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Gender, Insecurity and Access to Primary Health Care in Ekiti State

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Abstract: Access to primary healthcare remains central to achieving Universal Health Coverage; however, gender inequalities and emerging security challenges increasingly constrain healthcare utilisation in many developing countries. This study examined the relationship between gender, insecurity, and access to primary healthcare in Ekiti State, Nigeria. Specifically, the study investigated the influence of insecurity on primary healthcare access, analysed the gender dimensions of healthcare utilisation, and explored how insecurity differently affects men's and women's access to healthcare services. The study adopted a qualitative research design based on documentary analysis. Data were obtained from peer-reviewed journal articles, government publications, policy documents, and reports of reputable national and international organisations published mainly between 2020 and 2026. The data were analysed using thematic content analysis. The findings revealed that insecurity, including security breaches at health facilities, kidnapping incidents, and fear of travelling, particularly at night, has emerged as an important barrier to healthcare utilisation. The study further found that women experience greater obstacles to accessing primary healthcare due to financial dependence, restricted mobility, limited decision-making power, and caregiving responsibilities, while men are constrained by cultural norms surrounding masculinity and delayed health-seeking behaviour. The intersection of gender and insecurity therefore creates unequal healthcare experiences across population groups. The study concludes that strengthening primary healthcare in Ekiti State requires policies that integrate gender-responsive interventions with security-sensitive healthcare planning. It recommends improving security infrastructure at health facilities, expanding financial protection mechanisms, promoting male involvement in maternal healthcare, strengthening the health workforce, and mainstreaming security risk assessments into health sector planning to enhance equitable access to primary healthcare.

Keywords: *Gender; Insecurity; Primary Healthcare; Healthcare Access; Intersectionality; Ekiti State; Nigeria.*

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I. INTRODUCTION

Primary healthcare (PHC) remains the foundation of effective healthcare systems and plays a critical role in improving population health by providing accessible, affordable, and community-based health services. It serves as the first point of contact between individuals and the healthcare system. It is essential for achieving Universal Health Coverage (UHC) and the health-related Sustainable Development Goals (SDGs), particularly those relating to good health and well-being. Despite global commitments to strengthening primary healthcare, access to essential health services remains uneven in many low- and middle-income countries, especially in sub-Saharan Africa, where health systems continue to face challenges associated with inadequate infrastructure, shortages of skilled health personnel, poverty, and weak health financing (World Health Organisation [WHO], 2023). These challenges have been compounded by emerging security concerns that

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increasingly affect the availability and utilisation of healthcare services.

Access to healthcare is influenced not only by the availability of health facilities but also by social, economic, cultural, and environmental factors that determine individuals' ability to seek and receive appropriate care. Among these factors, gender has received considerable scholarly attention because it shapes health-seeking behaviour, decision-making, control over household resources, and mobility. Studies have shown that women are more likely than men to encounter barriers to accessing healthcare due to financial dependence, unequal decision-making power, domestic responsibilities, and prevailing socio-cultural norms that limit their autonomy (Yaya et al., 2019; Awoyemi, 2021). Similarly, Abubakar and Sheriffdeen (2022) observed that gender intersects with other socioeconomic factors, including income and education, to influence healthcare accessibility and utilisation, particularly in rural communities. These findings suggest that achieving equitable access to primary healthcare requires greater attention to the gendered realities that shape healthcare utilisation.

Beyond gender-related inequalities, insecurity has become an increasingly important determinant of healthcare access across many developing countries. In Nigeria, security challenges such as insurgency, banditry, kidnapping, armed robbery, communal conflicts, and other forms of violent crime have extended beyond traditional conflict zones, affecting both rural and urban communities. Apart from threatening lives and livelihoods, insecurity disrupts healthcare delivery by restricting movement, discouraging healthcare utilisation, damaging health facilities, and creating unsafe working conditions for healthcare personnel. Agwu and Onwujekwe (2023) found that inadequate security infrastructure and frequent security threats within primary healthcare facilities negatively affected both service delivery and healthcare utilisation. Likewise, Akor et al. (2024) reported that persistent insecurity in rural communities resulted in reduced utilisation of maternal health services, displacement of healthcare workers, shortages of essential medicines, and increased travel time to health facilities. More recently, Adeyanju et al. (2026) argued that insecurity contributes to declining trust in health systems, poor health-seeking behaviour, and adverse maternal and child health outcomes in conflict-affected communities.

In Nigeria, efforts to improve primary healthcare have yielded notable progress through health sector reforms and increased investments in community-based healthcare services. Nevertheless, access to quality healthcare remains constrained by persistent structural and socioeconomic challenges. Existing studies have identified factors such as inadequate healthcare personnel, long waiting times, poor infrastructure, affordability, and low health insurance coverage as major barriers to healthcare utilisation (Bolarinwa & Ibikunle, 2020; Oluwadare et al., 2021). More recent evidence also indicates that insecurity is emerging as an additional barrier to healthcare access, further widening existing inequalities among vulnerable populations (Agwu & Onwujekwe, 2023). This suggests that improving healthcare access requires a broader understanding of both conventional health system constraints and emerging security-related challenges.

Ekiti State has often been recognised for relatively favourable health indicators compared with many parts of Nigeria. However, recent studies reveal that important gaps remain in the state's primary healthcare system. Oluwole et al. (2022), for instance, found that the overall readiness of primary healthcare facilities to provide maternal and child health services was below the level required to achieve Universal Health Coverage, with rural facilities experiencing greater shortages of medicines, equipment, and other essential resources. Similarly, a comparative assessment by Oluwadare et al. (2021) identified affordability, inadequate health insurance coverage, and health workforce challenges as significant constraints to healthcare access among residents of Ekiti State. In another study, social and non-social factors such as educational attainment, waiting time, and shortages of healthcare personnel were found to influence access to healthcare services within the state significantly (International Journal of Development Research, 2023). Collectively, these studies provide valuable insights into healthcare accessibility in Ekiti State but pay limited attention to the implications of emerging security challenges.

Similarly, studies examining the relationship between insecurity and healthcare in Nigeria have focused predominantly on conflict-affected states in the North-East and North-West, where armed insurgency and banditry have severely disrupted healthcare delivery (Akor et al., 2024; Adeyanju et al., 2026). At the same time, gender-focused studies have concentrated largely on maternal healthcare, reproductive health, and women's decision-making autonomy (Yaya et al., 2019; Svallfors et al., 2024). While these studies have significantly advanced understanding of healthcare inequalities, they have largely examined gender, insecurity, and healthcare access as separate issues. Consequently, limited empirical attention has been devoted to understanding how insecurity and gender interact to shape access to primary healthcare in relatively peaceful states such as Ekiti, where emerging security concerns may nonetheless influence healthcare-seeking behaviour and service utilisation.

This study examines the relationship between gender, insecurity, and access to primary healthcare in Ekiti State. By bringing together evidence from gender studies, public health, and security studies, the study seeks to deepen understanding of how emerging security challenges influence healthcare accessibility across gender groups. The findings are expected to contribute to policy discussions on strengthening gender-responsive and security-sensitive primary healthcare systems that ensure equitable access to essential health services for all residents.

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➢ *Objective*

To examine the relationship between gender, insecurity, and access to primary healthcare in Ekiti State.

➢ *Specific Objectives*

- To examine the influence of insecurity on access to primary healthcare in Ekiti State.
- To analyse the gender dimensions of access to primary healthcare in Ekiti State.
- To explore how insecurity affects men's and women's access to primary healthcare services in Ekiti State.
- To recommend strategies for promoting gender-responsive and secure access to primary healthcare in Ekiti State.

II. LITERATURE REVIEW

➢ *Conceptual Framework for Access to Primary Healthcare*

Access to healthcare is a multifaceted construct that encompasses the availability, affordability, acceptability, and geographic proximity of health services (Penchansky & Thomas, 1981). The World Health Organisation (WHO, 2023) elaborates access as the timely utilisation of personal health services to realise optimal health outcomes. In low- and middle-income settings, access to primary care is moulded by an intricate interplay of supply-side determinants, including infrastructure quality, health workforce density, and essential medicine availability and demand-side factors such as socio-economic status, educational level, cultural beliefs, and prevailing gender norms (Oluwadare et al., 2021; Bolarinwa & Ibikunle, 2020).

In the Nigerian context, primary healthcare accessibility remains suboptimal, despite sustained policy rhetoric on Universal Health Coverage. Extant literature consistently documents pervasive barriers, including inadequate fiscal allocation, critical shortages of skilled health professionals, decaying physical infrastructure, protracted waiting periods, and low health insurance enrolment (Bolarinwa & Ibikunle, 2020). Recently, scholars have underscored insecurity as an emergent impediment that compounds these pre-existing systemic frailties (Agwu & Onwujekwe, 2023; Akor et al., 2024).

➢ *Gender as a Determinant of Healthcare Access*

A substantial corpus of evidence establishes gender as a pivotal determinant of healthcare access and utilisation patterns. Gender fundamentally conditions health-seeking behaviour, intra-household decision-making authority, command over financial assets, and individual mobility (Yaya et al., 2019). In many low-resource settings, women face additional barriers to healthcare due to their financial dependence on male relatives, restricted decision-making prerogatives, domestic labour obligations, and socio-cultural proscriptions that limit their independence (Awoyemi, 2021; Abubakar & Sheriffdeen, 2022).

In Nigeria, gendered obstacles to healthcare access manifest across multiple dimensions. Svallfors et al. (2024) observed that women's utilisation of maternal and reproductive health services is frequently contingent upon male spousal approval, particularly in patriarchal communities where husbands hold sway over household finances and major decisions. Complementing this, an intersectional investigation of barriers faced by women in Ekiti State found that 86% of respondents cited financial constraints, 84.7% identified the lack of affordable, quality facilities, and 80% reported distance as a significant impediment (Ibitoye, 2025). Furthermore, marital status, occupational category, age cohort, and educational attainment emerged as significant predictors of the magnitude of women's access challenges (Ibitoye, 2025).

Male healthcare-seeking patterns have garnered comparatively less scholarly interest. However, emerging evidence suggests that men are less likely to utilise primary care services, partly owing to cultural constructions of masculinity that discourage help-seeking behaviours and to perceptions that PHC centres are predominantly oriented toward maternal and child health (Oluwadare et al., 2023). A study conducted in Ido-Ekiti found that only 45.7% of residents had ever used PHC services, with knowledge of facility location and awareness of 24-hour operations significantly predicting utilisation. The non-availability of medical staff and the ease of referral to secondary or tertiary institutions were identified as potential threats to sustained PHC use (Oluwadare et al., 2023).

➢ *Insecurity and Healthcare Access in Nigeria*

Insecurity has surfaced as a formidable threat to healthcare delivery systems nationwide. Security challenges, including insurgency, banditry, kidnapping, armed robbery, and inter-communal strife, have disrupted health services through several mechanisms: restricting patient movement and deterring care-seeking, damaging or destroying health infrastructure, rendering working conditions perilous for staff, and precipitating the displacement of healthcare professionals (Agwu & Onwujekwe, 2023; Akor et al., 2024). Adeyanju et al. (2026) further argued that insecurity engenders declining public trust in health systems, reinforces adverse health-seeking behaviours, and culminates in poor maternal and child health outcomes in affected communities.

Although research examining insecurity and healthcare has primarily focused on conflict-ridden states in Nigeria's North-East and North-West, emerging evidence signals that security concerns are progressively affecting other regions. In Enugu State, for instance, researchers documented the absence of essential security infrastructure across health facilities, with reports of armed robbery, pilferage of drugs, and cases of neonatal abduction (Agwu & Onwujekwe, 2023). Similarly, participants at a Kano town hall meeting highlighted nocturnal insecurity as a critical deterrent to facility-based deliveries, with expectant mothers fearing to travel to PHC centres after dark (Nigeria Health Watch, 2026).

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➢ *Healthcare Access in Ekiti State*

Ekiti State has achieved notable strides in primary healthcare delivery. The state government has operationalised functional PHCs across all 177 political wards, implemented the Basic Health Care Provision Fund (BHCPF) to furnish free services for pregnant women, under-five children, and the elderly, and attained an immunisation coverage rate of 85%, the highest in the South-West and fourth highest nationally (Tribune Online, 2023). The administration of Governor Biodun Oyebanji has invested substantially in infrastructural upgrading, enhanced welfare packages for health workers, and ensured the availability of quality pharmaceuticals (Daily Post, 2023).

Despite these advancements, critical lacunae remain. Oluwole et al. (2022) determined that the overall readiness of PHC facilities to deliver maternal and child health services fell short of the threshold required for Universal Health Coverage, with rural facilities confronting more acute shortages of medicines, equipment, and other essential resources. A comparative evaluation by Oluwadare et al. (2021) identified affordability, inadequate health insurance coverage, and workforce challenges as substantial constraints. More recently, an inquiry into social and non-social factors affecting healthcare access in Ekiti and Kogi States found that waiting time, health personnel shortages, and frequent industrial actions were the most significant non-social barriers in Ekiti (International Journal of Development Research, 2023).

➢ *The Intersection of Gender, Insecurity, and Healthcare Access*

Limited empirical research has examined how insecurity and gender jointly shape healthcare access in relatively peaceful states such as Ekiti. The extant literature has predominantly examined gender, insecurity, and healthcare access as separate thematic streams, with gender-focused research concentrating on maternal and reproductive health (Yaya et al., 2019; Svallfors et al., 2024) and security-focused scholarship concentrating on conflict-affected territories (Akor et al., 2024; Adeyanju et al., 2026). The present investigation addresses this lacuna by examining the tripartite relationship among gender, insecurity, and primary healthcare access in Ekiti State, integrating insights from gender studies, public health, and security studies to deepen understanding of how evolving security dynamics influence healthcare accessibility across gender groups.

III. THEORETICAL FRAMEWORK

➢ *Intersectionality Theory*

This study is anchored in Intersectionality Theory, principally associated with Crenshaw (1989). The theory explains how multiple social and structural factors interact to produce distinct experiences of inequality and disadvantage. Rather than examining gender, economic status, geographical location, or other social conditions in isolation, intersectionality emphasises their interconnected influence on individuals' access to opportunities and social services (Collins, 2000; Bowleg, 2012).

The theory assumes that social inequalities are multidimensional and that individuals within the same gender group do not necessarily experience disadvantage in the same way. In healthcare research, intersectionality provides a useful framework for understanding how gender interacts with socioeconomic and structural conditions to shape healthcare access (Hankivsky, 2012). However, the theory has been criticised for its conceptual breadth and methodological complexity, particularly the difficulty of determining which intersecting factors to prioritise in empirical analysis (McCall, 2005; Nash, 2008).

Intersectionality Theory is relevant to this study because gender and insecurity do not independently influence access to primary healthcare in Ekiti State. Insecurity may interact with financial constraints, limited mobility, geographical distance, household decision-making, and prevailing gender norms to create differentiated healthcare experiences. Women may experience compounded barriers due to economic dependence and mobility restrictions, while cultural expectations of masculinity and security-related livelihood risks may influence men's healthcare access. The theory, therefore, provides an appropriate framework for explaining how gender and insecurity intersect with socioeconomic and structural conditions to shape access to primary healthcare in Ekiti State.

IV. METHODOLOGY

This study employed a qualitative research design using documentary analysis to examine the relationship among gender, insecurity, and access to primary healthcare in Ekiti State, Nigeria. A documentary research design is appropriate for studies that seek to analyse and synthesise existing knowledge from published and credible documentary sources (Bowen, 2009).

Data for the study were drawn exclusively from secondary sources, including peer-reviewed journal articles, books, government publications, policy documents, and reports from reputable national and international organisations such as the World Health Organisation (WHO) and the Federal Ministry of Health. To ensure the review's currency and relevance, emphasis was placed on literature published between 2020 and 2026, with seminal studies consulted where necessary to provide conceptual and contextual insights.

The collected data were analysed using thematic content analysis, which involved reviewing, coding, categorising, and synthesising information into themes aligned with the study's objectives. This method is widely used in qualitative research to identify patterns, relationships, and emerging issues across documentary sources (Braun & Clarke, 2006). To enhance the

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credibility of the findings, evidence from multiple sources was compared and triangulated.

As the study relied entirely on publicly available secondary data, no human participants were involved, and ethical approval was not required. Nevertheless, due regard was given to academic integrity through accurate citation, acknowledgement of all sources, and faithful representation of the findings reported in the reviewed literature.

V. FINDINGS AND DISCUSSION

The thematic analysis of the documentary sources produced findings structured according to the study's three specific objectives.

- *Finding 1: Influence of Insecurity on Access to Primary Healthcare in Ekiti State*

The analysis established that insecurity affects access to primary healthcare in Ekiti State via multiple pathways.

Firstly, security incidents occurring at health facilities directly undermine service utilisation. A documented case from the Irono community exemplifies this dynamic: in 2014, an unidentified intruder attempted to abduct a newborn from a PHC facility, which severely impaired community confidence in the centre (Nigeria Health Watch, 2025). The absence of security infrastructure, including perimeter fencing, compounded pre-existing access difficulties and prompted many pregnant women to resort to traditional birth attendants, often culminating in maternal and neonatal complications and fatalities (Nigeria Health Watch, 2025).

Secondly, kidnapping episodes have surfaced as a security concern affecting healthcare access. In 2026, the Ekiti State Government sanctioned free medical treatment for victims rescued from kidnappers in Eda Oniyo, directing that they receive comprehensive care at the Ekiti State University Teaching Hospital (Newswatch, 2026). While this response exemplifies the government's commitment to addressing health needs arising from security incidents, such events underscore broader security challenges that may deter healthcare-seeking.

Thirdly, nocturnal insecurity has been identified as a barrier to healthcare utilisation. Evidence from other Nigerian states indicates that apprehension about travelling to health facilities after nightfall discourages facility-based deliveries, particularly among women in labour (Nigeria Health Watch, 2026). Although Ekiti-specific data on this dimension are limited, the documented security concerns within the state suggest that analogous dynamics may be at play.

Fourthly, security challenges contribute to rural-urban migration, thereby affecting access to healthcare. An investigation into the effects of safety and security threats on rural-urban migration in Ekiti State found that kidnapping, banditry, and public health crises were significant drivers of migration (NERD, 2025). Such migration reduces the population base for rural PHC facilities, potentially undermining their viability and long-term sustainability.

- *Finding 2: Gender Dimensions of Access to Primary Healthcare in Ekiti State*

The analysis revealed pronounced gendered patterns in primary healthcare access within Ekiti State. Women face multiple barriers that are either distinct from or more acute than those encountered by men. Financial constraints emerged as the most pervasive impediment, with 86% of female respondents in an Ekiti study citing financial difficulties in accessing healthcare (Ibitoye, 2025). This reflects women's limited command over household resources and their financial dependency on male earners, corroborating findings from other Nigerian studies (Yaya et al., 2019; Awoyemi, 2021).

The absence of affordable, high-quality facilities was cited by 84.7% of female respondents, while 80% identified physical distance as a major barrier (Ibitoye, 2025). These findings suggest that geographic and economic obstacles disproportionately affect women, who often bear primary responsibility for familial health while possessing limited means. Marital status, occupation, age, and educational level were significant predictors of healthcare access challenges among women, indicating that vulnerability to access barriers is not uniform across the female population (Ibitoye, 2025).

Male involvement in maternal healthcare in Ekiti State remains circumscribed, with obstetric caregivers identifying barriers such as inadequate space and privacy concerns, cultural and religious obstacles, and low levels of awareness and education (Adeleye et al., 2025). These impediments not only restrict male participation in maternal health but also perpetuate gendered patterns of healthcare access, wherein women bear the primary burden of seeking care while lacking the decision-making authority and financial resources to do so effectively.

The non-availability of medical personnel was identified as a potential threat to PHC utilisation in Ido-Ekiti (Oluwadare et al., 2023). Given that the majority of PHC workers in Ekiti State are female (89.4% in one study), staff shortages may disproportionately affect services that women and children rely upon most, including maternal and child health services (COVID-19 study, 2023).

- *Finding 3: How Insecurity Affects Men's and Women's Access to Primary Healthcare Services*

The intersection of gender and insecurity produces differentiated effects on men's and women's access to primary healthcare. For women, insecurity compounds existing gender-based barriers in several respects. First, security concerns constrain women's physical mobility, limiting their ability to reach health facilities, particularly in rural areas where transport

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options are scarce, and travel distances are long. This is especially consequential for pregnant women requiring antenatal care or emergency obstetric interventions.

Second, women's disproportionate childcare responsibilities mean that security threats affecting children, such as the attempted newborn theft at Irono PHC, directly influence women's healthcare-seeking behaviour. The erosion of trust in PHC facilities following security incidents disproportionately affects women, who constitute the primary users of maternal and child health services.

Third, gender-based violence, potentially exacerbated by broader insecurity, generates additional barriers to healthcare access for women. While Ekiti-specific data on gender-based violence is sparse, national evidence indicates that insecurity heightens the exposure of women and girls to risks, including sexual violence, displacement, and restricted healthcare access (UNFPA, 2026; New Telegraph, 2026).

For men, insecurity affects access to healthcare through distinct pathways. Men's greater mobility and participation in income-generating activities outside the home may increase their exposure to security risks, resulting in injury or trauma requiring medical attention. However, cultural norms of masculinity that discourage help-seeking behaviour may mean that men are less likely to seek care for injuries or health conditions arising from security incidents. Additionally, men's role as primary decision-makers regarding household resources implies that security-related economic shocks, such as livelihood losses due to insecurity, may affect household healthcare expenditure decisions, potentially limiting access for all family members.

VI. DISCUSSION

The findings of this investigation add to the expanding literature on the determinants of healthcare access in Nigeria, with particular salience for understanding how gender and insecurity intersect to shape primary healthcare utilisation in contexts not typically classified as conflict-affected.

This study corroborates the finding that insecurity is an emerging barrier to healthcare access in Ekiti State, consistent with broader national trends documented by Agwu and Onwujekwe (2023) and Akor et al. (2024). The Irono PHC incident illustrates how a single security breach can exert enduring effects on community trust and healthcare utilisation, underscoring the importance of security infrastructure, including perimeter fencing and trained security personnel, as an integral component of health system strengthening. This finding aligns with research from Enugu State, which found that the absence of vital security infrastructure constrains both access to and provision of essential healthcare services (Agwu & Onwujekwe, 2023).

The gendered dimensions of healthcare access identified in this study are consistent with the broader literature on gender and health in Nigeria. The finding that financial constraints constitute the most pervasive barrier for women mirrors broader patterns of gender inequality in economic resources and decision-making authority documented by Yaya et al. (2019) and Awoyemi (2021). The significant role of marital status, occupation, age, and education as predictors of healthcare access challenges among women in Ekiti State (Ibitoye, 2025) underscores the importance of intersectional approaches to understanding health inequalities, consistent with the framework advanced by Crenshaw (1989) and applied in health research by Ibitoye (2025).

The interplay between gender and insecurity revealed in this study carries substantial implications for health policy and programming. While insecurity affects both men and women, the pathways through which it impacts access differ by gender. For women, insecurity exacerbates pre-existing barriers related to mobility, financial resources, and decision-making authority. For men, insecurity interacts with cultural norms around masculinity and help-seeking behaviour, as well as their role as economic providers. This finding extends the work of Adeyanju et al. (2026) by demonstrating that the relationship between insecurity and healthcare access is not uniform but is mediated by gender and other social determinants.

The study also reveals that security challenges contribute to rural-urban migration in Ekiti State, with implications for healthcare access and health system planning. The out-migration of populations from rural areas may reduce the demand for PHC services, potentially affecting facility viability and the allocation of health resources. This finding adds a new dimension to understanding the relationship between insecurity and healthcare, extending beyond the direct effects on service delivery and utilisation to include indirect effects through population mobility.

The progress achieved by Ekiti State in strengthening primary healthcare, including the establishment of PHCs across all 177 wards, the implementation of the BHCPF, and the attainment of high immunisation coverage, provides a foundation for addressing the challenges identified in this study. However, the persistence of security concerns and gender-based barriers suggests that further efforts are needed to ensure equitable access to healthcare for all residents.

VII. RECOMMENDATIONS

Based on the findings and discussion, the following recommendations are proposed to promote gender-responsive and secure access to primary healthcare in Ekiti State:

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- *Enhance Physical Security Measures at Primary Healthcare Facilities*

The Ekiti State Government, through the Ministry of Health and the Ekiti State Primary Health Care Development Agency, should prioritise the installation of robust security infrastructure across all PHC facilities, including perimeter fencing, adequate lighting, and the deployment of trained security personnel. The Irono PHC case demonstrates that such investments can restore community confidence and increase service utilisation (Nigeria Health Watch, 2025). Comprehensive security audits should be conducted at all PHC facilities to identify vulnerabilities and prioritise remedial interventions.

- *Mitigate Gendered Barriers to Healthcare Access*

Policies and programmes should be expressly designed to address the specific barriers that women encounter in accessing healthcare, including financial constraints, limited decision-making authority, and restricted mobility. The expansion of the BHCPF and other financial protection schemes to encompass a broader spectrum of services and populations would help alleviate financial impediments. Community-based health education initiatives should target both men and women to foster shared decision-making regarding household health and to challenge cultural norms that constrain women's healthcare-seeking.

- *Encourage Male Participation in Maternal and Child Health*

Targeted interventions should be implemented to increase male engagement in maternal and child health, addressing the barriers identified in this study, including cultural and religious obstacles, low awareness and education, and inadequate space and privacy at health facilities (Adeleye et al., 2025). The introduction of male-friendly health services and community engagement programmes can help overcome cultural norms that discourage male participation in maternal healthcare.

- *Fortify Human Resources for Health*

Addressing shortages of health personnel, particularly in rural areas, is essential for improving access to primary healthcare. The Ekiti State Government should expand recruitment and retention strategies for health workers, including the NYSC Plus programme and other initiatives, to augment staffing levels in rural facilities. Given that the majority of PHC workers are female, attention should be paid to ensuring safe working conditions that address both security concerns and gender-based challenges.

- *Mainstream Security Risk Assessment into Health System Planning*

Health system planning should explicitly integrate security considerations, recognising insecurity as an emerging determinant of healthcare access. This includes conducting security risk assessments, developing contingency protocols for security incidents, and coordinating with security agencies to ensure safe access to health facilities. The Ekiti State Government's investment in the Amotekun Corps and other security initiatives should be complemented by health-specific security measures.

- *Broaden Social Health Insurance Coverage*

Expanding coverage of health insurance schemes and programmes would help mitigate financial barriers to accessing healthcare, particularly for women and other vulnerable groups. Efforts should be intensified to raise awareness of health insurance benefits and to simplify enrolment procedures, especially in rural communities.

- *Commission Targeted Empirical Studies*

Further research is needed to ascertain the full scope and nature of insecurity's impact on healthcare access in Ekiti State, including quantitative investigations to measure the prevalence of security-related barriers and qualitative studies to explore community perceptions of safety and trust in health facilities. Research should also evaluate the effectiveness of interventions aimed at addressing gender-based and security-related barriers to healthcare access.

VIII. CONCLUSION

This study investigated the interplay between gender, insecurity, and primary healthcare access in Ekiti State. The results indicate that insecurity is an emerging barrier to healthcare access, manifesting as security breaches at health facilities, kidnappings, and broader security concerns that affect population mobility and trust in health systems. Gender significantly shapes healthcare access, with women confronting multiple barriers, including financial limitations, restricted decision-making authority, and constrained mobility. The nexus between gender dynamics and security threats produces differentiated effects on men's and women's access to primary healthcare, with women experiencing compounded barriers and men facing impediments related to cultural norms and economic roles.

Although Ekiti State has made substantial progress in strengthening primary healthcare, addressing the intersecting challenges of gender inequality and insecurity is indispensable to realising equitable access to healthcare for all residents. The recommendations articulated in this study provide a framework for policy and programme action to foster gender-responsive, secure access to primary healthcare in Ekiti State, thereby contributing to the broader objectives of Universal Health Coverage and the health-related Sustainable Development Goals.

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REFERENCES

[1]. Adeyanju, G. C., Abreu, L., Schrage, P., Brinkel, J., Jalo, R. I., Bello, M. M., Kwaku, A. A., Abulfathi, A. A., Jalo, M. I., Mahmud, A., & Schaub, M. (2026). Health-seeking in fragile and conflict-affected settings: How armed violent conflict shapes maternal and child health-seeking behaviours. *BMC Public Health, 26*, 1274. https://doi.org/10.1186/s12889-026-27385-2

[2]. Agwu, P., Onwujekwe, O., Uzochukwu, B., & Mulenga, M. (2023). Improving service delivery at primary healthcare facilities for achieving universal health coverage: Examining the effects of insecurity in such facilities in Enugu State, Nigeria. *South Eastern European Journal of Public Health*.https://doi.org/10.70135/seejph.vi.204

[3]. Akor, L., Dajo, U., & Anthony-Ekpe, H. (2024). Impact of insecurity on access to maternal health services by women of reproductive age in selected rural communities in Zamfara State, Nigeria. *Asian Research Journal of Arts & Social Sciences, 22*(1), 1–12. https://doi.org/10.9734/arjass/2024/v22i1503

[4]. Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27–40. https://doi.org/10.3316/QRJ0902027

[5]. Bowleg, L. (2012). The problem with the phrase *"women and minorities": Intersectionality—an* important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

[6]. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

[7]. Bubakar, A. H. K., & Sheriffdeen, M. (2022). Understanding rural healthcare accessibility and utilisation in Nigeria: From a gender perspective. *Proceedings of the Rural Socio-Economic Transformation: Agrarian, Ecology, Communication and Community Development Perspectives*. https://doi.org/10.4108/eai.14-9-2021.2317197

[8]. Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

[9]. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167.

[10]. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167. The reference list in the Ibitoye article confirms this bibliographic form.

[11]. Ibitoye, A. F. (2025). The unseen struggle: Intersectionality and healthcare access for women in low-income communities in Nigeria. *Simulacra, 8*(2), 173–186. https://doi.org/10.21107/sml.v8i2.30204

[12]. Hankivsky, O. (Ed.). (2012). *An intersectionality-based policy analysis framework*. Institute for Intersectionality Research and Policy, Simon Fraser University.

[13]. McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society, 30*(3), 1771–1800. https://doi.org/10.1086/426800

[14]. Nash, J. C. (2008). Re-thinking intersectionality. *Feminist Review, 89*(1), 1–15. https://doi.org/10.1057/fr.2008.4

[15]. Olajide, A. O., Esan, D. T., Adeniyi, I. T., & Ramos, C. G. (2025). Obstetric caregivers' perspectives on barriers and perceived impacts of male involvement in antenatal care and labour in Ekiti State, Nigeria: A qualitative study. *International Journal of Community Based Nursing and Midwifery, 13*(2), 94–102. https://doi.org/10.30476/ijcbnm.2025.104532.2634

[16]. Oluwadare, C. T., Olorunfemi, A. A., Atiba, A. S., & Ijabadeniyi, O. A. (2021). A comparative assessment of access to healthcare of people living in Ekiti and Kogi States of Nigeria. *Asian Journal of Medicine and Health, 19*(1), 7–17. https://doi.org/10.9734/ajmah/2021/v19i130292

[17]. Oluwadare, C. T., Olorunfemi, A. A., & Igbekoyi, K. E. (2023). Social and non-social factors influencing access to healthcare in Ekiti and Kogi States of Nigeria. *International Journal of Development Research*. https://doi.org/10.37118/ijdr.26786.05.2023

[18]. Oluwole, E. O., Adeniran, A., Chieme, C. F., Ojo, O. Y., Akinyinka, M. R., Ilesanmi, M. M., Olujobi, B. A., & Bakare, O. Q. (2022). Maternal and child health service readiness among primary health care facilities in Ekiti, Nigeria. *African Journal of Primary Health Care & Family Medicine, 14*(1), a3535. https://doi.org/10.4102/phcfm.v14i1.3535

[19]. Penchansky, R., & Thomas, J. W. (1981). The concept of access: Definition and relationship to consumer satisfaction. *Medical Care, 19*(2), 127–140.

[20]. United Nations Population Fund. (2026). *Situation report on the crisis in Nigeria—March 2026*. UNFPA situation report

[21]. World Health Organisation. (2023). *Primary health care*. World Health Organisation.