
SERVICE UTILIZATION AND DETERMINANTS OF PRIMARY HEALTHCARE FACILITIES' CHOICE AMONG PREGNANT WOMEN IN ILORIN EAST LGA, KWARA STATE

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ABSTRACT

This investigation focused on the service utilisation and determinants of primary healthcare facilities' choice among pregnant women in Ilorin East Local Government Area. The study employed a descriptive research approach of the survey type, with a sample size of 200 respondents. A researcher-developed questionnaire, validated and tested for reliability, was utilised for data collection. Descriptive statistics, specifically percentages, was employed for data analysis. The results indicated that a significant proportion of the respondents accessed primary healthcare services during pregnancy, with the primary determinant for facility choice being the quality of service. Consequently, it is recommended that efforts be made to raise awareness among women about the importance of utilising maternal health services during pregnancy to enhance both their health and that of the foetus.

KEYWORDS

Service Utilisation, Determinant, Primary Healthcare

INTRODUCTION

There are several treatment and management options available for utilisation when people face health challenges. The available choices in healthcare are influenced by factors such as anticipated health outcomes, cognitive considerations, and past experiences. These preferences play a crucial role in determining the effectiveness or ineffectiveness of treatment, thereby impacting treatment outcomes. The selection of healthcare services is intricately linked to the availability and accessibility of health facilities, as well as the effectiveness and efficiency of the services rendered. Patients' choices in healthcare are influenced by a myriad of factors, including personal characteristics, the proximity of health facilities, the prevailing conditions within the health system, and the quality of services provided (Oluwole et al, 2019). Understanding these factors is crucial for healthcare providers and policymakers aiming to optimize service delivery and enhance patient outcomes.

High-quality delivery of healthcare is paramount for achieving improved health outcomes, ensuring patient safety, and fostering a positive patient experience within the healthcare system (Ephraim-Emmanuel et al., 2018). While it might be assumed that the selection of health services is a straightforward decision, driven solely by the desire for high-quality care at the most affordable cost, it is, in fact, the outcome of a multifaceted interplay between various patient and provider-related factors. Research has identified a range of patient factors influencing healthcare choices, encompassing economic status, educational attainment, cultural and religious considerations. Additionally, several health provider-related factors have been recognized, including cost, geographical accessibility, availability of information, acceptability, and quality (Abiodun et al., 2019).

During the International Conference on Primary Health Care (PHC) in 1989, the World Health Organization (WHO) articulated a comprehensive definition of primary health care. According to the WHO, primary health care is considered indispensable in providing healthcare that is both pragmatic and rooted in scientific principles, utilising socially acceptable methods and technology. The overarching goal is to make these healthcare services universally accessible to individuals and their families within the community. This accessibility is intended to be facilitated through active community participation, ensuring that the cost is manageable for both the community and the country. Furthermore, the WHO emphasized the importance of fostering self-reliance and self-determination at every stage of development. At the core of primary health care's objectives is the pursuit of achieving health accessibility for all by the year 2000. This comprehensive approach underscores the commitment to delivering

essential health services that are not only practical and scientifically sound but also socially and economically sustainable for communities worldwide.

Ensuring maternal and child care hinges significantly on the initiation of antenatal care, which serves as a crucial point of entry for pregnant women to access a comprehensive range of services right from the onset of pregnancy. Globally, in 2020, an alarming 287,000 women succumbed to pregnancy-related causes, with a staggering 95% of these maternal deaths concentrated in low and middle-income countries, predominantly preventable (WHO, 2023). Notably, sub-Saharan Africa exhibits the highest maternal mortality rates within this demographic (WHO, 2023), with a substantial portion linked to insufficient utilization of antenatal care services (Awiti, 2013).

Compounding this issue is the compromised state of most PHC facilities in Nigeria, characterized by disrepair, absence or obsolescence of equipment and infrastructure, and an almost non-existent referral system (Abdulraheem et al., 2012). This condition significantly impacts the rate of utilisation of primary health care facilities, exemplified by a study in Southwest Nigeria revealing that merely 42.50% of participants availed themselves of primary healthcare services (Titus et al., 2015). Nevertheless, disparate findings from studies such as those conducted by Nteta et al. (2010) and Otovwe and Sarki (2017) reported higher percentages of PHC facility utilisation.

The choice of healthcare utilisation is intricately linked to the perceived need for care, whether individuals are cognisant of their need for care, desire to obtain care, and how accessible care is. Quality, distinguished from access, is a construct associated with achieving favourable outcomes related to utilisation. It pertains to the realisation of healthcare utilisation rather than the mere occurrence of utilisation or difficulties encountered in obtaining care. While healthcare utilisation ideally aligns with needed services, some needed services remain unobtained (Kressin & Groeneveld, 2015), others are utilised without clear indication (Kale et al., 2013), and some are indicated only after following certain protocols (Lyu et al., 2017).

LITERATURE REVIEW

The effective utilisation of healthcare services encompasses various domains, specifically classified into ambulatory medical care services (comprising outpatient and home-based services), inpatient services (within hospital settings), and preventive services. Achieving optimal levels of utilisation necessitates the collaborative efforts and initiatives of both the population and health service providers across all three categories. Growing evidence, particularly in developing regions, suggests that a significant portion of individuals seeking access to healthcare services faces obstacles

preventing their successful engagement. In the specific case of Kwara State in Nigeria, there is a noticeable disparity between the current levels of healthcare utilisation and the optimal benchmarks. This incongruence highlights the imperative to reevaluate planning initiatives, scrutinising their relevance and effectiveness, particularly within the framework of healthcare service utilisation (Oladipo, 2014).

Health status and the corresponding need for healthcare services play pivotal roles in shaping healthcare utilisation patterns. The utilisation of healthcare services is often driven by the desire to diagnose, cure, or ameliorate diseases and injuries, as well as to maintain or enhance overall health. In Nigeria, the healthcare delivery landscape is characterized by a dynamic interplay between public and private healthcare providers. The Federal Government oversees tertiary healthcare, while State Governments manage secondary healthcare, and Local Government Areas focus on primary healthcare services supervision. The private sector is further segmented into primary care providers (general practitioners), secondary care providers, and those offering a combination of primary and specialist care (Oluyemi et al., 2017).

Historically, traditional medicine was the predominant healthcare system in Nigeria before the advent of modern medicine. The healthcare services were diverse and provided by herbalists, divine healers, soothsayers, midwives, spiritualists, bone setters, mental health therapists, and traditional surgeons. The introduction of modern medical services occurred during the European expeditions in the early-to-mid nineteenth century. However, despite the passage of more than a century, challenges persist in accessing modern healthcare services in Nigeria. A 2008 health survey highlighted a lack of health insurance coverage for the majority of the population, suggesting that many individuals bear their health expenses out of pocket (National Population Commission, 2009). This reliance on out-of-pocket payments implies that healthcare facility utilisation is significantly influenced by individuals' socio-economic status, shaping their choice of healthcare providers.

Research indicates that maternal healthcare providers' attitudes and behaviours significantly impact healthcare-seeking behaviour and the quality of care received (Mannava et al., 2015). Cost emerges as a prominent determinant of health-seeking behaviour, particularly in Ayangba North Central Nigeria. While some argue that cost is the primary factor influencing healthcare facility choice, others contend that waiting time, especially in government-owned hospitals, plays a crucial role. Long queues and delays in treatment due to high patient volume contribute to dissatisfaction and impact individuals' decisions on healthcare facility utilisation (Oluyemi et al., 2017). A study by Warri and George (2020) underscores the role of cost in shaping health-seeking behaviour, with pregnant women perceiving antenatal care as expensive, leading to delayed initiation of care. Additionally, women reported challenges related to the

distance to health facilities and transportation difficulties, further hindering timely access to antenatal care.

The key determinants influencing the choice of health facility include waiting time and perceptions of care quality. Other factors such as cost, friendliness of health personnel, potential strikes by health workers, and geographical access also contribute to decision-making (Abiodun & Olu-Abiodun, 2014). Poverty, manifested through high mortality rates, lack of access to basic education, absence of safe drinking water, and inadequate health facilities and shelter, creates barriers to health service access and utilization. Poverty may lead to underutilization or non-utilization of healthcare services, resulting in compromised health outcomes (Nafula et al., 2005; Salihi et al., 2012; Nkpoyen et al., 2014). Addressing these complex factors is crucial for improving healthcare access and utilisation in Nigeria.

The 2030 Sustainable Development Goals emphasize the imperative of achieving universal health care, necessitating the availability and accessibility of maternal and child health services, especially for those in greatest need (United Nations Sustainable Development, 2015). While efforts are underway to eliminate financial barriers to access, it is crucial to comprehend additional obstacles, including geographical distance to facilities and the perceived quality of care. These barriers play a pivotal role in shaping the preferences of women seeking maternal and child health services, directly impacting the overarching goal of universal health care access (Escamilla et al., 2018). In rural settings, increased distances pose a significant hindrance to the utilisation of reproductive health services such as family planning, delivery, and child health services. Evidence from rural Ghana indicates that contraceptive use markedly decreases among women residing 2 km or more from a health facility compared to those within 2 km (Achana et al., 2015). Similarly, facility-based deliveries are less likely for women living beyond 1 km from a facility in rural Ghana (Achana et al., 2015). In addition to distance, women frequently bypass the nearest facility due to insufficient services or perceived low service quality (Nesbitt et al., 2016).

Healthcare service consumers base their choices on various factors. The selection of a healthcare facility typically hinges on six categories of information: service quality, access to providers (both hospitals and physicians), out-of-pocket costs, health provider communication skills, courtesy, and administrative burden (Uchendu et al., 2013). Determining the factors influencing a patient's choice involves considering several elements, some of which are beyond the control of healthcare service consumers. Unlike choices related to tangible items like clothing or automobiles, accurately gauging patient sentiments about outpatient visits, hospital stays, medical procedures, or overall healthcare experiences poses a formidable challenge.

Numerous attempts have been made to discern the primary influencers among service quality, service value, and satisfaction on the selection of a service provider. Patient satisfaction has emerged as a pivotal component in the healthcare system, influencing consumer choices of products or services (Cronin, Brady & Hult, 2012). However, over the last decade, the quality of care has gained prominence as a determinant in choosing healthcare providers. Various parameters are employed to measure the quality of care, encompassing waiting times, privacy during medical examinations, cleanliness of healthcare facilities, staff treatment, sufficient treatment time, staff-patient relationships, administration and management, patient care, vaccines and drugs, and infrastructure (i.e., building and equipment condition). Patient behaviour, as reflected in their choice of healthcare provider, offers valuable insights into enhancing service delivery, improving client satisfaction, and, ultimately, fostering a healthier population (Harris et al., 2011).

The healthcare facilities' choice among pregnant women in accordance with reviewed studies has shown that there is a significant correlation between health care facilities they choose to receive medical treatment and health promotive services. This has led to an evident two-way segregation in the pattern of choice of healthcare facilities patronised. The data indicates a notable preference among a significant portion of the population for seeking medical intervention from traditional and spiritual sources as opposed to conventional hospitals and modern medical facilities within the country, while another or the same group of people would differ in their choice of healthcare facilities as regards their hierarchical position in the healthcare system and service delivery (Federal, State and Local Government Area healthcare facilities). In contrast to developed nations, the exploration of factors influencing patients' selection of healthcare providers in Nigeria remains an area that has not been thoroughly investigated. The determinants of a household's preference for one healthcare provider over another within a health system featuring numerous facilities are not well-defined. Thus, an investigation of factors that influence the choice of primary healthcare facilities by pregnant women is vital. Therefore, this investigation was conducted among pregnant women in Kwara State to examine service utilisation and determinants of primary healthcare facilities' choice.

RESEARCH OBJECTIVES

1. To examine the primary healthcare service utilisation during pregnancy
2. Identify factors influencing primary healthcare facilities' choice among pregnant women in Ilorin East Local Government Area, Kwara State

RESEARCH QUESTIONS

1. Do women in Ilorin East Local Government Area utilise the primary healthcare services during pregnancy?

2. What are the factors determining the choice of primary healthcare facilities among pregnant women in Ilorin East Local Government Area?

RESEARCH METHODOLOGY

The study employed a descriptive research design of the survey type to investigate and characterize the situations under examination. This design was chosen for its effectiveness in providing a comprehensive description of the subject matter. The research focused on the population of pregnant women residing in the Ilorin East Local Government Area of Kwara State. A multi-stage sampling procedure of stratified, purposive and random sampling techniques was used. Firstly, Ilorin East LGA was stratified into the existing wards, which include, Agbeyangi, Apado, Are I, Gambari I, Are II, Gambari II, Iponrin, Ibagun, Marafa, Oke-Oyi/Oke-Ose, Maya/Ile-Apa, and Sango. In the second stage, a random sampling technique was used to select four wards out of the 12 wards in Ilorin East LGA using the fishbowl method, which were Oke-Oyi/Oke-Ose, Sango, Gambari II and Maya/Ile-Apa.

A random sampling technique was used in stage three to select two health facilities each from the selected wards in the previous stage which are Oke-oyi Basic Health Centre and Alalubosa Health Centre in Oke-Oyi/Oke-Ose ward, Ore-Ofa Clinic and Omolola Hospital in Sango ward, PHC Ojagboro and Ajibola Hospital in Gambari II ward, and UITH and Ile-apa Health Centre in Maya/Ile-Apa ward. Purposively at the last stage, registered pregnant women available on antenatal days at health facilities was utilised. The researcher employed 200 respondents.

Table 1: Sample Size Selection Table

S/N	NAME OF WARDS	SELECTED HOSPITAL	SAMPLE
1	Oke-Oyi/Oke-Ose	Oke-oyi Basic Health Centre	1
		Alalubosa Health Centre	19
2	Sango	Ore-Ofa Clinic	31
		Omolola Hospital	18
3	Gambari II	PHC Ojagboro	33
		Ajibola Hospital	18
4	Maya/Ile-Apa	UITH	67
		Ile-apa Health Centre	13
Total			200

In this research study, data collection was conducted utilizing a structured questionnaire developed by a researcher. The questionnaire comprised two sections, denoted as Section A and Section B. Section A focused on gathering demographic information, while Section B delved into exploring the service utilization patterns and determinants influencing the choice of primary healthcare facilities among pregnant women. The questionnaire design employed a four-point Likert format rating scale,

encompassing responses ranging from "Strongly Agree (SA)" and "Agree (A)" to "Disagree (D)" and "Strongly Disagree (SD)." To ensure the validity of the instrument, it underwent a rigorous review process. The researchers sought feedback from three experts in the Department of Health Promotion and Environmental Health Education at the Faculty of Education, University of Ilorin. The corrections and suggestions provided were incorporated to refine the instrument, resulting in the final version for data collection.

To assess reliability, a pilot study involving twenty respondents was conducted. The split-half method was employed, with 20 questionnaires administered to pregnant women in Ilorin South, an area sharing geographical characteristics with the study location. The gathered data underwent analysis using Pearson Moment Coefficient Correlation, yielding a coefficient of 0.76, indicating satisfactory reliability. The questionnaires were administered with the assistance of two trained research assistants to minimize potential loss and enhance respondent comprehension. Each participant was given ample time to provide information. The survey spanned a week and targeted pregnant women scheduled for Antenatal Care (ANC) services in selected wards and health facilities within Ilorin East Local Government Area. Data analysis employed descriptive statistics, specifically percentage calculations.

DATA ANALYSIS AND RESULTS

Out of the two hundred respondents, it was revealed that respondents within the age range of 16-20 years old were 51 (25.5%), 21-25 years old were 16 (8.0%), 26-30 years old were 122 (61.0%) and respondent with 31 years old and above that took part was 11 (5.5%). It was also revealed that 62 (31.0%) were Muslim, while 138 (69.0%) were Christian. Finally, it was revealed that 31 (15.5%) of the respondents have SSCE certificates, 145 (72.5%) of the respondents have NCE/ND certificates, and 24 (12.0%) have HND/B.Sc certificate.

Research Question One: Do women in Ilorin East Local Government Area utilise the primary healthcare services during pregnancy?

Table 2: Percentage Analysis of Utilisation of Primary Healthcare Services during Pregnancy

S/N	STATEMENT	YES	NO
1.	I use a dental clinic in a primary health care centre to care for my oral health during pregnancy.	158 (79.0%)	42 (21.0%)
2.	I utilise the service of a doctor who specialises in pregnancy and child delivery during pregnancy at a primary health care centre.	161 (80.5%)	39 (19.5%)
3.	I patronise the primary health care centre for the service of midwives who specialise in delivery and postpartum	162 (81.0%)	38 (19.0%)

	care.		
4.	I regularly visit primary health care centres for my antenatal care during pregnancy.	163 (81.5%)	37 (18.5%)
5.	I utilise the primary health care centre for the service of a nutritionist who plans my meals during pregnancy.	144 (72.0%)	56 (28.0%)

From Table 2, it can be observed that 163 (81.5%) of the respondents regularly visit primary health care centres for antenatal care during pregnancy. It was also revealed that 162 (81.0%) patronise the primary health care centre for the service of midwives who specialise in delivery and postpartum care. Also, it was revealed that 161 (80.5%) utilise the service of a doctor who specialises in pregnancy and child delivery during pregnancy at a primary health care centre. It was also revealed that 158 (79.0%) use a dental clinic in a primary health care centre to care for oral health during pregnancy. Lastly, it was revealed that 144 (72.0%) utilise the primary health care centre for the service of a nutritionist who plans meals during pregnancy. Hence, women in Ilorin East Local Government Area utilise the primary healthcare services during pregnancy.

Research Question Two: What are the factors influencing the choice of primary healthcare facilities among pregnant women in Ilorin East Local Government?

Table 3: Percentage Analysis of Factors Influencing the Choice of Primary Healthcare Facilities

S/N	STATEMENTS	SA	A	Positive Response	D	SD	Negative Response
6.	The quality of service at primary health care centre makes me use their services.	121 (60.5%)	54 (27.0%)	175 (87.5%)	19 (9.5%)	6 (3.0%)	25 (11.5%)
7.	The proximity of the facility location made me choose the use of a primary health care centre during pregnancy.	44 (22.0%)	115 (57.5%)	159 (79.5%)	33 (16.5%)	8 (4.0%)	41 (20.5%)
8.	Easy access to healthcare providers encourages the use of primary healthcare facilities.	66 (33.0%)	92 (46.0%)	158 (79.0%)	30 (15.0%)	12 (6.0%)	42 (21.0%)
9.	Health providers' communication skills help me in deciding	49 (24.5%)	95 (47.5%)	144 (72.0%)	45 (22.5%)	11 (5.5%)	56 (28.0%)

	healthcare facilities to use during pregnancy.						
10.	Health providers' courtesy is a reason for me to choose which healthcare facilities to use during pregnancy.	56 (28.0%)	83 (41.5%)	139 (69.5%)	44 (22.0%)	17 (8.5%)	61 (30.5%)
11.	Administrative burdens help me discriminate against some healthcare facilities during pregnancy.	41 (20.5%)	57 (28.5%)	98 (49.0%)	74 (37.0%)	28 (14.0%)	102 (51.0%)
12.	The cost of services is a drawback for me in choosing some healthcare facilities during pregnancy.	8 (4.0%)	23 (11.5%)	31 (15.5%)	20 (10.0%)	149 (74.5%)	169 (84.5%)

From Table 3, it can be observed that 175 (87.5%) of the respondents agree that the quality of service at primary health care centres makes them use their services. It was also revealed that 159 (79.5%) agreed that the proximity of the facility location makes them choose the use of a primary health care centre during pregnancy. Meanwhile, it was revealed that 158 (79.0%) of the respondents agree that easy access to healthcare providers encourages the use of primary healthcare facilities. Also, it was revealed that 144 (72.0%) of the respondents agree that health providers' communication skills help them in deciding healthcare facilities to use in pregnancy. Furthermore, it was revealed that 139 (69.5%) of the respondents agree that health providers' courtesy is a reason for them to choose which healthcare facilities to use during pregnancy. It was also revealed that 98 (49.0%) of the respondents agree that administrative burden helps them discriminate against some healthcare facilities during pregnancy. Finally, it was revealed that 31 (15.5%) of the respondents agree that the cost of services is a drawback for them in choosing some healthcare facilities during pregnancy. Hence, it was revealed that quality of service, proximity of the facility location, easy access to health care providers, health providers' communication skills and health providers' courtesy are factors influencing the choice of primary healthcare facilities among pregnant women in Ilorin East Local Government Area. While administrative burden and cost of services do not influence the choice of primary healthcare facilities among pregnant women in Ilorin East Local Government Area.

DISCUSSION

The study revealed that women in Ilorin East actively utilise primary healthcare

services during pregnancy, aligning with findings from previous research by Nteta et al. (2010) and Otovwe and Sarki (2017), which reported that over 70% of participants prefer primary healthcare facilities. The inclination towards primary healthcare services is largely attributed to the emphasis on antenatal care and child delivery, as these critical periods significantly impact maternal and infant morbidity and mortality in Nigeria, as indicated by the National Population Commission (NPC) and ICF International in 2014.

Furthermore, the investigation identified several factors influencing the choice of healthcare facilities among pregnant women in Ilorin East Local Government Area. These factors include the quality of service, proximity of the facility's location, ease of access to healthcare providers, communication skills of health providers, and the courtesy extended by healthcare professionals. This finding aligns with the work of Abiodun and Olu-Abiodun (2014), who emphasized that waiting time and the perceived quality of care are pivotal determinants in the choice of health facilities. The study also underscored the significant impact of the attitudes and behaviours of maternal healthcare providers (MHCPs) on healthcare-seeking behaviours and the overall quality of care. Mannava et al. (2015) have previously highlighted the crucial role of MHCPs in shaping healthcare outcomes. Additionally, Chuma and Maina (2014) proposed policy measures to enhance health facility care, such as eliminating patient fees at dispensaries and health centres, and providing free family planning and maternal health services, including delivery, in all public facilities. Drawing parallels with research conducted in rural Ghana, the study noted that women residing more than 1 km from a healthcare facility were less likely to opt for facility delivery. This underscores the importance of geographical proximity, yet it was observed that women sometimes bypassed the nearest facility due to perceived inadequacies in services or a lack of service quality (Nesbitt et al. 2016).

Women in Ilorin East Local Government Area utilise primary healthcare facilities during pregnancy mainly for antenatal purposes and child delivery. Quality of service, proximity of the facility location, easy access to health care providers, health providers' communication skills and health providers' courtesy are factors influencing the choice of primary healthcare facilities among pregnant women in Ilorin East Local Government Area.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were suggested: Women in Ilorin East should be encouraged to utilise primary healthcare facilities more during pregnancy.

Healthcare providers should endeavour to have appropriate skills and provide adequate treatment and services to patients irrespective of their financial status.

It is imperative to undertake initiatives aimed at ensuring an optimal presence of healthcare providers within healthcare facilities, implement retraining programs for healthcare providers, focusing on enhancing their ability to deliver respectful and effective care and sustaining the healthcare facilities requires a strategic approach to consistently equip and restock them with essential drugs and consumables.

Women should be sensitised more on the need to utilise maternal health services during pregnancy in order to improve their health and the health of the foetus.

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