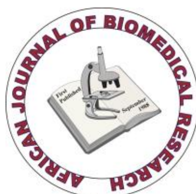

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Research article

Pattern of Healthcare Service Utilization among Residents of a Semi-Urban Community in Ibadan, Nigeria

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ABSTRACT

Healthy living is fundamental to a socially and economically productive life and good utilization of healthcare services is pivotal to improving the health status of the population. This study assessed the pattern of health care service utilization (which is a precursor to health status) among residents of a community in Ibadan. This study employed the mixed-methods cross-sectional study design. Multi-stage sampling technique was used to recruit 296 adult residents of the community after due process of community entry. A semi-structured interviewer-administered questionnaire and Key-informant interview guide were developed and used to elicit information from the respondents. Descriptive statistics, Fishers' exact and Chi-square tests were used to analyze the quantitative data and the level of statistical significance was set at $\alpha \leq 0.05$. Thematic analysis was used to analyze the qualitative data. Respondents' mean age was 36.9±13.5 years. Common health issues experienced in the community included malaria (28.4%), headache (15.3%), fever (12.5%) and body pain (12.5%). Majority (85.1%) of the respondents sought for care when they felt unwell, using various means like private hospitals and patent medicine stores. Many factors were identified by respondents to be responsible for their health seeking behaviours. Utilisation of orthodox healthcare facilities was low among residents due to cost, unavailability of and distance to available government facilities. Therefore, there is a need for collaborative efforts by the government, healthcare policy makers, healthcare workers and community leaders to provide healthcare facilities and educate the community members on the need for positive health-seeking behaviour.

Keywords: *Healthcare, utilization, pattern, Primary Healthcare Centres, semi-urban community, Mixed-methods Research*

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INTRODUCTION

Health seeking behaviour is an important determinant of health and has particular relevance as a public health and development issue in low income countries. Health-seeking behaviours are closely linked with the health status of a nation and thus its economic development (Latunji *et al*., 2018). It has been suggested that healthcare should be universally accessible without barriers of affordability, physical accessibility, or acceptability of services. (Issa *et al*., 2018).

Although, the decision to use health services is an individual's choice, the choices are mostly framed in context through cultural, social and family ties; especially for ethnic minorities (Ngwakongnwi, 2017). Health policy makers have an important role to ensure equal access to the healthcare system, with the ultimate outcome of improving the health condition of individuals, including hard-to-reach populations. Thus access may mean that services are available whenever and wherever the patient needs them and that the point of entry to the system is well defined (Greenlick et.al, 1973).

Poor health seeking behaviours have made mortality and morbidity rates remain globally high especially in developing countries. This disparity necessitates the need to assess the health seeking behaviour of every community (Latunji *et al*., 2018). An important aspect of health seeking behaviour is the choice of healthcare provider made by people when responding to illness episodes.

Information from previous postings of other students who have conducted a critical assessment of Laaniba (the study community) suggests that it is a relatively young community.

There is therefore, paucity of literature on previous researches conducted in the study setting. The community is said to accommodate a total of about 1,500 people comprising of men who are middle aged and women mostly within child-bearing age and children. The muddy puddles and surrounding bushes provide a conducive environment for the breeding of mosquitoes, rodents and reptiles. Residents are mostly predisposed to Malaria, Lassa fever and Snake bites. The community has no primary health care centre as expected. Only 41.6% of residents are said to utilize the closest health facility (Ajibode Maternity Heath centre) about six minutes' drive from the community which is and 65% of the women do not use modern family planning methods (Odetola *et al*., 2018). Hence, the need to critically examine the pattern of healthcare utilization and the factors which influence health seeking behaviours among residents of the community.

Result from this study is essential to guide policy formulation and implementation within Laaniba and its environs. It will inform stakeholders through adequate needs assessment about the health needs of the people of the community. The study will help in the achievement of the third Sustainable Development Goal (SDG 3) which is targeted at ensuring healthy lives and promoting well-being for all at all ages, in the long run. Stakeholders will use information generated from this study to influence policies that will ensure provision of sound health that is accessible and affordable to all members of the community.

Findings from this study are expected to provide information on factors which facilitate and barriers to utilization of healthcare services among residents of Laaniba community. Eliminating or reducing the barriers will enhance utilization of health services and improve general health outcomes of members of the community.

MATERIALS AND METHODS

This research study adopted a cross- sectional mixed methods research design to examine the pattern of healthcare utilization among residents of Laaniba community in Akinyele Local Government of Ibadan, Nigeria. The study employed cluster sampling method to identify the houses after which participants were selected purposively. The houses in Laaniba community were grouped into clusters and houses were selected randomly from the clusters. Participants in the study were recruited conveniently after due process of community entry and ethical approval from the Oyo state ministry of health. Ethical approval from this study was obtained from the Oyo state Ministry of Health (approval number: AD13479 4178A) and the head of the community known as the Baale.

296 participants were selected for the quantitative aspect using sample size formula for small populations

$$n = \frac{Z^2 \times p \times q}{d^2}$$

A semi-structured interviewer-administered questionnaire and Key-informant interview guide were used to elicit information from the respondents on modes of healthcare services available in the community, common health illness prevalent in the community, patterns and factor of healthcare utilization in Laniba community. Descriptive statistics, Fishers' exact and Chi-square tests were used to analyze the data and the level of statistical significance was set at $\alpha \leq 0.05$ for the quantitative data, while the qualitative data was analyzed using the manual method of narrative and descriptive analysis.

RESULTS

Out of the 296 respondents recruited for this study, only 280 responded and that gave a 95% response rate. The average age of the respondent is 36.9±13.5 years. Less than two-fifth of the respondent age group was between 27-36 years. Many (60.5%) of the respondents are female. About third fifth of the respondents are married. More than half of the respondent state of origin is Oyo state. About 61% of the respondents are Christians. Almost two-fifths of the respondents had a degree as the highest level of education. About 46% of the respondents were civil-servants. Many (58.6%) of the respondents received less than 50,000 naira as monthly income. Majority (96.9%) of the respondents had less than 5 children.

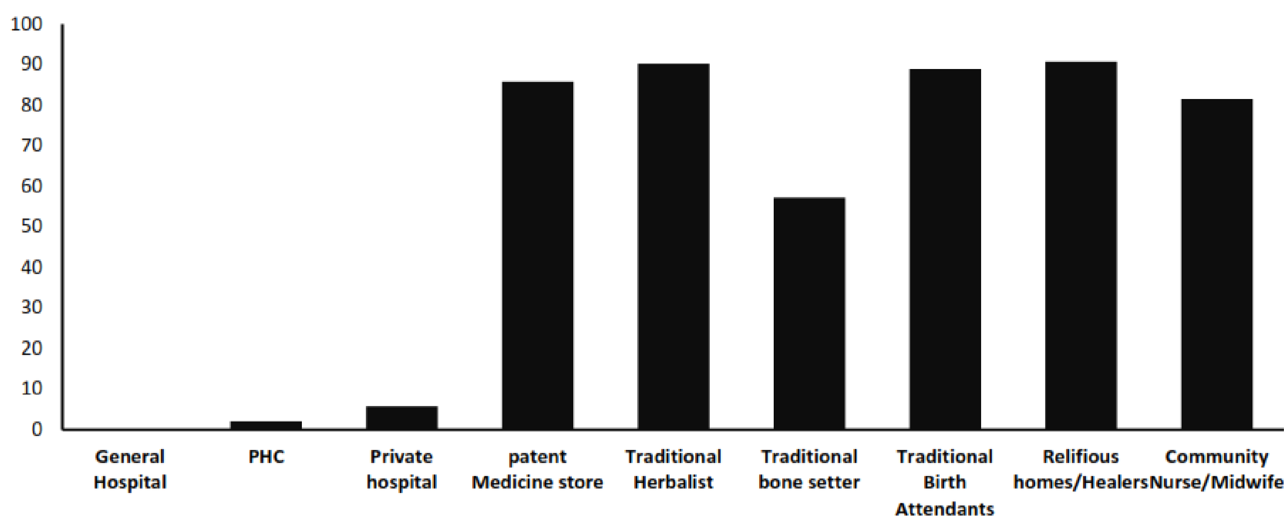

Figure 1:
Modes of healthcare services available in the community

Figure 1 shows the modes of healthcare available in the community. All (100%) the respondents said there is no general hospital in their community. About 2% of the respondents said there is a Primary Health Care Centre in their community. Few (5.7%) of the respondents said there is a private hospital in their community. Almost all (85.8%) of the respondents said there is a patent medicine store in their community. More than fourth fifth of the respondents said there is a traditional herbalist within their community. More than half the number of respondents said there is traditional bone setter in their community. Most (88.9%) of the respondents agreed that there were traditional birth attendants in their community. Majority (90.7%) of the respondents said there is religious home/healers located in their community. About 82% of the respondents said there is community nurse/midwife in the community.

Table 1:
Pattern of healthcare utilization among Laaniba residents

	Variable	n	%
General Hospital	Never	121	41.4
	Sometimes	149	51
	Always	22	7.5
Primary healthcare centre	Never	101	35.1
	Sometimes	151	52.4
	Always	36	12.5
Private Hospital	Never	106	36.8
	Sometimes	157	54.5
	Always	25	8.7
Patent Medicine store	Never	74	25.7
	Sometimes	163	56.6
	Always	51	17.7
Traditional Herbalist	Never	120	41.4
	Sometimes	117	40.3
	Always	53	18.3
Traditional Bone setter	Never	223	76.9
	Sometimes	62	21.4
	Always	5	1.7
Traditional Birth Attendants	Never	231	79.7
	Sometimes	47	16.2
	Always	12	4.1
Religious Home/Healers	Never	231	80.2
	Sometimes	47	16.3
	Always	10	3.5
Community nurse/midwife	Never	244	84.1
	Sometimes	42	14.5
	Always	4	1.4
Was the health problem usually solved	No	26	9.3
	Yes	254	90.7
What else did you do to get your problem solved	I went to the hospital	2	0.7
	I pray to God	7	1.4
	nothing more	2	0.7

Figure 2 below shows the common health problems in Lanniba Community. About (28.4%) of the respondents' common health is malaria (28.4), headache (15.3%), fever (12.5%), body pain (12.5%), infection (11.9%) typhoid (8.5%), purging (5.1%), with accident and labour being the least common health problem in Lanniba community at 1.7%.

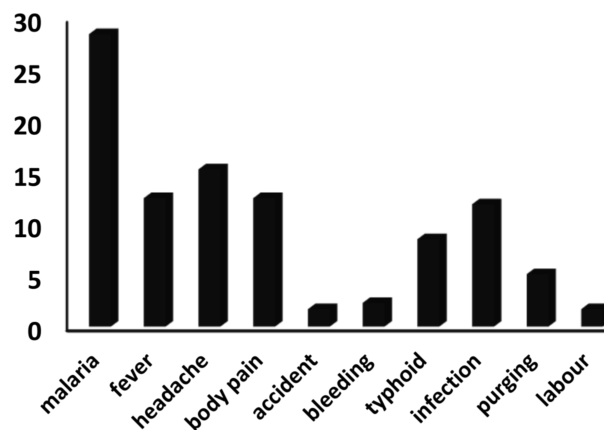

Figure 2:
Common health problems experienced in the community.

Table 2:
Factors Influencing Healthcare Utilization among Laaniba residents

Variable		n	%
My spouse decision	no	246	83.1
	Yes	50	16.9
My culture does not allow people to go to the hospital	no	268	91.2
	Yes	26	8.8
I do not have a hospital facility close to my house	no	79	26.9
	Yes	215	73.1
We have traditional and indigenous medicine readily available for use	no	79	27.1
	Yes	213	72.9
Community health centers are available for deliveries	no	117	41.2
	Yes	167	58.8
I have made use of various options and decided to choose this one	no	118	40.7
	Yes	172	59.3
Healthcare in the hospital facility is expensive	no	99	33.9
	Yes	193	66.1
Diseases are caused by evil spirit so I believe my religious head can pray for me and I will be well	no	231	78.6
	Yes	63	21.4
I am too old for modern medicine	no	267	90.2
	Yes	29	9.8
I do not want hospital personnel to impose their hospital policies on me	no	158	54.5
	Yes	132	45.5
Where I seek for care is common to all of us in the Community	no	55	18.7
	Yes	239	81.3

Table 1 shows the pattern of utilization of health care services among the residents in Lanniba community. Majority (85.1%) of the respondents seek for care when they felt unwell, with only few of them make use of herbs (2.8%) and PCM (1.4%) when they felt unwell. More than half of the respondents sometimes use the general hospitals and Primary Health care Centre. About 55% and 57% of the respondents sometimes use the private hospitals and patent medicine store respectively. About two-fifth of the respondents sometimes use the traditional herbalist. Most (79.7%) of the respondents never use the traditional bone

setter. Majority (79.9%) of the respondents never use traditional birth attendants before. About four-fifth of the respondents never make use of religious home healer and community nurse/ midwife. Majority (90.7%) of the respondents feel their health problem gets solved, while 1.4% of the respondents pray to God to get their problem solved.

To buttress the above, a key informant has this to say: "Presently as far as I know we don't have any healthcare centre in this community, in the event of any sickness symptoms, or a person has some little health problems, depending on how bad it is, they go to Ajibode for treatment". (P4-A male opinion Leader). Another informant states: "Hmmmm pupils don't normally sustain serious injuries but develop malaria maybe from home because we spend little time at school so when we see them feeling feverish, we ask them to go to Ajibode". (P2-A female educational institutional stakeholder).

Table 2 shows the factors influencing healthcare utilization among residents in Lanniba community. Majority (83.1%) of the respondents says their spouse decision does not influence their utilization of healthcare. Most (91.2%) of the respondents says their culture allow people to go to the hospital. About 73% of the respondents says they don't have a hospital facility closer to their house. More than third- fifth of the respondents says they have traditional and indigenous medicine readily available in their community. More than half of the respondents says the community health centers are available for deliveries. About 59% of the respondents use healthcare facilities as an option after exhausting various options. Many (66.1%) of the respondents believed that healthcare in hospital facilities is expensive. Majority (78.6%) of the respondents do not believe that disease is caused by evil spirit and prayers from their religious head will prevent the disease. About four-fifth of the respondents says they are not too old for modern medicine. More than half of the respondents want the hospital personnel to impose their hospital policies on them. Majority (81.3%) of the respondents believed that their source of healthcare is common to everyone living in the community. When Key informants were asked about the perceived factors influencing utilization of healthcare services in the community, the following factors were elicited:

Financial constraint (money), knowledge and perception about healthcare and health belief system of the residents were factors influencing their healthcare seeking behaviours. It was further explained by the stakeholders interviewed that the residents believed that herbs can take care of their healthcare needs and the fact that healthcare facility in not present in the community, majority of them do not have the financial capacity for healthcare services at private clinics or even at other government health facilities. One other stakeholder also explained that her healthcare belief system is all about the attitude of the healthcare workers as they are the determinants of the quality of healthcare service delivery. Therefore, she prefers service utilization at facilities with skilled and experienced healthcare personnel. The following quotations further buttressed the points discussed above;

"As a person I consider the staff there; the kind of doctor that is there…And before I will see a doctor, I think I should be able to have a good rapport with whoever wants to attend to me, if that is not there then I am not expecting good service from there. A doctor should be able to relate with his or her patient". (P1-A female Community Leader)

One of the key-informant stakeholders further reported this when asked about factors influencing health seeking behaviours in the community:

"Like the centre that we have at Ajibode so if there will be any health facility for them it has to move closer to them. Some people do not have the means of transportation to travel to Ajibode. If there's health facility within this community, it will be more helpful". (P2-A female educational institutional stakeholder).

DISCUSSION

This study was conducted to assess the pattern of healthcare service utilization among resident a semi-urban community in Ibadan Metropolis. The socio-demographics characteristics of residents showed that they were people with similar and communal healthcare utilization pattern and therefore, they were deemed suitable for his study.

More than half of the respondents in the study were female with about one-third of the respondents within the age range of 27-36, which was followed by 37-46 years and 17-26, which could be as a result of the fact that this group are basically youths; who make up the highest proportion in most natural populations. They are also adults that are capable of making decisions on their healthcare utilization and those of their family and friends. This finding is similar to the one conducted by Adam *et al*. (2014) where the dominant age category of the respondents was between 20-59 and females were the dominant gender. Majority of the respondents are married and practiced the Christian religion. This is similar to the study conducted by Latunji *et al*. (2018).

The highest level of education for the majority of the respondents is first degree, about half of them are civil-servants and the average monthly income earned by majority of the respondents was less than ₦50,000, belonging to the lower socio-economic class as categorized by Langhorne, et. al (2018). This re-emphasizes the results from the study conducted by Latunji and Akinyemi, (2018), where it was also reported that majority of the respondents had tertiary level of education and were civil servants.

Also, about one-fifth of them originated from Osun state despite the fact that the community is located in Ibadan, the capital of Oyo State. This agrees with the study conducted by Oni-Jimoh *et al*. (2018), which reported that many urban centres experienced rapid growth because of the fact that people migrate from rural areas to better their living conditions.

The common health problems reported by the respondents in Laniba Community residents were malaria, headache, fever, body pain, infection, typhoid, diarrhoea, accident and difficult labour and child birth. Some of these health problems may not have been accurately reported due to unavailable screening services, facility record review or laboratory diagnosis of specific cases within the community. This report is similar to the results from a study conducted by Abegunde *et al*. (2013) and Fantaye *et al*. (2019), where

communicable diseases/infections, maternal care problems were reported to be the common health problems among participants.

This study reported that the community had no general hospital nor primary healthcare centre but rely on private clinic in a nearby town, and patent medicine vendor. In addition to that, respondents also reported that the community had religious home/healers, community nurses and midwives, traditional herbalists, traditional birth attendants and traditional bone setters. All these aforementioned healing-related service providers are the alternatives used by the residents as orthodox healthcare facilities were not available. This is not alien research finding because it has been discussed in literature, making this aspect of the study similar to what was reported by Okoronkwo *et al*. (2014).

Conversely, the qualitative aspect of this study revealed that despite the fact that there was no government/public health facility that practice orthodox medicine within their community, majority of the community dwellers make use of a primary healthcare centre located in a neighbouring community, especially among the middle and lower social classes that could not afford to patronize the private healthcare facilities. This showed that some residents recognize the importance of orthodox medicine in meeting their healthcare needs, addressing community health issues through health promotion, preventive, curative, and rehabilitative services as it has been established in literature that individuals can only develop holistically if healthcare services are readily available and effectively utilized (Omonona *et al*., 2015).

Although, this study has established the fact that the predominant health issues reported by the respondents may be as a result of poor health-seeking behaviour on the part of the respondents, however, this section show contrary finding as almost all the respondents answered that they "frequently sought orthodox medical care". Comparatively, this aspect of the study seems contextually contrasting to similar studies on health-care access and utilization among community dwellers in Khana, Gokana and Tai local government areas do not utilize the healthcare facilities in their community each time they have a medical need rather they stick to their traditional methods of treatment (Firima *et al*., 2019).

Moreover, this study also reported a larger percentage of the respondents sometimes use the general hospitals and primary health care centre and this may be due to their low socioeconomic class as public/government facilities provide healthcare services are offered at relatively cheaper rates. Though some respondents also used the private hospitals, patent medicine and traditional herbalist, most of them have never used the traditional bone setter, traditional birth attendants, religious home healer and community nurse/ midwife while others prayed to God for healing.

These findings are congruent with results from study conducted by Titus *et al*., (2015). In terms of utilization frequency and distribution, about one quarter of the respondents in that study also used government facilities, visited private and traditional healthcare practitioners for their healthcare respectively. In the study conducted by Joseph, Muhammed, Raji, *et al*. (2017), general hospital was also reported to be the most commonly used by the respondents, with over one-fourth of the participants opting for this option.

With respect to factors influencing healthcare utilization among residents, decision of the partner, cultural influence, proximity of healthcare facilities, availability of alternate healthcare facilities, cost of care, superstition and myth, other options of healthcare services were the common factors assessed in this study.

It was discovered that majority of the respondents reported that proximity of healthcare facilities, availability of alternate healthcare facilities, cost of care, superstition and myth, other options of healthcare services can influence their choice of healthcare facilities utilization due to the fact that these factors are influential in driving "Acceptability, Availability, Accessibility and Affordability", which are the pillars of utilization of any service. Meanwhile, other factors assessed like culture, spousal consent/decision, religious does not influence the utilization pattern among the respondents in this study. This is similar to other study conducted as availability of health services and cost influenced the respondents' utilization (Adam *et al*., 2014; Joseph *et al*., 2017).

This study disagreed with the findings from other studies conducted by Ali *et al*., (2018) and Hussain *et al*., (2019) which reported that cultural disposition of the respondents, religious, social, gender, economic, and geographic factors all play a role in healthcare utilization. Though, the observed difference may be as a result of the category of respondents focused on by each study with the other study focusing on rural community pregnant women while this study focused on all category of people in a rural community. The need for health services stems from the assumption that only special institutions charged with the responsibility of providing healthcare can provide relevant therapeutic services to people with health problems (Ngwakongnwi, 2017).

Some of the common factors identified in other studies like Ahmad *et al*., (2019) were built on the premises of healthcare services organization of primary health care centres as primary health care system has been identified as an essential tool for providing functional health care services. The difference is observed due to absence of primary healthcare center in the study area and as such, the organization of the facility will not come into play; while in Ahmad *et al*., (2019), the importance of health work organization as a motivator for healthcare service utilization was discussed.

Comparatively, this study also has its own peculiarity with the fact that the available healthcare centres in the neighbouring community and other private healthcare facilities are not communally owned, these reasons may be responsible for the non-issue of healthcare workers' attitude as a factor influencing utilization of healthcare services as it has been reported in several other studies (Odetola *et al*., 2018; Okonofua *et al*., 2018).

Several other factors that influence people's use of healthcare facilities has been adapted in several theories and models like the Health Belief Model (Rosenstock *et al*., 1994), and The Healthcare Utilization Model (Anderson, 1968), which are the two foremost models domesticated and identified factors that may influence people's use of health care facilities.

The Health Belief Model has based on four basic tenets that explained the factors behind healthcare services utilization. The first assumption suggests that if a person believes he or she is at risk of disease, he or she will seek medical help. The second assumption contends that health facility utilization is determined by the severity of the illness, while the third assumes that an individual will seek healthcare services where he or she can receive the best care at the lowest cost. However, the last assumption implies that people's decisions about which healthcare facility to use are influenced by friends, family, and the media.

The Healthcare Utilization Model on the other hand described three factors that influence healthcare services utilization as the propensity factors, enabling factors and the basic need factors. The first is known as the propensity factor, and it states that an individual is more likely to use a health facility if he or she believes that such a facility will be useful for his or her treatment. The second factor, known as the enabling factor, includes access to health insurance, family and community support, as well as the individual's location, whereas the third factor, known as the basic need factor, includes perception of the need for health services, which is socially evaluated. In contrast, relating these theoretical assumptions to the findings from this study, it showed that the influence of culture, family decision, cost, religious speaks to the enabling factors as they are not persona to individuals' healthcare need, rather they may serve as motivators in pushing these individual to seek care for their basic health need.

In conclusion, this study has been able to provide a better understanding on this study titled pattern of healthcare service utilization among residents of Laniba community in Ibadan by looking at the modes of healthcare services available in the community, the common health problems among residents of the community, pattern of health care services utilization among residents of the community as well as the perceived factors influencing healthcare service utilization among residents of the community. This study also assessed the factors influencing utilization of healthcare services and facilities in the community but appraising the common factors reported in the literature.

As narrated by the respondents and participants in this study, there is need for government, health policy makers, healthcare workers, community leaders and community residents to take certain steps towards the improvement of health of the rural communities with respect to Laniba community. Therefore, the following recommendations were made:

- Government through its numerous agencies should endeavour to intensify the efforts on the establishment of primary healthcare centres in all remote villages and wards in the LGAs across the country in order to achieve the goal of universal health coverage, it is hope that this action will benefit the residents in Laniba community.
- Health policy makers should formulate policies that will lessen burden of healthcare expenditure on the people from lower socioeconomic classes in order to motivate them to access modern healthcare services
- Healthcare workers should intensify the efforts in extending mass public awareness to communities on the importance of utilizing healthcare facilities for their healthcare need.
- Community leaders should collaborate with agencies and non-governmental agencies in requesting for establishment of suitable healthcare facilities (Such as Cottage or Primary Healthcare Centre) in the community in order to improve people's health and boost healthcare facility utilization in the community.
- Community members should endeavour to improve upon their knowledge on their health in order to improve their health-seeking behaviour.

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