

Determinants of Patronage of Healthcare Facilities in Saki West Local Government Area of Oyo State, Nigeria

Dr. OLUGBAMILA Omotayo Ben¹, OLUBORODE Oluwatimilehin Gabriel¹, FAMUTIMI John Taiwo², ADEBIMPE Jimoh¹

¹Department of Urban and Regional Planning, Obafemi Awolowo University, Ile-Ife, Nigeria.

²Department of Urban and Regional Planning, Rufus Giwa Polytechnic, Owo, Nigeria.

Abstract— *The study examined the spatial and patronage pattern of healthcare facilities in Saki West Local Government Area of Oyo State with a view to providing information that would aid effective planning policies in the location and distribution of healthcare facilities. Data for the study were collected from both primary and secondary sources. To collect primary data, multi stage sampling technique was adopted the first stage involved categorization of residential areas in the local government area into political wards as delineated by National Electoral Commission, the second stage was the selection of 55% of the wards. The third stage involved the identification of streets in the selected political ward out of which 50% was selected for the study; the fourth and final stage involved the selection of buildings (11%) from the identified streets. This study also revealed that most of the respondent (77%) travelled less than 5 kilometres before getting to the nearest healthcare facilities in the study area. It was further established that healthcare services in the study area are affordable. This study concluded that accessibility and inadequacy of healthcare facilities were crucial factor militating against effective utilization of healthcare facilities in the study area. In the light of this, it is hereby suggested that much attention should be given to the establishment of more healthcare facilities, well equipped with modern health equipment, employment of more competent health worker and reduction in cost of healthcare services in an attempt to improving patronage of healthcare facilities in the study area.*

Keywords: Accessibility, Ede South LGA, Determinants, Healthcare, Infrastructure and Patronage.

1 INTRODUCTION

Infrastructure has been referred to as the basic physical and organizational structure needed for the operation of a society or enterprise, or the services and facilities necessary for an economy to function effectively [1]. [2] define infrastructure as those facilities and services that provide the backbone for the development of other sectors of the economy. From the definitions above it could be deduced that infrastructure play a crucial role in development of natural and human resources of a particular country both developed and developing countries. This is because it is seen as one of the basic physical and organizational structure needed for the operation of a society or enterprise, or the services and facilities necessary for an economy to function. Infrastructure is of various type which include health infrastructure that have been conceived by [3] to include health system, financial management,

institution and legal frame work, operation and monitoring. It is an important term for judging a country or region's development because it contributes positively to economic development by creating healthy work force, which leads to increasing productivity. These testify to reasons why it is globally adjudges to be one of the indexes for measuring health of the people worldwide.

[4] asserted that health infrastructure is in both qualitative and quantitative terms to mean the quality of care and accessibility to healthcare delivery within a country. It is judged by the quality of physical, technological and human resources available at a given period of time. Physical structure entails the buildings and other fixed structures such as pipe borne water, good access roads, electricity and so on within the healthcare environment, whilst the technology is

about the equipment meant specifically for hospital use including surgeries. Health infrastructure is a part of a larger concept of the health system which contains the health policy, budgetary allocation, implementation and monitoring [3]. All these put together form the structure upon which the healthcare delivery is anchored in any society and the determinants of its infrastructure.

The importance of effective and accessible healthcare system in any country cannot be over-emphasized [5]. Researches around the world have linked inadequate access to healthcare facilities with increasing avoidable and preventable deaths [6], [7], [8]. However, accessibility to healthcare services cannot be undermined to fully harness the potentials and opportunities derivable. These include both equitable spatial distribution and availability within affordable means to the people. Spatial distribution of healthcare facilities emphasizes the ease with which these facilities can be reached and utilized satisfactorily. The World Summit for Social Development also asserted that ensuring universal and equitable access to basic social services such as education and health services is pivotal to human development [9].

Accessibility to social services had been argued to be multidimensional beyond the spatial pattern and location to the patrons [10], because it also comprises financial affordability, time availability, service delivery system, and quality of service among others. The patronage of healthcare facility is dependent on how affordable it is to the people. The ability to afford the cost to enjoy medical services is not unconnected with households' disposable income and accessibility of healthcare facilities to the patrons [5]

It is in recognition of the importance of healthcare facility to sustainable development that various levels of government in Nigeria always budget huge amount of money for the health sector. Often times, in planning for healthcare services at all levels of government in Nigeria, sectorial approaches are adopted, without giving much thought to the spatial dimension of the facilities provided. Since the goal of any development effort by the government is to improve the

well-being of the generality of the people it governs, making adequate planning for healthcare delivery will be a right step in the right direction

In the light of the afore-mentioned, healthcare is of importance to both human and economic development, this is because it had been established that healthy people leads to healthy labour force which in turn lead to economic growth and eventually economic development. It is on this note that this work intends to examine the determinants of patronage of healthcare facilities in Saki West Local Government Area of Oyo State with a view to providing information that would aid effective planning policies in the location and distribution of healthcare facilities.

2 LITERATURE REVIEW

Health is essential to personal welfare of people as well as to community well-being [11], this could said to be the reason why many countries of the world are making every effort to develop a quality healthcare system because, the economic growth which in turn lead to development depends on the level of availability of work force available in a country, which is the result of having a good healthcare system [12]. In summary the health of people in a country directly affects the development of the country. This was evident in findings of work carried out in Britain, the United States and other advanced countries of the world which revealed that health and the provision of healthcare facilities are always given higher priority compare to all other aspect of human well-being including housing, income, social status, education, family life and leisure [13]. This was also stressed by [8] that poor health and short life span of the third world countries have attributed to the 50% differences in economic development between third world countries and advanced countries of the world. [5] also affirmed this, when he said that the importance of healthcare to human can never be over-emphasized.

Many organizations and scholars have defined health in various ways but all have the same conclusion. But the most

commonly quoted definition of health is the one formalized by [14] that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Also [15] described health as a state whereby one is not troubled by either physical, or spiritual (mental) illness, or by injury of any kind. [16] defines health as dynamic state of well-being characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility. While [17] put health as a condition of wellbeing, free of disease or infirmity, and a basic and universal human right. By these it is obvious that health have a great impact on peoples income and efficiency, it also affects educational performance (which in turn determines employment prospects); and it is also major determinant of people willingness to enjoy and appreciate all other aspects of life [18].

Based on the definition above it is evident that healthy population cannot be achieve without having a good health sector, that is a segment of government function which sees to the provision, and management of healthcare facilities in a country. By these, healthcare can be said to mean the provision of suitable environment which is aimed at the promotion and development of man's full potentials. It can also be said to be the identification of the health needs and problems of the people, and promoting them with the requisite medical care [15].

Also [15] put healthcare facilities as those facilities or equipment which make it possible for the improvement of the patients' healthy living which include stock of drugs, vaccines, potable water, constant supply of energy (power), medical record tools, ambulances for mobility of patients, solar freezers, and availability of competent health workers.

[19] put healthcare utilization as the use of healthcare services by people. This level of utilization have been said to be influenced by the following factors some of which include; availability, quality and cost of services, as well as social-economic structure, and personal characteristics of the users [20, 21]. In a related work of [22], asserted that a number of

factors have been showed to be potential barriers in assessing healthcare services and these include distance and cost of travel to the health facility, socio-cultural factors and cost of service especially in developing countries of the world. In a related view [23] asserted that spatial dimension is important in utilization behaviours since accessibility is a major determinant of the use of health care facilities.

Among all these factors distance and cost of travel to the healthcare facilities have been considered to be the most important factor affecting the rate at which healthcare facilities are been utilized [19], this was manifested in the work of [24] that accessibility to healthcare facilities is the ability of individual or community to obtain healthcare services which have been said to depend on the cost of travel and distance of the healthcare facility to place of resident. In the work of [25], it was revealed that distance to the healthcare facilities was the most important factor that determined how people make use of the healthcare facilities in Ahafo Ano south district, this also have a great relationship with travelled cost because the farther the distance the higher the amount of money paid as transport fare, all these lead to increase in health expenditure.

Various researchers have asserted that distance to service location play an important role in how service location is accessible in Nigeria among these are [26], [27], [23], [28], [29], [30]. Also the work of Gleave cited in [31] revealed the importance of distance to healthcare facilities as one of the most important factors that determine the rate at which healthcare facilities would be used. The work further revealed that most people in rural areas of Africa live and work where the modern medical facilities are not within their reach because of this long distance; they have to bank on traditional medicine and its long time-established practices. All these had prompted WHO in its world health report to set the service radius for the primary healthcare facilities which is latter known as level of potential accessibility in term of distance cover before getting to the nearest healthcare facilities.

For many other access to healthcare facilities is limited especially, during the rainy season when the healthcare

facilities tend to be most utilized because, it have been established that in tropical countries, disease is more rampant in rainy season when compare to dry season [32]

In a related view, [33] work revealed that there was inequitable distribution in the provision of healthcare facilities and service render in these facilities by the state government, local government and private operator in Osun State, Nigeria. This is because most of the available healthcare facilities are concentrated mostly in urban centres of the state which had led to those living in the rural area been deprived of the health services. The study further revealed that this discrepancies have led to rural people often waste a lot of time getting to the nearest available healthcare centre of which they have to trek long distance on many occasion, because they are frequently faced with the problem of dependable means of transportation, and if available they always paid high transport fare, which lead to increase in overall cost of the healthcare services.

This was also evident in the assertion of [34], that there are disparities in the distribution of healthcare facilities between rural and urban centre and the few available ones in the rural area are not only face with problem of inadequate in both quality and quantity of staff required, but also are not within for quick and effective dispensation of service. The work further revealed that the general level of health of people falls to what was not ought to be, had it been that healthcare facilities were sufficiently available, well organized and efficiently located. Because of this, patients are either forced to travel longer distances on bad roads, pay high cost and subjected to long waiting time for transport in other to receive treatment or in the alternative seek alternative within their area. [32]. [19] are also of this opinion that distance plays a significant role in utilization of healthcare facilities when they asserted that distance of available hospital from home had an inverse relationship with the utilization of healthcare facilities. They further asserted that the more the distance of available healthcare facilities from home, the less the utilization of the healthcare facilities and the more the rural dwellers will show

preference for self- medication treatment.

Furthermore the influence of socio-economic characteristic cannot be overlook because various studies in the literature indicate an association between factors such as income, education, ethnicity, religion, culture, age, parity and decision-making power to utilization of healthcare facilities around the world [20]. Several studies have also been carried out in Nigeria by different researchers on the relationship between socio-economic characteristics and utilization of healthcare facilities, some of which include the work of [35], [27], [36], [30].

3 STUDY AREA

Saki West Local Government Area of Oyo State, Nigeria, was created in 1996 and lies approximately on Latitude $8^{\circ} 20'$ and $9^{\circ} 0'$ north of the Equator and between Longitudes $2^{\circ} 40'$ and $3^{\circ} 50'$ East and West of the Greenwich meridian respectively (see figure 1). It is about 184 and 320 kilometres by road from Ibadan and Lagos respectively. It is bounded by Atisbo Local Government Area to the South, Kwara State to the North, Saki East Local Government Area to the East and Benin Republic to the West, making it a border town. The border location may account for the noticeable thriving trans-border business in the town this could explain why many of the commercial bank have their branches there. The administrative headquarter of the local government is located in Saki, this historic Yoruba town, situated in the North-western part of Oyo State, has been serving as an administrative headquarters since the colonial era.

The administrative position of the town, since colonial era till date, noticeably encourages population influx from the surrounding hinterlands, which, together with natural increase in population, has resulted in the town having population of about 388,225 in 2006 [37], the highest among the surrounding towns with 103,417 household according to [37], thus necessitating demands for provision of healthcare facilities for the teeming population to cater for their wellbeing health wise.

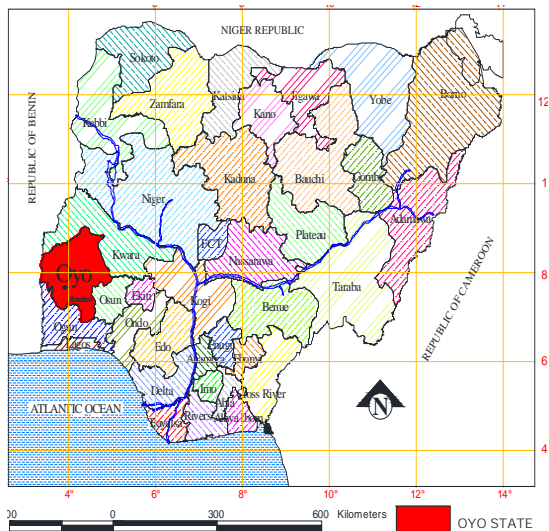


Figure 1(a): Oyo State in Nigeria Context
Source: Oyo State Ministry of physical Planning and Urban Development (2015)

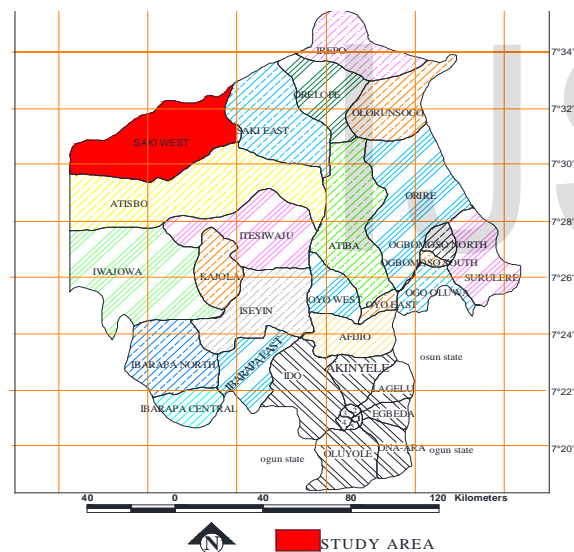


Figure 1(b): Saki West Local Government in Oyo State Context
Source: Oyo State Ministry of Physical Planning and Urban Development, (2015)

4. RESEARCH METHODS

The multi-stage sampling technique was adopted for this study; the first stage involved categorization of residential areas in the local government area into political wards as delineated by [38], the second stage was selection of 55% of the wards out of the existing 11 political wards in the study area, the selected political wards are Aganmu/Kooko, Sepeteri/Bapon, Iya, Ajegunle, Okere I Sangote/ Baabo and

Ogidigbo Kinnikinni. The third stage involved the identification of streets in the selected political wards out of which 50% was selected for study, the fourth and final stage involved the selection of samples from the selected streets.

After the starting point was obtained in each selected street through random process, the subsequent buildings were obtained at a regular interval of eighth (8th) residential buildings in each street under study. In a situation where the eighth building is not a residential building the next residential building was sampled. This represents 13% of the sampling frame in the selected wards, making the total numbers of questionnaire administered to be 200. Since the unit of investigation in this study is the resident, a resident preferably household head was sampled from each of the residential building selected.

5. RESEARCH FINDINGS

5.1 Socio-Economic Characteristics of Residents

It is a well-established fact that socio-economic status of people play significant role in influencing their health seeking behaviour [39]. The socio-economic characteristics discussed are gender, age, marital status, educational level, income status and length of stay. The gender of the residents revealed the dominance of the female gender in the study area and this accounted for 56% of the total respondents while the male category accounted for the remaining 44%. The age of the respondent in the study area were grouped into five as categorized by [40] in a related study. These are: 21-30, 31-40, 41- 50, 51-60 and 60 years and above respectively. The study revealed that respondents that are in range of 21-30 years accounted for 32.5% while those that are in ranges of 31-40, 41- 50 and 51-60 years accounted for 37%, 18% and 11% respectively. Only 1.3% accounted for those that are 61 years and above. This is an indication that most of the respondents were still active in procreating and they will be willing to visit the healthcare facilities for both ante and postnatal services. Findings from the study also revealed that majority of the respondents are married, this accounted for 67% while those

that are single accounted for 26.5%. The implication of this is that married people with the support of their spouse are more likely to utilize healthcare facilities more than the other categories.

Education needless to say is a priority sector in every well-being society and it is an important variable in determining healthcare facility utilization [41]. Findings on educational status of the people in the study area revealed that 14.5%, 25% 53.5% of respondent had primary, secondary and tertiary education respectively. Respondents with no formal education represented 7% of residents in the study area. The reason for high proportion of tertiary education qualification in the study area might not be unconnected to the high level of enlightenment on the importance of education. This implies that 93% of the respondents had one form of formal education or the other.

Secondary Education	50	25.0
Tertiary Education	107	53.5
Total	200	100.0
Length of Stay		
1 - 10 Years	6.0	3.0
11 - 20 Years	126	63.0
21 - 30 years	19.0	9.5
31 and above	49.0	24.5
Total	200	100.0

Source: Authors Fieldwork, 2016

The income of resident is a measure of wealth and will reflect the ability of a household/resident to make decision on the type of healthcare facility to patronize. The type of facility visited, duration of visit and action taken after sickness is a function of their income. Where the household income is not sufficient, it will leave the household less with no option than to resolve to self medication [30]. Some early studies show a positive correlation between income and patronage of available healthcare facilities [42], [43], [39], [44]. These studies established that income level of household dictate their ability to patronize and pay for available healthcare services. Therefore, household heads who earn below ₦20,000.00 per month accounted for 29.5%, 49.5% earned between ₦ 20,000 to ₦ 40,000. It was further revealed that 14.5% of the respondent earned ₦40,001 to ₦60,000. 2.5% of the respondents earned between ₦61,000 - ₦80,000 while 4% earned above ₦80,000. The mean average income was computed to be ₦36,643. This means that respondents would likely patronized healthcare facilities because the mean average income in the study area is double the minimum wages in Nigeria. The implication of this as established by [45] is that income serves as enabling factor in acquisition of more and better healthcare services.

It has been established in literature that the longer the years of stay in a particular locality the better the opportunity to have the knowledge about the competence, cost of treatment and hospitality of workers in healthcare facilities within and outside the community of their residence [30]. Findings from the study therefore revealed that 63% of the respondents have been living in the study area for the past 11-

Table 1: Socio-Economic Characteristics of Residents

Attributes	Frequency	Percentage
Gender		
Male	88	44
Female	113	56
Total	200	100
Age Distribution of Respondents		
21 - 30	65	32.5
31 - 40	74	37.0
41 - 50	36	18.0
51 - 60	22	11.0
60 and above	3	1.50
Total	200	100.0
Income		
Less than ₦20,000	59	29.5
₦20,000 - ₦40,000	99	49.5
₦40,001 - ₦60,000	29	14.5
₦60,001 - ₦80,000	5	2.50
Above ₦ 80000	8	4.00
Total	200	100.0
Marital Status		
Single	53	26.5
Married	134	67.0
Windowed	11	5.5
Divorced	2	1.0
Total	200	100.0
Educational Status		
No Formal Education	14	7.0
Primary Education	29	14.5

20 years, 24.5% of the respondent have been living in study area for over 31 years, while 9.5% and 3% have been living in the study area for the past 21-30 years and 1- 10 years respectively. This implies that the respondent are well verse about the utilization of healthcare facilities within their environment because the mean average of number of years spent in the community was computed to be 10 years coupled with the fact that majority of them have been living in the community for the past 11-20 years.

5.2 Patterns of Patronage of Healthcare Facilities

In other to determine the patronage pattern of healthcare facilities in the study area, number of times the healthcare facilities in the study area was patronized on gender basis in the last five years was obtained. The outcome of this is presented in Figure 1, it revealed that healthcare facilities was patronized in 28,736 and 41,600 times by males and females respectively in 2011 while in 2012 the healthcare facilities was patronized by males in 25,376 and females in 32,717 times. It was further revealed that in 2013, the healthcare facilities were visited in 29,491 and 44,991 times by males and females respectively, also in 2014, males visited in 19,309 times while females visited in 35,188 times and in 2015 the number of times the healthcare facilities was patronized was 21,804 and 33,965 times by males and females respectively. This is a confirmation of earlier findings of [46] that females make use of healthcare facilities than their male counterpart.

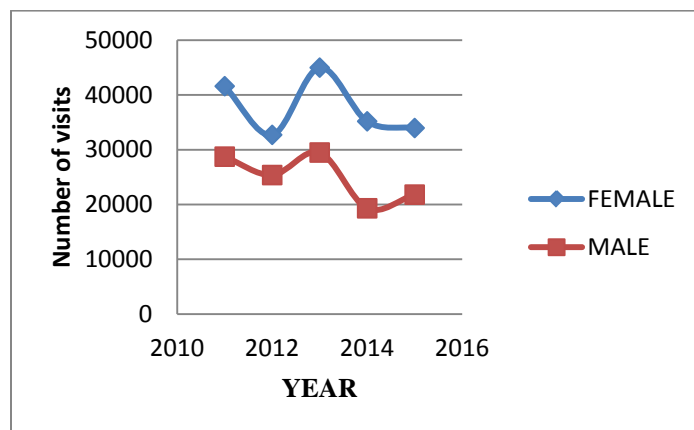


Figure 1: Patronage pattern of healthcare facilities in last five year on gender basis

Also presented in figure 2 is the comparison of the number of times secondary healthcare facilities (SHCF) and primary healthcare facilities (PHCF) in the study area was patronized in last five years. It was discovered that SHCF was visited in 36,749 times as against 33,587 times the PHCF was patronized in 2011, SCHF was patronized 25,833 times while PHCF facilities were visited 32,260 times in 2012. Also in 2013 SHCF was patronized 41,382 times while PHCF was patronized 33,100 times, in 2014 SHCF was patronized 20,764 times while PHCF was visited 33,733 times. It was further revealed that SHCF was patronized 17,260 times while PHCF was patronized 38,509 times in 2015. Further analysis revealed that SCHF recorded more visit in 2011 than PHCF; in 2012 the reverse was the case as people visited PHCF more than SCHF. The trend changed in 2013 when general hospital recorded more visit than PHCF. In 2014 and 2015 PHCF was most visited by the residents in the study area.

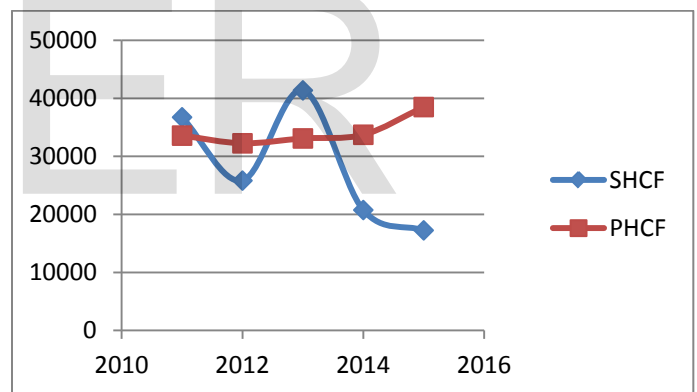


Figure 2: Patronage pattern of healthcare facilities in last five year on hierarchy of healthcare facilities basis

5.3 Factors Determining Residents Patronage of Healthcare Facilities

Investigation into the factors that determines the patronage of the available healthcare facilities in the study area is presented in Table 2. It is imperative to consider the factors that influence residents patronage of healthcare facilities because availability and accessibility are major determinants of the use of healthcare facilities. Findings on availability of healthcare facilities to the people revealed that 69% of the respondents had knowledge and aware of the

existence of healthcare facilities in the study area while 31% were of the opinion that they are not aware. In the same vein, 65% of the population claimed that healthcare facilities are accessible while 35% claimed that healthcare facilities are not accessible to their place of resident. Proximity to healthcare facilities to a large extent determines the degree of patronage by residents of a particular locality because the longer the distance travelled to get to a healthcare facility, the better the level of patronage of such healthcare facility [47]. From the Table, 41.5% of the respondents indicated that they were close to the health facilities by travelling less than 1 kilometre, those who were close to health facilities by 1-3 kilometres were 22%, 13.5% of the respondents were far from the health facilities by travelling 4-5 kilometres and 23% of them travelled beyond 5 kilometres before they could have access to healthcare facilities. This signifies that majority (77%) travelled less than 5 kilometres to access healthcare facilities.

Table 2: Factors Determining Residents Patronage of Healthcare Facilities

Attributes	Frequency	Percentage
Availability of Healthcare Facilities		
Available	138	69.0
Not available	62	31.0
Total	200	100.0
Distance of Healthcare Facilities from Home		
Less than 1km	83	41.5
1-3km	44	22.0
4-5km	27	13.5
Above 5km	46	23.0
Total	200	100
Accessibility of Healthcare Facilities		
Accessible	130	65
Not accessible	70	35
Total	200	100
Affordability of Healthcare Services		
Not affordable	31	15.5
Affordable	59	29.5
Slightly affordable	36	18.0
Very affordable	74	37.0
Total	200	100

Source: Authors Fieldwork, 2016

Opinion of the respondent on how affordable the healthcare service to the people was equally investigated, it

was revealed that 15.5% of the respondent belief that the healthcare service is not affordable to them, 29.5% claimed that the service is affordable while 18% were of the opinion that healthcare service is slightly affordable and 37% claimed that the service is very affordable. From the opinion of the respondents, it can be infer that healthcare service is affordable in the study area.

6. RECOMMENDATION AND CONCLUSION

This study has examined the determinants of patronage of healthcare facilities in Saki West Local Government Area of Oyo State in relation to the socio-economic characteristics of the people, the patterns of patronage as well as the factors determining resident's patronage of healthcare facilities. Findings from the study revealed that socio-economic characteristics of the people such as age, educational status, income level and length of stay are major determinants of their patronage of the available healthcare facilities. The study also revealed that a significant difference exist between the number of male and female gender that visited the healthcare facilities which confirms the findings of [47] that the female gender utilize healthcare facilities than their male counterpart. Findings from the study also show that distance is a major factor that determines resident patronage of healthcare facilities and this is in perfect agreement with the distance decay function which states that interaction between two locales declines as the distance increases. The implication is that healthcare facilities located near the people will enjoy higher volume/level of patronage.

Based on the above findings, the following are recommended in other to improve resident's access to healthcare facilities in the study area.

The government must take note of physical accessibility and coverage as major steps in encouraging the residents in the study area to use healthcare facilities. It is therefore important for the government to realise that the choice of location matters in the provision of healthcare facilities, as well located healthcare facilities can encourage their use.

There should be adequate public enlightenment with the involvement of traditional institution on the use of healthcare facilities. It is believe that this awareness will have long lasting effects on the perception and attitude of people towards utilization of healthcare facility which invariably improve their access and utilization of healthcare facilities.

In order to ensure that everybody have access to healthcare facilities, there is need to establish more healthcare facilities in areas of lack and improve on the existing healthcare facilities to meet the health need of the people.

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