use of town criers and

town hall meetings. It used local language to talk to the people and because of its local appeal, many rural women including those who are illiterates can use it to gain awareness of the primary health care services and how to utilize them. He also found out that, among rural populations where town hall meetings and town criers were used to communicate health information, 98% attendances of primary health care facilities were recorded. Similarly, Ajuba, Nwala, Ezeoke and Uguru found that, among 680 rural women interviewed on primary health care services compliance; 84.67% of them stated that, they got health care services information through the town hall meetings and town criers. This underscores Maralarka and Rosenfield recommendation that, primary health care workers should seek partnership with local communication media particularly the town criers, to communicate health messages, interface with the people and mobilize rural people to utilize primary health care services.

Social mobilization advocacy on utilization of primary health care services

Results which emanated from the analysis of data as regards hypothesis five which states that, there was no significant influence of social mobilization advocacy on utilization of primary health care service among rural women showed that, it was rejected. The obtained t-value was seen to be positive and significant. This showed that the first group of respondents who often used social mobilization advocacy obtained higher score than the second group of respondents who indicated rare use of social mobilization advocacy, the more the awareness of primary health care services, hence more utilization by rural women. More so, rare use of social mobilization advocacy can decrease awareness of health care services and low utilization of health care services. The implication of this result is that, social mobilization advocacy increases the propensity utilization of primary health care services among rural women.

These findings corroborates the submission of Hagazy that, to enhance the utilization of the primary health care services by any people, it is most important that, the people recognize the need for such services. This can be achieved through social mobilization advocacy focusing on adequate and relevant health information on the prevailing health challenges/issues and services available at the primary health care. This will encourage local people to access primary health care facilities. In the same vein, WHO maintains that, primary health care with emphasis on health care that is essential, radical, scientifically sound, co-ordinate, accessible, appropriately delivered and affordable could be well utilized if proper social mobilization advocacy is intensified. One route to the achievement of improved health outcome within these parameters is a robust social mobilization network that promotes local participation in primary health care services.

Social mobilization strategies on utilization of primary health care services

Findings in respect of hypothesis six which states that there was no significant composite influence of social mobilization strategies on utilization of primary health care services among rural women showed it was rejected. This result is supported by Raymond's who stated that, rural women who were regularly visited by health workers, influenced by social mobilization advocacy programmes and given sensitization through health talks, are more likely to utilize primary health care services than rural women who had no contact with health workers. Difficulty in accessing primary health care facilities, according to Wiley deters the rural women from utilizing primary health care services; therefore, social mobilization advocacy to promote good access may enhance utilization.

Summary

This study was aimed at examining social mobilization strategies and utilization of primary health care services among rural women in Odukpani and Calabar South local government areas of cross river state. To achieve the purpose of this study, six research variables namely: Health talks during age grade meetings, home visits by health workers, health education and enlightenment campaigns, town hall meetings and town criers and social mobilization advocacy were identified.

Relevant literatures were reviewed according to the variables under study. Survey design was adopted for the study. The selection was done through purposive and simple randomization techniques and a sample of 391 respondents was used for the study from both local government areas. Primary Health Care Services Utilization Questionnaire (PHCSUQ) was used for data collection. This is designed by the researcher in collaboration with three experts in test and measurement in the faculty of education, university of Calabar, Calabar, Nigeria. The reliability estimate of the instrument was established through Cronbach Alpha reliability method ranging from 0.73-0.83. The data were analyzed using independent t-test and probate regression. The result of the analysis revealed that, there was a significant influence of the use of home visits by health workers, health education enlightenment campaign, town hall meeting and town criers and social mobilization advocacy on utilization of primary health care services among the rural women, whereas, the probate regression revealed that, the use of health talk during age grade meetings was not significant in influencing the use of primary health care services utilization.

Conclusion

Based on the findings of this study, it was concluded that, utilizing primary health care is one of the most direct interventions for lowering rural health challenges especially among rural women. Social mobilization strategies and networking have become an integral part of health care services utilization and administration. The integration of social mobilization into health care services utilization offers hope for better health outcomes. This is done by enabling first, broad dissemination of medical information, providing timely access to large amounts of data that can help detect and predict the causes of health/illness problems through a population. The use of social mobilization strategies in primary healthcare delivery helps to educate hard-to-reach populations in rural areas thereby enabling clients to utilize primary healthcare services. The utilization of primary health care services in Nigeria has been affected by institutional, cultural, religious, political, technological and manpower challenges. Addressing these challenges, has proved to be a difficult task especially in the face of growing rural people's appetite for traditional medicine, increased religious healing claims and governments' apathy towards the problems posed by primary health care givers. However, findings from this study had shown that, certain traditional or indigenous social mobilization strategies such as, health talks during age grade meetings, use of town-criers and home visits by health workers can enhance the utilization of primary health care services among rural women. Other strategies such as health extension education and social enlightenment and social advocacy also had

strong potentials to enhance the utilization of primary health care services among rural women.

Recommendations

Based on the findings of this study, the following recommendations were made:

- Integration of social mobilization education into health care administration and planning.
- Government and private sector partnership to strengthen the funding of health education programmes at rural communities level to promote health care awareness and utilization of primary health care services among rural populations to prevent and reduce morbidity and mortality when and where necessary.
- More primary health care centers should be established and equipped in the rural areas to meet the growing health needs of rural dwellers.
- Health workers should be posted to the rural communities so that they can use their skills to educate the rural women especially, to utilize primary health care services available.
- The local government areas should at their levels, make incentives available in form of services, etc. to entice the rural women to utilize primary health care services.

References

1. Abdulraheem BI, Olapipo AR, Amodu MO (2012) Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities. J Publ Health Epidemiol 4: 5-13.
2. Abiodun AJ (2010) Patients satisfaction with quality attenuates of primary health care services in Nigeria. J Health Manag 12: 39-54.
3. Agarwal S, Sarasua I (2002) Community-based health financing: Care India's experience in the maternal and infant survival project. Res Healthcare Fin Manag.
4. Ajuba MO, Nwala E, Ezeoke O, Uguru N, Okuruosa C (2011) Community mobilization and consents seeking for public health action: Experiences from the field. Webmed Centr Pub Health J 2: 78-83.
5. Edwards SD (1986) Traditional and modern medicine in South Africa: A research study. Soc Sci Med 22: 1273-1276.
6. Essien SA, Ekpo J (2013) Primary health care services utilization and access rural women in Southern senatorial zone of cross river state. Educator 5: 77-84.
7. Freeman M, Motsei M (1992) Planning health care in South Africa is there a role for traditional healers. Soc Sci Med 34: 1183-1190.
8. Hagazy JS (2002) Utilization of maternal health services: A comparative study between residents and nomads. Saudi Med J 13: 4-52.
9. Maralankar B, Rosenfield G (2005) Age grade: A tool in rural health education. J Soc Sci Med 3:20-35.
10. Nagdeve D, Bharati D (2003) Urban-rural differentials in maternal and child health in Andhra Pradesh, India. Rural Remote Health 3: 1-11.
11. Navaneethsm K, Dharmalingam A (2002) Utilization of maternal health care services in India. Soc Sci Med 55: 69-184.
12. Onah HE, Ikeako LC, Iloabachie GC (2006) Factors associated with the use of maternity services in Enugu, Southeastern Nigeria. Soc Sci Med 63:1870-1878.