

Community Perceptions on the Preference and Impediments to the Utilization of Healthcare Services in Omu-Ijebu, Ogun State, Nigeria

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Abstract: Healthcare service plays an integral role in modern healthcare systems. The provision of healthcare services in any community is a step towards improving the health status of the populace in such a community. The presence of a healthcare facility does not translate to utilization, as there are factors that influence and impede the utilization of such services. This study assessed the perception of the community on the preference for healthcare facilities and impediments to the utilization of healthcare services in General Hospital Omu-Ijebu, Ogun State, Nigeria. The method employed in this study involved a community-based descriptive cross-sectional survey, and it was conducted among adult male and female residents who were 18 years and above, in the Omu-Ijebu community. The study was conducted with a sample of 400 adult male and female residents of the study area. Data collected were coded in excel Microsoft Package and analysed using descriptive statistics and bivariate analysis. The results showed that the majority (45.4%) of the respondents preferred General Hospital to any other hospitals; 71.7% had utilized the General Hospital Omu-Ijebu healthcare service in the last six months, and 66% preferred General Hospital Omu-Ijebu during an emergency. The results of this study further showed that the facility users of General Hospital Omu-Ijebu had a good perception of the services they received and were reasonably satisfied but certain deficiencies in the health care systems compromised the quality of service. Analysis of the preference for healthcare services and impediments to utilization showed a significant statistical relationship ($p < 0.05$). There is a need to urgently address certain impediments to the utilization of health services by the government to ensure utilization and improved quality of service.

Keywords: Community Perception, Healthcare Service, Impediments, Preference, Utilization, Nigeria

1. Introduction

When health care services are used, people's quality of life and life expectancy improve because these services help discover treatable health issues and keep life-threatening diseases under control [1, 2]. Globally, more people are using health services. The use of health services by the people for whom the service is provided is referred to as utilization in the context of service delivery [3]. The population's health status is improved via the effective use of health services. Poor use of a medical facility typically indicates subpar treatment and unfriendly staff [4].

However, the mere existence of medical facilities does not ensure that they will be used, as other socioeconomic

conditions may affect usage and access [4]. The need for treatment to diagnose, treat, lessen the effects of injuries, maintain and improve health, and access information about one's health status determines how often healthcare services are used. Having timely access to healthcare services is what is meant by having the best potential health outcome.

Even though health care services are free, less than 30% of the populations in wealthy countries use them at the moment [5, 6]. The majority of people in poor nations only seek medical attention when they are truly ill [7]. Demand-side obstacles such as a lack of human and material resources, bad roads, and inadequate transportation systems, which are present in rural regions, have contributed to the underutilization of health care products and services [7].

The importance of healthcare utilization barriers cannot be overstated. Minorities, those without insurance, and people living in rural regions are more likely to put off getting the necessary medical care [8]. However, the amount of utilization of the primary healthcare facility was mostly influenced by community perceptions of the inadequate and subpar quality of the services that were offered [4]. Low use of health facilities frequently reflects subpar treatment and unfriendly staff [9, 10]. In many places of the world, other elements could be viewed as obstacles to the use of healthcare facilities (including Nigeria).

These impediments can be categorized into social and cultural networks. Culture has an impact on how people recognize sickness, assess its severity, treat it, and believe in the effectiveness of particular treatments for particular illnesses [11]. A person with conceptual incompatibility, for instance, might not take accessible treatment because it interferes with their culturally ingrained understanding of illness [12]. Social networks can either encourage people to use healthcare or discourage them from doing so. Following the social circle's trends and practices regarding health has an impact on the members of the social group. To spiritually monitor her labour and defend against evil forces, a social network that believes in supernatural abilities might have members attend the traditional birth attendant's antenatal appointments and delivery [11].

Several studies had been conducted on access to healthcare services, utilization and factors influencing the access and utilization of healthcare services in different parts of the world (including Nigeria). Studies have indicated that preventive health care services were under-utilized because of the associated factors, which include gender, level of education, income, and health insurance [1]. Although there was good utilization of the primary healthcare facility, there were impediments to satisfactory use of healthcare services found, including community perceptions of poor quality and lack of available services [4]. According to a survey done in Katung in 2001, the main reasons people did not go to the health facility were transportation issues (30.0%), high drug costs (29.0%), service fees (19.0%), and easy access to traditional healers (39.0%) [13]. In a similar vein, a study found that respondents were more likely to use PHC services when they were attracted by maternal and child health (45.4%), prompt attention (23.0%), and adequate outpatient services (20.5%) [14]. Additionally, it was demonstrated that 97.5 per cent and 52.0 per cent, respectively, of mothers, used health services for prenatal and maternity services.

Poor education, poverty, high cost of services, the inadequacy of available services, inadequate number of healthcare workers and lack of transportation are perceived factors that have been linked to barriers to using health facilities, according to studies in Nigeria [4, 13, 14], as well as Ghana [15, 16], Ethiopia [17], Kenya [18, 19], Tanzania [20], India [21] and Greece [22].

Another important impediment to the utilization of healthcare services is the level of education. This is because some people who need medical care and services refuse to

visit a healthcare facility for treatment, while others relied on self-medication. In several research, age, gender variations, educational attainment, and economic level have also been noted as factors influencing the frequency of usage and scope of health care packages [21-23]. Similarly, gender, education level and income also have effects on the utilization of community health service [24]. The determination of these variables and the healthcare priorities of the community differ from community to community and are typically crucial steps in developing interventions that are suited to the requirements of the community. The studies on healthcare service use are focused on improving health status and, as a result, improving quality of life.

Medically, the Omu-Ijebu general hospital is a 35-bed facility that offers primary healthcare and fundamental medical services to guarantee that residents of the neighbourhood have access to excellent medical treatment. However, there are additional healthcare facilities in the nearby towns that the populace makes use of, including General Hospital Ketu, Maternity Center Ibido, as well as several speciality pharmacies and conventional healers.

Few studies have been conducted on access to health services and utilization of healthcare services in Nigeria, but little or no studies have been conducted on preference for healthcare services and impediments to the utilization of healthcare services in Ogun State, Nigeria. In addition, the utilization has not been assessed to understand any cause of poor utilization and perception of the facility. Given that the community is a low socioeconomic one, patronage of the patent medical store, self-medication, and use of herbal remedies are threats to the utilization of the healthcare services of the facility.

This study aims to assess the community's perception of the preferred healthcare service and its barriers to the utilization of healthcare services in Omu-Ijebu, Ogun State, Nigeria, in guiding the management of the facility in setting up intervention programmes to improve healthcare delivery and increase the utilization of the facility by members of the community.

2. Materials and Methods

The study area, Omu-Ijebu, is an urban community located in Odogbolu Local Government Area of Ogun State, Southwestern Nigeria. It lies in the southwestern part of the country between latitudes 7° 52' 0" North, and 5° 24' 0" East of the Greenwich Meridian. It is the fifth largest town inhabited by the Ijebus, a sub-group of the Yoruba tribe, with an estimated population of about 100,000 [25]. The township is divided into sixteen (16) quarters and the Oloritun heads each quarter.

The method employed in this study involved a community-based descriptive cross-sectional survey, and it was conducted among adult male and female residents who were 18 years and above, in the Omu-Ijebu community. A stratified sampling technique was used to divide the community into 16 groups following the 16-quarters division

of the community. 25 consenting male and female adults were randomly selected from each quarter. Data were collected mainly with a self-administered structured and interviewer-administered questionnaire with an open and closed-ended questions. When the population of the study area is 100,000, the sample size was calculated using the below formula:

$$n = \frac{Z^2 pq}{d^2}$$

Where Z is the standard deviation set at 1.96 at a 95% confidence interval, p is prevalence set at 50%, $q = 1 - p$, and d is the degree of accuracy set at 0.05. Based on the above sample size determination, three hundred and eighty-four (384) was given as the sample size. Due to the retrieving error and/or incompleteness of the questionnaire, additional 16 copies were added to make it four hundred (400). Only adult male and female members of the community who were of 18 years and above were given the questionnaires to fill, while the administered questionnaire was retrieved, and coded in an excel Microsoft Package courtesy of research assistants. Descriptive statistics such as percentages to describe the qualitative or categorical variables were employed, and bivariate analysis using the Chi-square test

was used to compare the relationship between two categorical variables. The test was carried out at a 5% level of significance. Analysis was done using Statistical Package for Social Sciences (SPSS) version 23, while the results were presented in frequency tables, graphs, and pie charts.

3. Results

3.1. Demographic Characteristics of the Respondents

Table 1 presents the demographic characteristics of the respondents in the study area. In Table 1, the age stratification reveals that about 70% were below 50 years of age, while 10% were 70 years and above. 59% of the respondents were women, 77% were married, 15.4% have no formal education, 51.8% had secondary education and 9.8% had tertiary education. Muslims accounted for 49.5%, while 41.5% were Christians and 9.0% were traditionalists. 61.3% earning below 18,000-naira equivalent to about \$50 monthly while 31.8% earns between 18,000-50,000 naira (about \$138) monthly. The study revealed majority to be traders (29.5%), 28.8% were Artisans and 13.0% were farmers. 92% were of low socio-economic status.

Table 1. Demographic characteristics of the respondents.

Variables	Frequency (n=400)	Percentage (%)
AGE	< 20 years	6
	20 – 29 years	57
	30 – 39 years	86
	40 – 49 years	94
	50 -59 years	74
	60 – 69 years	43
	>70 years	40
SEX	Total	400
	Female	236
	Male	164
	Total	400
MARITAL STATUS	Married	308
	Divorced	15
	Widowed	36
	Single	41
TRIBE	Total	400
	Yoruba	359
	Non Yoruba	41
	Total	400
RELIGION	Islam	198
	Christianity	166
	Traditional	64
	Total	400
INCOME /MONTH	<18,000	245
	18,000 - 50,000	127
	50,000 – 100,000	25
	100,000 – 200,000	3
	>200,000	0
LEVEL OF EDUCATION	Total	400
	Tertiary	39
	Secondary	207
	Primary	92
	Never been to School	62
	Total	100

3.2. Preference of and Reasons for Healthcare Service Utilization

Figure 1 presents the preference of healthcare service utilization by the respondents; General Hospital Omu-Ijebu (45.4%), Patent medicine store (24%), General Hospital Ketu (17.3%) and 10.3% preferred the Traditional Healers. The results of this study showed that satisfaction with treatment (36.3%), quick response (23.0%), nearness to residence (21.0%) and effective treatment (12%) were the major factors and/or reasons for utilization of healthcare services of their choice (Figure 2).

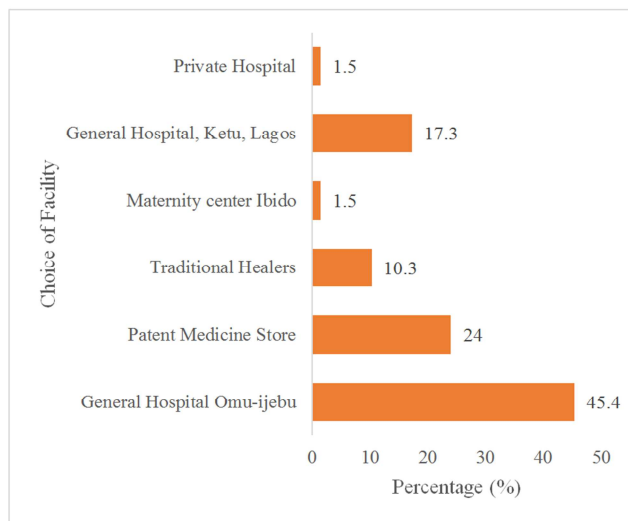


Figure 1. Preference of healthcare service utilization by the respondents.

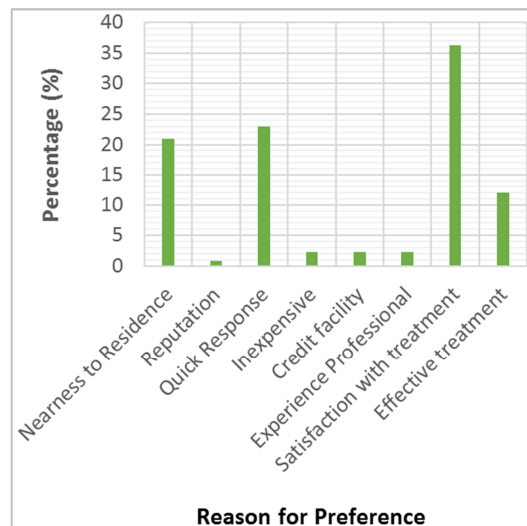


Figure 2. Reasons for the preference of healthcare service utilization.

3.3. Utilization of General Hospital Omu-Ijebu

The results in Table 2 showed that 71.7% of the respondents had utilized the General Hospital Omu-Ijebu healthcare services in the last six months before the study, while 27.8% had been admitted (or their relatives) to the hospital. The results further showed that the majority of the respondents (34.4%) utilized GH Omu-Ijebu once in the last six months, while only 9% utilized it three times. In terms of the preferred facility in an emergency, the results of this study showed that the majority of the respondents (264) which represents 66% preferred General Hospital Omu-Ijebu.

Table 2. Frequency distribution of the utilization of general hospital Omu-Ijebu.

Variables		Frequency (n = 400)	Percentage (%)
Utilization of GH Omu-Ijebu in the last 6 months	None	113	28.3
	Once	138	34.4
	Twice	68	17
	Thrice	36	9
	More than thrice	45	11.3
	Total	400	100
Previous admission in General Hospital Omu-Ijebu	Yes	111	27.8
	No	289	72.2
	Total	400	100
Preferred facility in Emergency	General Hospital Omu-Ijebu	264	66
	Patent Medicine Store	49	12.3
	Traditional Healers	10	2.5
	Maternity center Ibido	4	1
	General Hospital, Ketu, Lagos	53	13.3
	Private Hospital	9	2.3
	Undecided	11	2.8
	Total	400	100

3.4. Impediments to the Utilization of Healthcare Services at the General Hospital in the Study Area

The results of this study (Figure 3) revealed that shortage of staff (26.1%), bad attitude of attending nurses (24.8%), unnecessary delay before seeing the doctor (10.8%), absence of doctor (7.7%), no quick response (6.8%), secrecy (3.2%), dislike of injection (1.8%), lack of equipment (0.9%) and

already have a personal physician (0.5%) were the impediments to the utilization of General Hospital Omu healthcare services.

Distance could be another impediment to the utilization of GH Omu-Ijebu healthcare services as 50.5% access by walking, 40.3% by motorbike, while 97.0% will reach their respective facilities of choice within 10-30 minutes (Table 3).

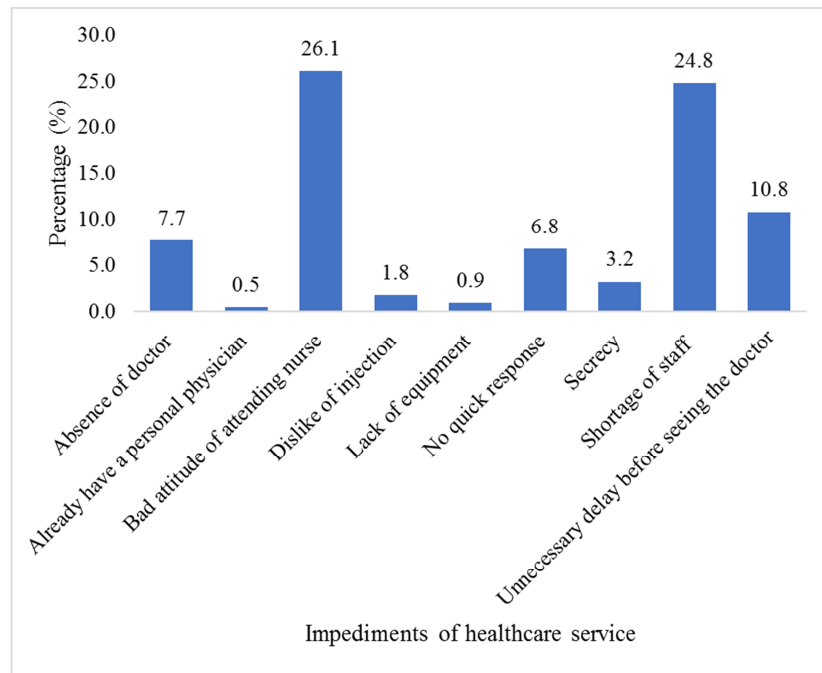


Figure 3. Impediments of healthcare service by the respondents.

Table 3. Means of transportation to healthcare facility.

Variables		Frequency (n = 400)	Percentage (%)
Means of transportation	Walking	202	50.5
	Taxi Motorbike	161	40.3
	Taxi Car	15	3.8
	Personal vehicle	22	5.4
	Total	400	100
Time taken to reach	10-30 minutes	388	97
	30-60 minutes	12	3
	Total	400	100

3.5. The General Perception of General Hospital Omu-Ijebu, Ogun State, Nigeria

Among the 264 (66%) respondents, who preferred the facility of General Hospital Omu-Ijebu, the majority of them indicated that the GH Omu-Ijebu environment is neat, their staff were friendly and courteous, their reception area was

convenient, there was privacy during their time with the doctors, the amount of time spent with the doctor was good and satisfactory. 98.9% of respondents who preferred and utilized General Hospital Omu-Ijebu are satisfied with the quality of healthcare received while 22.7% perceive the staff of the hospital's attitude as unfriendly (Table 4).

Table 4. The frequency distribution for the perception of respondents of General Hospital Omu-Ijebu.

Variables		Frequency (n = 264)	Percentage
Is the GH Omu-Ijebu environment neat?	Yes	264	100.0
	No	0	0.0
	Total	264	100.0
Are the staffs of GH Omu-Ijebu friendly and courteous?	Yes	204	77.3
	No	60	22.7
	Total	264	100.0
Is the reception area convenient?	Yes	264	100.0
	No	0	0.0
	Total	264	100.0
Was there any unnecessary delay before, during and after your vital signs were taken?	Yes	75	28.4
	No	187	70.8
	Undecided	2	0.8
	Total	264	100.0

Variables		Frequency (n = 264)	Percentage
Was there privacy during your time with the doctor?	Yes	261	98.9
	No	3	1.1
	Total	264	100.0
Are you okay with the amount of time you spent with the doctor?	YES	241	91.3
	NO	23	8.7
	Total	264	100.0
Are you content with the quality of care you received?	Yes	261	98.9
	No	0	0.0
	Maybe	3	1.1
	Total	264	100.0

The cross-tabulation analysis between the preference for healthcare services and impediments to utilization showed a significant statistical relationship ($p < 0.05$) (Table 5). However, 66% of respondents would prefer to be taken to General Hospital Omu-Ijebu during an emergency.

Table 5. Cross tabulation of Reasons for non-utilization of General Hospital Omu-Ijebu and Choice of healthcare facility.

Variables	Preference for Healthcare Services						Total
	General Hospital Omu-Ijebu	Patent Medicine Stores	Traditional Healers	General Hospital ketu	Private hospital	Maternity Center Ibido	
Absence of doctor	0 (0.0%)	11 (11.5%)	0 (0.0%)	6 (8.7%)	0 (0.0%)	0 (0.0%)	17 (4.2%)
Bad attitude of nurses	2 (1.1%)	29 (30.2%)	13 (31.7%)	10 (14.5%)	0 (0.0%)	1 (16.7%)	55 (13.8%)
Expensive	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (2.9%)	0 (0.0%)	0 (0.0%)	2 (0.5%)
Hate injection	0 (0.0%)	0 (0.0%)	4 (9.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (1.0%)
Have a family Dr	0 (0.0%)	0 (0.0%)	1 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Utilize GH Omu-Ijebu	176 (96.7%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	177 (44.2%)
No equipment	0 (0.0%)	2 (2.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.5%)
No quick response	1 (0.5%)	8 (8.3%)	0 (0.0%)	6 (8.7%)	0 (0.0%)	0 (0.0%)	15 (3.8%)
Nothing	0 (0.0%)	13 (13.5%)	10 (24.4%)	11 (15.9%)	2 (33.3%)	2 (33.3%)	38 (9.5%)
Secrecy of illness	0 (0.0%)	3 (3.1%)	0 (0.0%)	4 (5.8%)	0 (0.0%)	0 (0.0%)	7 (1.8%)
Shortage of staff	3 (1.6%)	16 (16.7%)	13 (31.7%)	19 (27.5%)	4 (66.7%)	3 (50%)	58 (14.5%)
Delay before seeing Dr	0 (0.0%)	13 (13.5%)	0 (0.0%)	11 (15.9%)	0 (0.0%)	0 (0.0%)	24 (6.0%)
Total	182 (100.0%)	96 (100.0%)	41 (100.0%)	69 (100.0%)	6 (100.0%)	6 (100.0%)	400 (100.0%)

Pearson chi square = 525.591, df = 65, p -value = 0.0001.

4. Discussion

When the majority of people use a service, it is deemed adequate, but in this study, less than half of the respondents ($n=400$) preferred the healthcare services offered at General Hospital Omu-Ijebu. These socio-demographic traits revealed stratification that was comparable to study of Adebayo and Asuzu's findings [26]. Nevertheless, 45.4 per cent of respondents preferred to use the healthcare services provided by General Hospital Omu-Ijebu, for reasons including their contentment with the care they received, the hospital's proximity to their homes, and the effectiveness of the care they received. The results of this study are consistent with those previous studies which found that, in turn, "satisfaction to care," "distance," and "rapid attention" were, in that order, key determinants of the use of healthcare services [10, 26, 27]. In contrast, a study found that research participants' use of health services was generally high [28].

The majority of respondents (71.7%) have used the General Hospital Omu-medical Ijebu's services in the previous six months. Because it is known that a larger

percentage of the population employed for the study is often burdened with age-related health concerns, it was anticipated that there would be adequate use. The results of this study were more significant than those of a prior investigation carried out in Edo State, Nigeria [29], which reported use rates for preventive health care services of 11.5 per cent and 8 per cent, respectively. The variances seen could be the result of different methodologies and services being looked into. utilization patterns for healthcare vary.

The preference of General Hospital Omu-Ijebu by the respondents during an emergency was due to the available healthcare facility, environment and effective treatments received from the staff. The choice of health facility utilized was informed by effective treatment, quality service, cost, an attitude of health workers, professional competence, waiting time, and distance, in that order [30]. There are a few reasons why health care services are underutilized. The General Hospital Omu-Ijebu in Ogun State, Nigeria, has barriers that prevent patients from using its facilities and services, according to the study's findings.

The findings of this study corroborate with the study which revealed that gender, level of education, income and

health insurance scheme were considered impediments to the utilization of healthcare facilities and services [1]. Similarly, the three major barriers to healthcare utilization include accessibility knowledge attitudes-beliefs (KABs), and the healthcare system [8].

Additionally, the key impediments identified by this study are supported by the investigations of previous studies [4, 13, 21]. The previous studies identified significant barriers to the use of healthcare services, including but not limited to inadequate education regarding when to seek care, poverty, perceived high costs of services, the inadequacy of available services, such as a lack of drugs and basic laboratory services, an insufficient number of health workers, poor quality of care, and proximity to the facility.

Distance to health care facilities was significantly associated with the preference of and impediment to health care service utilization. This study discovered that a greater proportion of respondents (50.5%) had access to General Hospital by walking, 40.3% by motorbike, while 97.0% reached their respective facilities of choice within 10-30 minutes. This showed that the majority of the respondents resided close to health facilities and this did not positively affect utilization. This could be a result of transport problems seen in the community (Omu-Ijebu) such as poor or bad road network, or lack of good transportation systems. A study conducted in Tanzania is at variance with this study, they reported that most of their respondents resided above 5km from a health care facility and this led to under-utilization by their respondents [31, 32].

The health facility was well utilized, but impediments to satisfactory use of health services were found due to community perceptions of poor quality and sufficiency of the offered services [4]. Healthcare service quality is influenced by personal factors of the patient and provider as well as by organizational, systemic, and environmental factors [33].

5. Conclusion and Recommendation

The use of healthcare facilities is dependent on several other factors rather than the mere existence of such services. After data analysis, two main themes emerged: impediments to adult residents' use of health services at General Hospital Omu-Ijebu, Ogun State, Nigeria, and perceptions and experiences of facility users. Although the facility users at this general hospital were generally content with the services they received and had a positive opinion of them, there were some flaws in the healthcare infrastructure that reduced the level of service quality. To improve the service provided at this General Hospital, these specific fundamental flaws must be quickly fixed because they prevent usage. The government health department and management need to address these shortcomings, such as a staffing shortage, a poor attitude of the attending nurse, an unnecessary wait before seeing a doctor, an absence of a doctor, a slow response, secrecy, a dislike of injections, a lack of equipment, and a personal or family physician, to ensure utilization and improved service quality.

Conflicts of Interest

The authors declare that they have no competing interests.

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