ABSTRACT

Title: Disparities in Access to Pharmacy Services in Urban and Rural Settings in Nigeria

Authors' Names and Affiliations: Oluwaseyi Oluwole Charles[1, 2], Abubakar Samira[1, 3], Ezim-Ochi Nonye Mary, [1, 4,] Nwigwe Mary, [1, 5] Chukwuemeka Ubaka [6]
[1]Research and Development Unit, Association of Community Pharmacists of Nigeria
[2]Association of Community Pharmacists of Nigeria, ACPN, Ogun State Chapter
[3]Association of Community Pharmacists of Nigeria, ACPN, Kaduna State Chapter
[4]Association of Community Pharmacists of Nigeria, ACPN, Benue State Chapter
[5]Association of Community Pharmacists of Nigeria, ACPN, Anambra State Chapter
[6]University of Nigeria, Nsukka, Enugu State, Nigeria

Corresponding Author: Oluwaseyi Oluwole Charles
Phone Number: 08064748404
Email: oluwaseyi4jesus@gmail.com

Background: Community pharmacies play a critical role in improving access to healthcare services and essential medicines in Nigeria. However, disparities in access, service availability, and readiness to provide expanded healthcare services may exist between rural and urban settings, potentially affecting healthcare equity and outcomes

Objectives: This study evaluated access to community pharmacy services in rural and urban settings across selected Nigerian states and assessed pharmacists' readiness and perceived barriers to providing expanded healthcare services.

Method: A cross-sectional survey was conducted among community pharmacists practising in Anambra, Benue, Kaduna, and Ogun States, Nigeria. Data were collected using a validated semi-structured questionnaire distributed through online WhatsApp broadcast and face-to-face contacts. Information obtained included demographic characteristics, pharmacy practice profiles, accessibility indicators, service availability, readiness to provide selected services, and perceptions of disparities between rural and urban pharmacies. Descriptive data analysis was done using statistical package for social sciences (SPSS) version 25.0 and the outcomes were presented as frequencies and percentages.

Results: Of the 255 CPs who participated in the study, 84.8% were located in urban areas, 59.2% were males, 58.7% were pharmacy owners and 78.5% worked in independent pharmacies. Core clinical services provided CPs include BP monitoring (100% in rural and 98.8% in urban pharmacies), blood glucose test (94.1% in rural and 84.8% in urban pharmacies), chronic disease management (64.7% vs 60.7% in rural and urban

pharmacies). Urban pharmacies provided more preventive and public health services, including family planning (30.4% vs. 17.6%), health awareness seminars (31.9% vs. 23.5%), substance abuse interventions (23.0% vs. 17.6%), and injection administration (56.0% vs. 50.0%). Conversely, rural pharmacies reported higher involvement in direct patient-care services, including wound suturing (35.3% vs. 22.5%), mental health support (35.3% vs. 30.9%), home care services (29.4% vs. 26.7%), geriatric care (26.5% vs. 23.6%), and hepatitis testing (20.6% vs. 15.2%). Immunization services remained low in both settings, with only 11.8% of rural and 10.5% of urban pharmacies providing such services.

Conclusion: This study shows that urban pharmacies tend to emphasize preventive and public health interventions, while rural pharmacies assume broader direct patient-care responsibilities due to limited healthcare alternatives.

Keywords: Community Pharmacy; Healthcare Access; Rural Health; Urban Health; Disparity; Nigeria.