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**Factors that influence women's utilization of primary
health care services in Calabar Cross river state, Nigeria.**

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Abstract

Most women of childbearing age do not utilize the healthcare services even when these services are available in their communities. In this study, an attempt has been made to determine the factors that influence the utilization of the healthcare services in Calabar South Local Government Area of Cross River State, Nigeria. Based on a descriptive survey design, proportionate sampling technique was employed to select 860 women who were administered with copies of well-structured questionnaire used to collect data for the study, while only 838 of the respondents returned their duly completed copies of the questionnaire. The data were analyzed statistically using frequency counts and simple percentages. The analysis revealed that inadequate referral services, inadequate number of staff, high cost of drugs and services, availability of healthcare for 24 hours, etc, were some of the factors with high frequency that influence the subjects' utilization of healthcare services. On the other hand, majority of the subjects claimed that long distance to health facility does not influence their utilization of healthcare services. Improvement in the utilization of healthcare services by women in this study is dependent, in part, to improvement on the identified factors, through a collaborative effort of the healthcare providers, the government and the patients themselves.

Keywords: Healthcare, services, inadequate, women, influence, utilization

Introduction

According to World Health Organisation (1978), primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. It covers a wide range of health services, which includes diagnosis and treatment, health education, counselling, disease prevention and screening usually provided in a community by general

practitioners, practice nurses, pharmacists or other health professionals working within a health facility. Service utilisation refers to the extent to which people are making use of whatever services are already available in the community or at their organization. Therefore, health care service utilisation is the extent to which people make use of the health care services available to them in their community (Hampton & Nagy, 2016). The extent to which these health services are utilised in developing countries is still very low resulting in many different negative consequences. The mere presence of health facilities does not guarantee their utilisation as other factors could

influence access and utilization (Adam & Awunor (2014).

Nigeria has the second largest incidence of maternal deaths globally. Nigerian records about 14% of global maternal deaths, with an estimated 36,698 maternal deaths in 2013 (Austin *et al.*, 2015). In addition, poor utilisation of healthcare services lead to infant mortality. Although recent estimates show that the under-five mortality rate has declined from 213 per 1,000 live births in 1990 to 128 per 1.000 live births in 2013 (UNICEF, 2014), the attainment of the Millennium Development Goal (MDG) of reducing under-five mortality to 71 per 1,000 live births by 2015 remained a mirage (UNICEF, 2016). The failure of Nigeria to achieve the MDG can be attributed to under utilisation of maternal health services (Austin *et al.*

2015). For instance, UNICEF Nigeria data shows that only 51% of pregnant women use antenatal services at least four times during pregnancy and only 38.1% of women deliver in the presence of a skilled health personnel attendant in Nigeria (UNICEF, 2013). Some of the major causes of high Maternal Mortality Rate (MMR) in Nigeria include haemorrhage, obstructed labour, puerperal infection, malaria and complicated abortions (WHO, 2014). This implies that 49% of pregnant women in Nigeria did not attend antenatal up to four times and more than 60% of pregnant women in Nigeria gave birth without any health attendant thereby exposing themselves and their baby's lives to danger. It is therefore no surprise that many women die in the process of child delivery. Table 1 shows the maternal mortality rate in Nigeria from 1990 to 2015,

Table 1: Nigeria maternal mortality 1990-2015

Year	Maternal mortality ratio (MMR) ^a	Maternal deaths	AIDS-related indirect maternal deaths	Live births	Proportion of maternal deaths among deaths of female reproductive age (PM %)
	Per 100 000 live births (lb)	Numbers	Numbers	Thousands	
1990 1995	1350(893-1820]	57000 59000	89	4220 4700	36.0 32.4 28.2 23.0 22.6 25.6
2000 2005	1250 [875-1 690]	62000 56000	350 920 1500 1500	5290 5924	
2010 2015	1170(866-1520] 946 [747-1 180) 867(673-1130] 814(596-1180]	57000 58000	570	6573 7133	

MMR and PM are calculated for women 15-49 years.

Live birth data are from World Population Prospects: the 2015 Revision. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat; 2015.

Source: WHO (2015)

Within Nigeria, there are variations in the availability of healthcare facilities and the health seeking behaviour of people. The differences stem in part from the provision of the health facilities by the state and federal governments, religious affiliations as well as ethnic orientations of the people among other factors. For instance, Umunna (2013) identifies several factors hindering the utilisation of healthcare services in Nasarawa state. These include institutional factors like infrastructure, staffing constraints and equipment. The others are household factors such as cost of service delivery, stigmatization and beliefs. In another study conducted in a higher institution in South-West Nigeria, Obiechina and Ekenedo (2013) claim that high cost of drugs, time spent waiting for treatment, inadequate referral service and non-availability of some essential drugs were some of the factors identified as hindering the utilization of healthcare services. In Odetola (2015), the level of education, nearness to residence, affordability of health services and quality of services rendered are among other influences actively determine pregnant women's utilization of healthcare in Nigeria. These sources have brought to the fore some factors such as

affordability, quality of service, etc. There are hardly sufficient existing studies that investigated the factors that influence the utilisation of healthcare services by women, and the few existing ones did not focus on the women of childbearing age. In addition, the scope of such studies was not limited to Calabar the state capital of Cross River State, South-South Nigeria. The objective of this study is to determine the factors that influence the utilisation of primary health care services in Calabar, Cross River State, Nigeria.

Andersen's Healthcare Utilization Model

Andersen healthcare utilization Model is a conceptual framework originally formulated in 1968 and used to highlight the factors that lead to the use of health services or to study the access to medical or healthcare (Andersen, 1968 & 1995). According to the model, the utilization of health services (such as inpatient care, physician visits, dental care, etc.) is determined by three main factors: predisposing factors, enabling factors, and need. Predisposing factors refers to such factors as race, age, and health beliefs.

Enabling factors on the other hand are characterised by family support, access to health insurance, one's community, etc.

Need represents the perceived and actual need for healthcare services. The main aim of the framework was to show how access to healthcare can be determined.

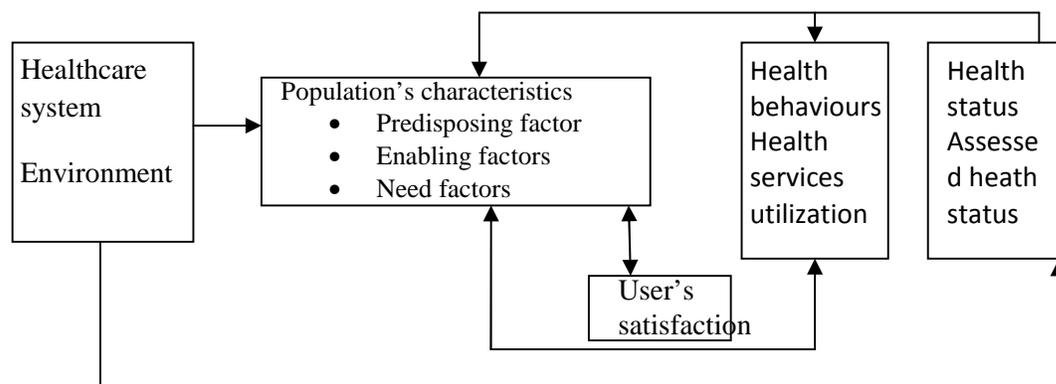


Figure 1: Andersen's (1968, 1995) health services utilization model

Andersen discusses four concepts within access that can be identified through the conceptual framework (Aday & Andersen, 1974). Potential access is the availability of the enabling resources (such as a high income) which allows the individual to seek medical care if needed. Realized access is the actual utilization of healthcare. The conceptual framework also distinguishes between equitable and inequitable access. Whereas equitable access is driven by demographic characteristics (age, sex, etc) and need, inequitable access results from social structure, health beliefs, and enabling resources available to the population.

The application of this framework to this study provides the analytical tool for identifying and evaluating the determinants of healthcare utilization by the women in Calabar South Local Government Area. Andersen's model contextualizes the several variations and perspectives that individually or collectively capture the women's healthcare utilization narrative hence its suitability in this study.

Materials and Methods

The study was a descriptive survey design. The data for the study was collected in Calabar South Local Government Area, Cross River State, Nigeria. At the

time of the study, the population of women of childbearing age (18-50 years old) in the area was 191,515 based on the 2006 census. There are twelve wards in Calabar South LGA, out of which 6 wards were randomly selected. A total of 860 women were selected using proportionate sampling technique. A well-structured questionnaire was used to collect the data from the respondents. Of the 860 copies of the questionnaire, 838 were duly completed and returned translating to a return rate of 97.4% which was considered high enough. The data were analysed statistically using descriptive method.

Results

Table 2 shows the data on the age distribution of the respondents. The table indicates that 7% (n = 59) of the respondents are between 18 and 20 years old. Those who are between 21 and 25 years old account for 28.5% (n = 239) of the respondents. A total of 41.5% (n = 348) are those between 26 and 30 years old, while 14.8% (n = 124) represent those who are between 30 and 35 years old. Those who are above 30 years old account for 8.1% (n = 68) of the data. Recall that the total number of the respondents who returned their completed questionnaire was Eight Hundred and Thirty Eight. The following is Table 2 with showing the details.

Table 2: Distribution of respondents according to age (n = 838)

Age (years)	Frequency	Percent
18-20	59	7
21-25	239	28.5
26-30	348	41.5
30-35	124	14.8
35 and above	68	8.1
Total	838	100

Information on Table 3 shows the frequency distribution of the factors that influence women's utilization of healthcare services in the study area. The table shows that majority of the respondents 72.2% (n = 605) supported the view that high cost of drugs and services influences the utilization of healthcare services, while 23.8% (n = 233) were of the view that it does not. On the issue of the non-availability of essential drugs in the health facilities, those who indicated that they feel discouraged by this factor make up 53.7% (n = 450) of the respondents while 46.3% (n = 388) of the respondents said they are not influenced by the non-availability of essential drugs. Long distance to a health facility was indicated as a mitigating factor to the utilization of healthcare services to only 26.6% (n = 223), but this was not the case to 73.4% (n = 615) of the respondents. In addition, 60% (n = 552) of the respondents identified long delay in receiving treatment as one of the factors that affect their utilization of healthcare services, but 34.1% (n = 286) indicated that they do not mind the delay in receiving treatment. Regarding the effect of their satisfaction with the services given to them by health workers, 61.4% (n =

514) believed that the satisfaction derived determine whether or not they would seek for healthcare service particularly at the same facility or, while 38.5% (n = 323) indicated that they were not bothered by satisfaction as it does not matter to them. Table 3 also shows that 75.6% (n = 634) said agreed that inadequate number of staff in the health facility can influence the utilization of healthcare services, while 24.3% (n = 204) disagreed. Majority of the subjects in the study agreed that the availability of healthcare for 24 hours is ideal and discourage them from utilizing healthcare services, however, 28% (n = 235) disagreed with this view. Regarding the attitude of staff, 64.6% (n = 541) said yes that it is a factor that influenced healthcare utilization while 35.4% (297) said no that it is not a factor. A high number of the respondents 84.4% indicated that an inadequate referral service is a major factor. However, 15.1% (n = 127) disagreed. In all, with the exception of long distance to health facility, the respondents affirmed that all the other factors on Table 3 influence their utilization of healthcare services with relatively high percentage over those who disagreed.

Table 3: Factors influencing women's utilization of healthcare services (n=838)

Factors	Yes (%)	No (%)
High cost of drugs and services	605 (72.2)	233 (27.8)
Non availability of essential drugs	450(53.7)	388(46.3)
Long distance to health facility	223 (26.6)	615 (73.4)
Long delay in receiving treatment	552 (66.0)	286(34.1)
Satisfaction with service	515(61.4)	323 (38.5)
Inadequate number of staff	634 (75.6)	204 (24.3)
Unavailability of 24 hour healthcare	603 (72.0)	235 (28.0)
Attitude of staff	541 (64.6)	297 (35.4)
Inadequate referral services	711 (84.4)	127(15.1)

Discussion

It has been observed from the analysis that majority of the respondents were between 2,6 and 30 years old (n = 348). This age bracket frequency was seconded by the young women between 21 and 25 years old (n = 239). This gives a total of 587 respondents of childbearing age. The high percentage of these young women may be attributed to the fact that women are now aware of the health risk involved in child bearing at old age hence they plan to bear children when they are younger.

The analysis has shown that majority of the respondents identified high cost of drugs and services as a major factor that influence women in utilizing primary healthcare services. The high frequency of the respondents who agreed to the influence of this factor is an indication of the importance of cost in primary health care delivery. Despite being an oil-producing nation,

Nigeria still grapples with a developing economy which recently entered into recession. The economic challenges affect all the states of the federation. High cost of drugs and services may be responsible for the inability of most women to visit the health facilities for healthcare services but prefer self-medication or engage in unwholesome traditional health practices that may endanger their lives or that of their unborn babies for those who are pregnant. This is why the World Health Organisation emphasized the cost effectiveness of primary healthcare services in the communities (WHO, 1978).

A reasonable number of the respondents (above average) also indicated that the non availability of essential drugs is another factor. Although the difference between this group and those who do not consider it a factor, this is a very important observation by the subjects. Granted that the health facility is meant to attend to the patients, but this attention may not be

useful if the facility lacks essential drugs which would be given to the patients. With the issues of fake or sub-standard drugs prevalent in Nigeria, it becomes worrisome for patients to be encouraged to source drugs by themselves due to lack of these drugs in the health facilities. The patients may end up getting fake or expired drugs. In addition, lack of essential drugs in the healthcare centres is capable of encouraging self-medication as some of the patients may assume they know the drug to get when they have similar symptoms, since they could not get them from the facilities.

The analysis has revealed that majority of the subjects do not think that long distance influences the utilization of primary healthcare service in Calabar South Local Government Area in Cross River State. Only 26.6% of the respondents indicated that it does. Calabar is a very developed city with good road networks. This may be responsible for this result as many of the women do not see it as a problem getting to the healthcare facility due to the good roads and availability of good transport system. However, many of the respondents would not want to have a long delay in receiving treatment as this could make them not come to the facility next time. Apart from whether or not one likes to wait for long before being attended, delay in receiving primary healthcare may be disastrous if the case is an emergency which requires immediate attention. It therefore, becomes important that patients are promptly attended to on arrival.

There is a relationship that exists among some of these factors. For instance, the satisfaction of a patient is hinged on other factors such as receiving prompt attention, availability of essential drugs, attitude of staff and adequate number of staff. In fact, if the number of members of staff in the facility is insufficient, it follows that the patients may not be attended to promptly and the patients will not be satisfied with the service received. Insufficient number of staff can even affect the attitude of the available ones psychologically because there will be excess work for the few ones. Overwork and stress may result in transferred aggression against the patients.

Two other factors that significantly influence the respondents' utilization of primary healthcare are inadequate referral services which had the highest frequency of 84.4% and non-availability of healthcare for 24 hours (72%). Most of the respondents indicated that they would like to go to a facility that has adequate referral services because of its benefits of providing the patient with the best attention she needs. When such services are not available in a health facility, it may result in the patient having a serious health challenge that may not be properly handled in the given facility. Healthcare should be available for 24 hours since health challenges may develop at unexpected or odd hours. This is why people sometimes need to receive healthcare services at any time of the day or night,

without which the patient may develop serious complications that can lead to death.

The findings in this study are in line with the findings in some previous studies such as Umunna (2013) who identified institutional factors which includes staffing needs and; some household factors such as cost of service delivery. However, this present study has not identified stigmatization and beliefs as factors that inhibit the utilization of healthcare services in the study area. This study also agrees with some of the findings of Obiechina and Ekenedo (2013) who identified high cost of drugs, time spent waiting for treatment, inadequate referral services and non-availability of drugs as some factors that influence primary healthcare utilization. We equally corroborate the finding of Odetola (2015) with regard to affordability of health services. The similarities in some of the findings in these studies show that some of the factors that influence primary healthcare service utilization in Nigeria are universal.

Conclusion

Health services utilization simply means the willingness of the would-be or potential patients to make the most use of the services offered at a medical establishment. One of the responsibilities of government, health planning authorities or groups is to supply or locate health care facilities where it would achieve high accessibility rate which would enhance utilization and ultimately translate to a good health status of the population. On the other hand, the populace, in this case, women of childbearing age, are supposed to utilize the available services to ensure healthy living. The finding of this study has identified some factors as exerting influence on the respondents' utilization of the primary healthcare services in the study area. This has shown that the mere fact that the healthcare facilities exist, or that the healthcare services are given in the facilities do not mean that the services would be utilized. This implies that the factors that have become "road blocks" should be dismantled to ensure more utilization of the services to ensure that the women are healthier.

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