

PATTERN OF UTILIZATION AND METHODS OF PAYMENT FOR HEALTH SERVICES A SOUTH WESTERN CITY OF NIGERIA

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ABSTRACT

Background: The evidence of awareness of public health facilities in rendering qualitative healthcare services has been observed and documented in recent years, but the same cannot be said for its utilization rates. This study therefore aimed to assess the pattern of utilization and methods of payment for health services among residents of Oyo State, Nigeria. **Subjects and Methods:** This descriptive cross sectional study was carried out among selected residents of Ibadan North Local Government Area in Oyo State, Nigeria. Four hundred and twenty respondents were selected using multi-stage sampling technique. Data were collected using pre-tested semi-structured and self administered questionnaire, analyzed using Statistical Package for Social Sciences (SPSS) version 21.0. **Results:** All the respondents were aware of various facilities, still majority 260 (68.1%) did not use PHCs during illness while private hospital had 250 (65%) patronage during illness. Majority 362 (94.8%) used pharmacy store as their facility for treatment. About 145(38%) still used TBAs for deliveries. Majority 333(87.4%) used out of pocket method for payment of services consumed. Reasons given for various responses were drug availability 324(89.5%), availability of doctors 187 (74.0%) and flexibility payment method 81(55.9%). **Conclusion:** The study concluded that the level of patronage of pharmacy stores and private hospitals were higher than the public health facilities. Quite a number of respondents also patronized TBAs. It is therefore recommended that government should create awareness and intensify effort to recruit more health workers. Enumeration of the existing ones and equipping PHCs will significantly reverse the ugly trend of high patronage of Traditional Birth Attendants so as to ensure qualitative service delivery. There is a need for more enrolment into health insurance scheme to avoid catastrophic spending on health.

KEYWORDS: Perception; Payment Methods, Utilization, Primary Healthcare; Workers; Health facilities.

INTRODUCTION

Everybody has basic needs for meaningful existence and maintenance of healthy living and as a result would require quality and safe health services for health promotion, diseases prevention, diagnosis and curative services which can be delivered through the different levels and sites of care within the health system and according to their needs throughout the course of life.^[1]

Health care utilization has been determined to a large extent by the organization of health system (USAID, 2013). Utilization is affected by several factors which include cost of healthcare, structural, administrative and the healthcare seeking behavior of people. There is also evidence that socio-economic factors, age, gender,

women's autonomy, family size, urban or rural habitat, economic status and even severity of illness have affect utilization.^[2]

It has been recommended that health care should be universally accessible without barriers based on affordability, physical accessibility and acceptability of services. It has been equally emphasized that utilization of health care for most vulnerable and underprivileged population must be seen as a basic primary health care concept.^[3] Even with this recommendation, access to basic health services is still denied to many of the poorest people.

Payment for health in form of user charges present a barrier to access of healthcare services and this has led to reduce life expectancy of rural inhabitant and increased infant mortality.^[4]

In Nigeria, there are social, cultural and political factors that contribute to inequitable health outcomes which include neglect and decay of public health facilities, the political instability coupled with various economic problems. The outcome of these problems has adversely affected the health seeking patterns of the consumers.^[5] These problems had accounted for under-five mortality rate of 143 per 1000 live births, Infant and Neonatal mortality rates of 88 and 40 per 1000 live births respectively.^[6]

The evidence on some improvements of health system over the last two decades has been reported, but this did not affect the health of the population of sub-Saharan Africa, as their health status remains well below the global. This is evidenced by the report that about half a million women die annually due to pregnancy and childbirth related events and according to maternal mortality estimates, Africa has the highest maternal mortality rate (MMR) estimated at 900 deaths per 100,000 and this been attributed to various social, economic and political factors including utilization.^[7]

It was reported that health crisis induces expenditure on health and may also induce decline in household income.^[8] Health financing in many low and middle income countries is characterized by levels of out-of-pocket expenditure for serious illnesses leading to potentially catastrophic payment for healthcare among its citizens. Financial constraint is one of the major barriers for access to healthcare in these countries for marginalized sections of society where healthcare expenditure is a major cause of impoverishment.^[9]

The level of utilization of health care services is not satisfying in many countries in the world including Nigeria with many communities with poor utilization.^[10] It was demonstrated that for every person who visits a health facility for medication, there are nine others that had the same condition but sought healthcare from other sources including self-medication and five others that never sought healthcare.^[11]

It was also reported that most maternal deaths that occur in low and middle income countries are mainly among the poorest of the poor and Ibadan North Local government habours this particular segment of the population,^[12] only few could be found to explore the factors responsible for poor utilization most especially in this local government which is found to be the largest local government in Oyo state. This study therefore aimed to assess the pattern of utilization and methods of payment for health services among residents of Ibadan North Local government, Oyo State, Nigeria. The finding of this study will be useful to policy makers,

programme designers, educators and other stakeholders in planning appropriate intervention that will improve healthcare seeking behaviour.

MATERIALS AND METHODS

The study area is Oyo state which is one of the thirty-six states in Nigeria. It is situated in the southwestern part of the country, with its capital in Ibadan. Oyo State was formed in 1976 from the former Western State, and originally included Osun State, which was split off in 1991. The respondents included in this study were permanent residents of Ibadan North Local Government Area who were 18 years and above.

The study was descriptive cross sectional. Using the Leslie Fischer's formula with a prevalence of utilization of primary health facilities in a community in southwest Nigeria, which was 44% (Sule, 2008), a minimum sample size of 382 was arrived at. After taking care of an anticipated non-response of 10%, the minimum sample size came to 420 respondents.

The respondents were selected using multistage sampling technique. Two wards were randomly selected from the existing 12 political wards in the local government and in the second stage, 3 streets were selected from each of the selected wards, making a total of 6 streets. In the third stage systematic sampling method was used to select the houses on each street, a starting point was chosen randomly from 1-3 and the number two was selected and every other house was selected at both side of the street. Fourthly, simple random sampling method will then be used to select two households from each house. At the fifth and final stage a member of the household will be selected from eligible members using the simple random sampling method.

Data were collected with pre-tested, semi-structured, self-administered questionnaires and analyzed using Statistical Package for Social Sciences (SPSS) software, version 21.0. Analyzed data were presented with the use of tablets and charts showing frequencies and percentages.

Ethical clearance for the study was obtained from the Ethical Review Committee of LAUTECH Teaching Hospital, Ogbomosho. Individual written consent was also obtained from respondents. The major limitation of the study was that it relied on self-reported data to assess perception of utilization and method of payment which increases the risk of social desirability bias. Attempt was made to eliminate this bias by reassuring the respondents of absolute confidentiality and that the information supplied will not be traced to them nor used to assess/grade them in any way.

RESULTS

Majority of the respondents were females (225, 62.6%), christians (211, 54.0%), married (233, 71.0%) and were

of the Yoruba ethnicity (301, 77.5%). More than half of them were skilled (221, 57.9%) and 260 (41.0%) of the respondents worked in rural communities. (Table 1) One hundred and ninety-three (69.9%) had secondary school education while respondents with monthly income of between 11,000 – 30,000 (172, 25.0%) appeared to be most prevalent. (Table 1).

All the respondents were aware of various facilities where medical attention can be sought with pharmacy stores occurring most (380, 99.5%). (Table 3) About two-third of the respondents perceived good utilization (229, 60.0%) while attitude of the health workers (455, 119.3%) was perceived as a source of under-utilization of PHCs with unavailability of health services (227, 59.4%) as the next reason. Although majority 231 (60.5%) of the respondents was ill in the last 12 months, 352 (92.2%) felt that painful symptoms would make them to seek treatment. About one-third perceived that illness is caused by witches and wizard and there is no reason to seek medical treatment.

It was shown that method of payment for health services was majorly 333 (87.4%) by out-of-pocket and this was majorly 304 (91.0%) due to lack of knowledge of health insurance by the respondents. Only 129 (38.6%) were recorded to be interested in using health insurance in future and 78 (60.5%) of this proportion felt it would save cost (Table 4).

Respondents attested to various reasons for underutilization of health facilities during illness. Majority 260 (68.1%) did not use PHCs even when they were ill. Out of these respondents, about 211 (81.2%) attributed it to long waiting period before been attended to. High proportion 307 (80.4%) of self-medication was noticed and the majority 219 (71.3%) alluded to consumption of drugs for previous illness. Majority 362 (94.8%) used pharmacy store while 89.5% of this proportion gave reason of drug availability. The use of private hospital was found to be 250 (65.4%) while doctors' availability was the major 187 (74.8%) reason for the patronage. About 145 (38%) still used TBA for delivery with flexible payment method as the major 81 (55.9%) reason for their action. (Table 5).

Majority 226 (59.2%) chose pharmacy stores as first place of medical consumption, confidence in service was mostly (73.8%) prevalent as a reason for the choice. Nature of illness was found to be major (240 (62.8%) reason for deciding the health facility to be used. (Table 6).

Table 1: Socio-demographic characteristics of respondents, N =420.

Socio-Demographic Characteristics	Frequency	Percentage
Age groups (in years)		
18 – 27	98	25.7
28 – 37	156	40.8
38 – 47	67	17.5
48 – 57	52	13.6
58 and above	9	2.4
Gender		
Male	143	37.4
Female	225	62.6
Religion		
Christianity	211	54.0
Islam	180	46.0
Marital status		
Single	131	22.5
Married	233	71.0
Widowed	18	6.5
Divorced	2	0.5
Ethnicity		
Yoruba	301	77.5
Igbo	75	18.8
Others	12	3.6
Occupation		
Professional	46	12.0
Skilled	221	57.9
Civil servant	30	7.9
Unskilled	8	2.1
Unemployed	77	20.1
Educational Level		
No formal	21	5.5
Primary	14	3.7
Secondary	260	41.0
Tertiary	187	45.0
Monthly Income(N000)		
≤ 10	46	12.0
11 – 30	172	25.0
31 – 50	65	17.2
51 – 70	46	12.0
> 70	53	13.8

Table 2: Perception on Rates of Utilization of PHCs, N = 420.

Variable	Frequency	Percentage
Rate of utilization of health centers		
Poor	153	40.0
Good	229	60.0
Perception on underutilization of health* services		
Attitude of health Workers	455	119.3
Non availability of health services	227	59.4
Environment	168	44.0
Distance of health care Centers	171	44.8
Lack of health facilities	1	0.3
Been ill in the last 12 month		
Yes	231	60.5
No	151	39.5
Illness as a motivator to seek treatment*		
Presence of symptoms never experienced before	287	75.1
If symptoms keep me away from work	175	45.8
When symptoms disturb people around me	133	34.8
If symptoms get too painful	352	92.2
If symptoms persist	30	7.9
If self-medication does not work	8	2.1
Witches and Wizard as a cause of illness		
Yes	125	32.7
No	257	67.3
Culture/religion forbids examination by the opposite sex		
Yes	4	1.1
No	378	98.9

Table 3: Respondents Awareness of the Available Health Facilities, N =420.

*Variable	Frequency	Percentage
Primary health centers	276	72.3
Private hospitals	379	99.2
Pharmacy stores	380	99.5
Prayer house	132	34.6
Native doctor	85	22.3
Traditional birth Attendants (TBA)	190	49.7

*Multiple responses

Table 4: Respondent's Pattern of Payment for Health Services, N =420.

Variable	Frequency	Percentage
Method of payment for health services		
Out of pocket payment	334	87.4
Use of insurance	48	12.6
Reasons for out of Pocket payment		
Cannot afford health insurance	28	8.4
Have no knowledge of health insurance	304	91.0
Not interested in use	2	0.6
Interested in using health insurance in future		
Yes	129	38.6
No	205	61.4
Reasons for interest in future		
It is good	6	35.6
It saves cost	78	60.5
When I attain the age of use	5	3.9

Table 5: Reasons for under underutilization during illness, N =420.

Variable	Frequency	Percentage
Use of PHCs when ill		
Yes	122	31.9
No	260	68.1
Reasons for not choosing to use PHC*		
No confidence in service	174	66.9
I use private hospitals instead	132	50.8
Staff is unfriendly	130	50.0
Long waiting period before seeing a health worker	211	81.2
Use self-medication when ill		
Yes	307	80.4
No	75	19.6
Reasons for using self-medication *		
My spouse is a health worker/work at a health facility	86	28.0
I have knowledge of illness and drugs	85	27.7
I use medicine prescribed for previous illness	219	71.3
My family and friends recommend the drugs	200	65.1
Utilization of pharmacy stores when ill		
Yes	362	94.8
No	20	5.2
Reasons for choosing to use pharmacy stores*		
My family always use them	17	4.7
It is close to my house	268	74.0
I have confidence in service	51	14.1
Staff are knowledgeable	149	41.2
Drugs are always available	324	89.5
Utilization of private hospitals when ill		
Yes	250	65.4
No	132	34.6
Reasons for choosing to use a private hospital*		
Doctors are always available	187	74.8
Staff are friendly	90	36.0
Short waiting period	162	64.8
Waiting area is comfortable	96	38.4
My family always use them	123	49.2
Use of TBA for delivery		
Yes	145	38.0
No	237	62.0
Reasons for choosing TBA for delivery*		
My family always use them	65	44.8
It is close to my house	28	19.3
I have confidence in service	47	32.4
Staff are knowledgeable	72	49.7
Flexible payment method	81	55.9

*Multiple answers

Table 6: Factors Affecting Healthcare Seeking Behaviour during Illness Episodes, N = 420.

Variable	Frequency	Percentage
First choice of place of consumption		
Primary Health Centers (PHC)	56	14.7
Nurse's home	26	6.8
Herbal home	6	1.6
Patent medicine dealers	33	8.6
Government hospitals	-	5.2
Private hospitals	44	11.5
Pharmacy stores	226	59.2
Reasons for choice*		
It is cheap	87	22.8
It is close to my house	253	66.2
I have confidence in service	282	73.8
It is compatible with my belief	3	0.8
Flexible consultation hours	116	30.4
Health provider is always around	104	27.2
Drugs/medicine is always available	198	51.8
Who decides health facility to be used*		
Wife	3	0.8
Husband	13	3.4
Children	4	1.1
Neighbors	185	48.4
Friends	229	59.9
Other relatives	215	56.3
Nature of illness	240	62.8
Others	35	9.0

*Multiple answers

DISCUSSION

The level of awareness about the existing public health facilities in the local government area was very high. This is in line with a study done in Zaria among northern Nigeria women, most of whom were aware of health services.^[13] This high level of awareness should be expected because this is a local government that harbors a lot of public institutions (Oyo state secretariats, Oyo State Primary Healthcare development Agency, National Primary Healthcare development Agency, WHO, UNICEF, SACA etc) and their activities would have increased the level of awareness of the residents.

This study showed that pharmacy stores (59.2%) and Primary Health Centers (14.7) were the most prevalent initial choice of utilization for most of the respondents when ill. The most reason given for this choice was said to be confidence in service (73.8%) This is in contrast with a study carried out in south-east Nigeria, which found that the private health facilities were the initial choice of health care for the majority of respondents.^[14] This is also in contrast to a study carried out in Anyigba north central Nigeria which recorded high patronage rate for private hospitals.^[15]

The reason of confidence in service delivered by the pharmacy stores was mostly reported. The reasons for pharmacy stores as initial choice of utilization could be probably resulted from so many pharmacy stores and confidence in service claimed to have derived. The

patronage could also be related to the proliferation of drug vendors within the Bodija market in the LGA. Nature of illness nature was reported to form major decision on the type of health facilities used in households during illness episodes.

In general (68.1%) of the respondents do not use Primary Health Centers during illness episodes and this resulted mostly from lack of confidence in service rendered by PHCs and the thought of waiting for too long at the PHCs before seeing a health worker (81.2%). This is not in tandem with a Kenya study where more than (80%) of the respondents reported accessing some form of health services.^[11]

Majority of respondents claim to use private hospitals when ill (65.4%). This was hinged on the availability of doctors (74.8%) and shorter waiting period before seeing a health worker (64.8%) at the private hospital. These results contrasted the finding of a study carried out in kogi, Nigeria which showed that private hospitals were least utilized (8.8%) among the respondents because of the high cost associated with their services since private health providers are out to maximize profit. The results further show that a higher proportion of the respondents utilized government hospitals (33.8%).^[16]

Almost all of the respondents use pharmacy stores when ill (94.8%) with the availability and nearness to their dwellings given as the major reasons. A study carried out

in Kenya showed that about 80% of the respondents will refer to use a formal facility out of which, approximately one quarter sought health care directly from a shop or pharmacy.^[11]

Previous illness (71.3%) and recommended drugs by friends and family members during illness (65.1%) have majorly been the reason for high self-medication (80.4%) The findings of this study is also in line with a study carried out among University students in south western Nigeria which showed a high prevalence of 53.8% antibiotics use for self-medication.^[17]

In spite of high level of awareness of PHCs within the LGA, It was worrisome that about 38.0% of respondents still utilized the services of Traditional Birth Attendants for antenatal care and deliveries for reasons such as flexibility of payment methods (55.9%), the belief that staff were knowledgeable (49.7%). This finding concurred with a study carried out in southern Nigeria where deliveries taken by TBAs were justified by personalized care, cheap fees and accessibility.^[18]

About one-thirds of the respondents perceived that the utilization of government health services in the area was low and this was mostly justified by the attitude of health workers and non availability of health services in the public health institutions. This finding was corroborated by a previous study where attitude of health workers was a major complaint of the respondents for low utilization.¹⁴ This is also supported by a study in Nigeria where it reported a low level of maternity care utilization from public health centres.^[19]

Out-of-pocket payment was found to be mostly used method to pay for health services and this was anchored on having no knowledge of health insurance. This is a sign of underdevelopment which should be discouraged. This finding was similar to that submitted by a study carried out among the Argentine population which has no health insurance scheme.¹⁰ This submission was in line with a study of five selected countries (India, Mali, Nigeria, the Philippines and Vietnam), where it was reported that out-of-pocket spending was more than 50% of total health expenditure.^[20]

CONCLUSION AND RECOMMENDATION

This study has explored important perception of utilization of a range of health care services such as Primary Health Care facilities, private health facilities, pharmacy stores and TBAs and has revealed a high utilization pattern of pharmaceutical stores and private hospitals during illness episodes. Low level of PHC utilization when ill was also noticed in spite of high awareness. Most respondents delay seeking health care over 24 hours and choose pharmacy stores as the first point of call when ill. In this regard, it is dismaying that about 87.4% of the study population still has no health insurance and relies solely on out of pocket spending during illness episodes. It is therefore recommended that

proper awareness creation on health insurance schemes with adequate frame works and infrastructure to make the scheme workable. Government should intensify effort to recruit more health workers and remunerate the existing ones for better productivity. Equipping PHCs will significantly reverse the ugly trend of high patronage of Traditional Birth Attendants so as to ensure qualitative service delivery.

Conflict of Interest: None

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