

Research Article

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Socio-economic determinants of demand for healthcare utilization in Nsukka Local Government Area of Enugu State Nigeria

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Abstract: Quality health is socially and economically beneficial as a healthy population is more productive at work. Also, healthy infants develop and perform better in learning and cognitive ability, thus, becoming productive adults in the future. A healthy population contributes to a great extent to the development and growth of the economy. However, the costs of demand for healthcare and the socio-economic conditions of the masses may constitute major impediments to the healthcare demand of the

populace. In the light of this, the paper investigates the perceived socioeconomic push factors that determine healthcare demand in Nsukka local government metropolises. Specifically, the paper interrogates the differences in the healthcare demand by people of different age groups, educational attainment, and income levels in Nsukka Metropolis. Descriptive statistics and ANOVA were used in data analyses. The variables of interest included visits to the hospital for regular medical checkups, completion of medication, choice of hospital, use of treated insecticidal nets, response when sick, and nature of treatment sought when sick. Findings show that income and age significantly influence healthcare demand in the Nsukka metropolises. Elderly people were found to be more conscious of their health, and as a result, have the highest percentage of healthcare demand. The paper finds that people of higher income levels demand more healthcare than those in lower-income groups. There is a slight difference in the healthcare demand by people of different educational backgrounds since the majority of them misuse drugs, practice self-medication, and neglect regular medical checkups.

Keywords – Demand, Determinants, Healthcare, Nsukka LGA, Socio-economic

1. INTRODUCTION

The health of the citizens of any nation is extremely important in the attainment of sustainable development and economic growth. (Oluwatuyi, 2010). Sickness of any form is associated with pains, discomfort, stress, loss of income and self-worth, and sometimes death. Illness induces hardship on households, including debilitation and substantial monetary expenditures. The health condition of an adult has a strong correlation with the performance of his work as such; its impact on the wellbeing of the household as well as the children's development cannot be

overemphasized. (Asenso-Okyere, Chiang, Thanagata & Andam, 2011). Healthiness and illness are inextricably intertwined with economic activity, connecting between what we do, how we earn, what we earn, and how we die (Watts, 2000). A study, such as Achime (2014) has shown that type of sickness, seeming immensity of illness; availability of government health institutions, and demographic features influence individuals' choice of treatment during sickness. However, people's action during the early signs of symptoms of sickness has far-reaching impacts on the mobility and sequence of the ailment and the cost of entrenching a healthy society. Generally, Nigeria has a poor system of healthcare, and public hospital management also influences the demand for healthcare by its citizens and by extension, their health outcomes. Statistics from the Nigeria Demographic and Health Survey (NDHS, 2014), indicates that over 13 infant deaths per 1000 before reaching the 5th birthday in Nigeria, given infant mortality rates of 74.09 per 1000 live birth.

2. OVERVIEW OF RELATED LITERATURE

Nonye and Oseloka (2009) carried out a study on "Healthcare demand of mentally ill patients in Enugu, Nigeria". The study was aimed at determining the healthcare demand of psychologically sick persons in Enugu state. A total population of 397 people is being treated at the Enugu psychiatric hospital using an ordered questionnaire and responses got from the respondents including their socio-demographic distinctiveness, their understanding of what could be the reason for their psychological imbalance, and the measures they first took to remedy the situation. The results showed that the respondent's ages range from 15 - to 75, with a mean of 31.6 years. About 56.2% which represents two hundred and twenty-three respondents were male and 43.8% which accounts for 174 respondents were female. Management and treatment procedures originally in use by respondents show that 34.5%, visited prayer warriors in an attempt to treat their ailment, and 32% made use of the conventional psychiatric hospital. It was also observed that the rationale behind the choice of place of treatment was the ability of the places to achieve a solution which is indicated by 46.3% of the population patronising the prayer houses in seeking a solution to their mental health challenges, 14.6% of the respondents lack knowledge of the availability of mental health service and about 8.1% of the respondents think that the mental situation should be treated with orthodox medicine.

Most people facing mental illness have always attributed their situation as being caused by demons and spiritual attacks. Sex, level of education, seeing a mental challenge as a normal occurrence, and living in developed cities were considerably linked with the hiring of an expert in handling mental cases a first step in managing mental illnesses. The study, therefore, found that the wrong notion about the possible roots or causes of mental illness is strongly held by most Nigerians, especially within the area of this study. As a result of this, the expertise of the psychiatric profession was not used in the rural villages. They, therefore, suggested that proper enlightenment should be pursued in the rural villages to change their narrative about mental ill-health and to integrate mental healthcare into the primary healthcare scheme of the government.

Kaur, Sodhi, Kaur, Singh and Kumar (2012) also carried out a study on gender differences in the healthcare demand of tuberculosis patients in Chandigarh. The study was aimed at finding out gender differences in the healthcare demand of tuberculosis patients. 109 TB patients were interviewed which consist of 54 men and 55 women from eight health institutions that were arbitrarily chosen. The outcome of the survey indicated that 40% of women relied on home medication without a professional recommendation during the early signs of the illness when compared to men's 13%. Also, about 87% of men seek the professional guidance of health experts when put side by side with that women which stood at 60%. They also found that most men were disposed to seeking private doctors for their professional advice on their health situation. In addition, they posited that the Mean delay in analysis of the health situation of men and women was 60 days and 33 days respectively signifying that it is higher in men. They attributed the delayed responses as a result of their inability to obtain a referral letter from Doctors on time which stood at 37% and 26% respectively for men and women. Main reasons for the delay, in men and women, long distance to health institutions also constitute 29% and 26% delayed respectively, while lengthened utilization

of self-medication stood at 30% and 26%, for both categories of health-seeking people and financial constraints accounted for 7% and 17% for men and women respectively. The study, therefore, concluded that Delay in identification was more prevalent in men than women. Consequently, differences in sex composition among healthcare seekers should be given adequate attention in chosen action plan for the healthcare scheme.

In a similar study on gender disparity in healthcare demand, Baviskar, Bhagat, Kirte, Sharanabasevaraj and Shantala (2012) found sex differences in the behaviour of epileptic people seeking healthcare in tertiary care institutions in pastoral Karnataka, examined the sexual characteristics of the patients, the composition of their medical and social differences in their demand for healthcare in an epileptic hospital. The study was conducted in the epileptic hospital of Raichur Institute of Medical Sciences (RIMS) Teaching Hospital, situated in Raichur, Karnataka. The research used a cross-sectional hospital-based study to investigate the number of epileptic patients that seek medical solutions in the hospital. The study found that throughout the epileptic crisis, female sufferers pursue more artificial beliefs than reasonable or scientific practices; and once the crisis is over, they exhibit a reasonable hesitation in the quest for health care as when juxtaposed with their male contemporaries. The study concluded that sex definite social and medical differences were noticed in healthcare claims of females that are epileptic.

Afolabi *et al.* (2013) studied healthcare demand and perception of health care services in a university community in Nigeria. The sample consisted of 1608 undergraduate students attending a public university in southwestern Nigeria. Structured questionnaires were the instrument for data collection. Among the variables of interest were: preferred health services, challenges in seeking proper medical assistance, and the feedback they receive from the medical services providers. Their findings showed that more female students (55%) sought medical care both from the community pharmacies and the university health centre than their male counterparts (30%). The study also found that about 37.5% of the students seek medical advice from their colleagues who are studying medical-related courses than consulting or visiting the university medical facility. Also, about 24.7% of the students patronize patent medical stores or rural pharmacies while 16.8% resort to self-medication or abstain from medication as a result of their religious inclinations. They equally found that factors such as the behaviour of health workers, cost of accessing health care, unavailability of health information time-wasting, and inadequacy of drugs are major impediments to seeking healthcare.

The study concluded that female students sought medical attention more than male students. However, studies on healthcare demand in specialized health conditions have shortcomings because they were carried out specifically to determine the health-seeking behaviour of patients with peculiar health conditions in specialized health institutions.

2.1. Socio-economic determinants of healthcare demand

Bourne (2009) in his study on Socio-demographic determinants of healthcare demand in Jamaica, evaluates self-reported illness and Self-evaluated Health status self-rated health status, and health to ascertain the factors that affect healthcare demand including what constitutes good health. The study used cross-sectional descriptive statistics of 1,006 respondents who were asked questions on their demand for healthcare from a pool of nationwide agents using probability sampling of 6,783 Jamaicans. About 40.5% of the sample were men, 59.5% were women while the mean age was 41.8 years with a standard deviation of 27.6 years.

From their analysis, 44% of the sample showed good health, 97% of the respondents posited that they have experienced one form of dysfunction; there is 6% record of people who were sick or injured as a result of the accident and about 11% said that their poor health was examined by a quack health personnel. Among those who were diagnosed as a result of their frequently being sick, about 65.4% of the sample requested medical care. The result of their survey, therefore, recommended that healthcare providers should beef up their sensitization

campaign in both rural and urban dwellers on the need to always seek the advice of healthcare providers whenever they are sick and also take their medication according to their prescriptions.

Titus, Adebisola and Adeniji (2015) carried out a study on access to healthcare and its utilization in rural households in Ogun State Nigeria. They employed the primary data technique using a controlled questionnaire which was administered to about 200 households using descriptive statistics and access to healthcare indicators. The outcome indicated that 46 years was the mean age of the respondents while the household's average size was 8 members. They also found that 58% of the respondents use healthcare facilities and about 42.50% of the respondents patronize the services of the healthcare providers. There was unequal access to modern healthcare institutions in the area of survey. They, therefore, concluded by suggesting that healthcare policies should be geared towards creating a conducive atmosphere for people to benefit from the services of modern healthcare providers in all the nooks and crannies of the country

Odamma and Ibiezugbe (2014) surveyed the behaviour of aged people seeking healthcare in Central Edo, Nigeria to ascertain their demand for healthcare. The study concentrated on some of the health challenges that are associated with old age and where they usually go to request medical attention when they take ill, and its monetary implications. Five hundred and forty samples of aged people were chosen using organized unsystematic sampling and a face-to-face interview was conducted on the elderly numbering 514 whose ages range from 65 years and above through a means of a questionnaire. About 62.7% exhibited some of the old age-related health challenges which include heart-related impairment, diabetes, blood pressure, joint pains, kidney failure, tuberculosis, and cancer which usually take a considerable period to cure. They also observed that 73.7% make use of public health institutions whenever they face health challenges.

Healthcare demand in Specialized health Conditions was highlighted in the study on healthcare demand of mentally ill patients in Enugu (Nonye & Oseloka, 2000), gender differences in healthcare demand of tuberculosis patients in Chandigarh (Kaur *et al.*, 2012), gender disparity in healthcare demand of people facing epileptic disorder in tertiary care institutions in countryside Karnataka (Baviskar *et al.*, 2012), healthcare demand and perception of health care services in a university community in Nigeria (Afolabi *et al.*, 2013). The studies showed that poor people have poor attitudes towards health-seeking. However, the studies have shortcomings because they were carried out specifically to determine the healthcare demand of patients with peculiar health conditions in specialized health institutions.

Healthcare demand of the elderly was shown in the study of Odamma and Ibiezugbe (2014) on the behaviour of the aged in searching for health care in Edo Central, Nigeria. The survey showed that the elderly seek alternative health due to a lack of access to health facilities. However, there are shreds of evidence that there is the availability of health facilities that should be utilized by men in Enugu State to improve their health status. The corollary of the above suggests that related studies have insufficiently addressed healthcare in Nsukka in terms of seeking general medical attention from both public and private health facilities. The study addressing the gap will further explain how people's attitude in seeking medical care has affected their lives and overall well-being. However, the studies did not explain how people in the Nsukka metropolis including those that have wider support networks seek medical attention.

3. STATEMENT OF PROBLEM

The healthcare demand and beliefs of individuals have a great influence on the state of their health. It is well documented that people are reticent about accessing health care services (Gough, 2013), and are less likely to visit their general practitioners when ill. Several factors have been implicated to cause people poor healthcare demand in Nigeria. Some factors are responsible for the unbalanced health outcomes in Nigeria and they include socio-cultural and political factors and they constitute the impediments to the development of Nigeria's health care scheme (Orubuloge, 2003). It was observed that the doctor-patient ratio was also implicated in the rising death

profile and worsening health conditions of Nigerians. Nigeria has inadequate medical personnel to handle the numerous health challenges of Nigerians. Records showed that in 2011, the registered medical practitioners were 28,456, Dentists 935, Midwives 90,489 in 2007, Nurses 128,918 in 2007, Public Health Nurses 4,308, Peri-operative Nurses 1,794 in 2007 and Pharmacists 7,581 in 2010 (National Bureau of Statistics, 2012).

Nsukka metropolis is not an aberration of the poor healthcare demand in Nigeria, attributable to many factors. The record of public health facilities in Nsukka's local government area showed that it has few public health centres (PHC), secondary health facilities, tertiary health institutions, private health centres, and private secondary health facilities in a few numbers. It is, therefore, justifiable to say that the inadequacy of health facilities in Nsukka LGA is a likely factor that could influence the healthcare demand of her people. Also, the state of some of the health infrastructures might be affecting the healthcare demand of the people (Oluwatuyi, 2010). It is noted that healthcare demand is an action pursued by people who saw themselves as having health challenges and are desirous of seeking solutions to their predicament (Afolabi, Dapapale, Irinonye & Adegoke, 2013).

Generally, it is believed that poor healthcare demand in the study area could be a major factor responsible for low life expectancy and increased death observable in the locality, especially among men (Ezeala-Adikaibe, et al., 2014). The situation is traceable to poor healthcare demand of the people cause by several socio-economic factors. Several studies exist, showing how poor attitudes toward health-seeking influences health outcomes of individuals including households in different countries (Nonye & Oseloka, 2000; Nonye & Oseloka, 2009; Kaur *et al.*, 2012; Odamma & Ibiezugbe, 2014; Titus, Adebisola & Adeniji, 2015). However, most of the studies have shortcomings because they were carried out outside the study area, and the majority of them examined the healthcare demand of patients with peculiar health conditions in specialized health institutions. The corollary of the above suggests that related studies have insufficiently addressed healthcare demand in Nsukka in terms of seeking general medical attention from both public and private health facilities. Therefore, this study is set out to critically determine the socio-economic factors that determine the healthcare demand of people in Nsukka Metropolis. It is specifically designed to find the differences in the healthcare demand across different age groups, incomes, and educational levels in the Nsukka metropolis.

4. METHOD OF DATA ANALYSIS

For the analysis and presentation of the personal/demographic data, descriptive statistics were used. Presentation of data was done in percentiles, simple frequencies, tables, and charts. The Analysis of Variance (ANOVA) was mainly employed to analyze the significant difference in healthcare demand of the people.

4.1. Sources of data

Primary and secondary data were used for the study to realize the objectives. Primary data were obtained from the fieldwork through the use of structured questionnaires responded to by the respondents in Nsukka Metropolis. The questionnaire consisted of the question based on the research hypothesis formulated to guide the study. The questionnaire was considered appropriate because it is easy to fill out and keeps the respondents on track with the subject of the study. The questionnaire was designed in a simple and clear pattern for easy understanding and completion. The questionnaire was divided into four parts (A, B, C, and D). Part A contained demographic information of respondents; Part B elicited information from respondents on how age affects healthcare demand in Nsukka metropolises, Part C elicited information on how income affects healthcare demand in Nsukka metropolises, while part D interrogated them on how the level of education affects healthcare demand in Nsukka metropolis. The study also made use of in-depth interviews to collect data to capture some vital information that the questionnaire did not provide.

The secondary data was sourced from the Ministry of Health, the National Bureau of Statistics, the Enugu State Ministry of Budget and Planning, and Hospitals. The secondary data also made use of official reports and

documents related to the study. Articles from journals and other scholarly materials relevant to the study were also consulted.

4.2. Validation/Reliability of the instruments

The research questions were carefully formulated to enable the researcher to obtain requisite qualitative and quantitative data that aided to realize the research objectives. The instrument was validated by experts. The responses were tested using Cronbach's Alpha and it yielded a reliability coefficient of 0.896 which is good. Cronbach's alpha measures the internal consistency of the set of items in a group. It is commonly used as a measure of scale reliability.

5. PRESENTATION AND ANALYSIS OF DATA

This section presented and analyzed the result of the study. It is mainly descriptive statistics presented in tables and bar charts. It starts with the analyses of the demographic and socioeconomic characteristics of the respondents (as presented in Table 4.1). The figure shows that 39.1% of the respondents were between the ages of 20-and 35, 51.9% were between the age of 36-and 49, and 9.1% were above 50 years. For this study, those between the ages of 20-35yrs were referred to as youths; those between the ages of 36-49yrs were referred to as middle-aged, while those above 50years were referred to as elderly people.

Table 1: Demographic distribution of the respondents

S/N	Demographic Characteristics	Frequency (n = 320)	Percentage (100%)
1	Marital Status		
	Married	159	49.7
	Single	127	39.7
	Widower	24	7.5
	Separated/Divorced	10	3.13
2	Age		
	20 – 35	125	39.1
	36 – 49	166	51.9
	50 and above	29	9.1
3	Religion		
	Christianity	296	92.5
	Islam	18	5.63
	Traditional	4	1.25
	Others	2	0.63
Socio-economic Characteristics of the respondents			
4	Educational Attainment		
	Non Formal Education	22	6.3
	Primary Education	31	8.9
	Secondary Education	67	19.1
	Tertiary Education	246	70.3
5	Occupation		
	Civil Servant	117	32.0
	Trader	118	32.2
	Artisan	111	30.3
	Others	20	5.5
6	Income		
	Below ₦100,000	111	30.3
	₦100,000 - ₦200,000	136	37.2
	₦210,000 - ₦350,000	45	12.3
	₦360,000 and above	74	20.2

Source: Author's Field Survey

Based on educational attainment, the analysis reveals that 70.3% of the respondents attended tertiary education, 19.1% had a secondary school certificate as their highest educational attainment, 8.9 % has only primary school education, while 6.3% has no formal education. This socioeconomic data shows that a greater percentage of the respondents were tertiary institution graduates and as such are learned enough to contribute positively and greatly to this discussion through their responses. The income level of the respondents was classified into three; low-income earners (Below ₦ 100,000), middle-income earners (₦ 100,000 to N 350,000), and high-income earners (above ₦ 350,000). The result shows that about 30.3% of the respondents were low-income earners, earning below N100,000 per month, 37.2% were middle-income earners, with a monthly income range of N100,000 to N200,000, 12.3% also in the middle-income group earns a monthly income of N210,000 to N350,000, and 20.2% of the respondents were high-income earners with N360, 000 and above. This suggests that half of the sample population (49.5%) are in the middle-income bracket.

Age as a determinant of healthcare demand in the Nsukka metropolis

Information was obtained on the healthcare demands people of Nsukka Metropolis (figure 4.1). The respondents' age was divided into three groups - the youths (20-35 years), the middle-aged (36-49 years), and the elderly (50 years and above). This was done to establish which age groups are more or less responsive to healthcare demand in the study area.

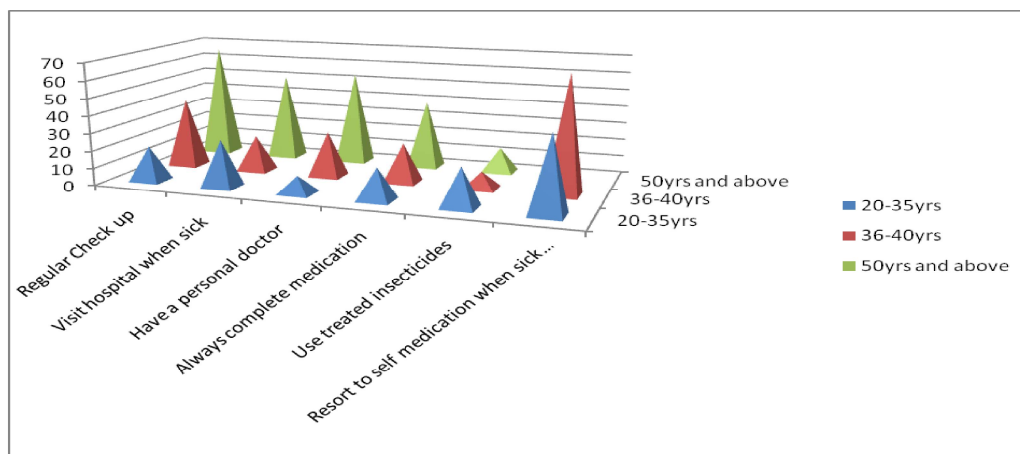


Figure 1: Bar chart of health-seeking behaviour by persons of different age groups in Nsukka Metropolis

Source: Authors' compilation

From the study findings expressed in the bar chart above, age is a major factor in the demand for healthcare in Nsukka Metropolis. Figure 4.1 indicates that elderly people are more likely to go for regular medical checkups than middle-aged men and youth. Also the elderly were found to visit the hospital regularly when sick than the other age brackets. Age was found to also be a major determinant of having a personal doctor. The result shows that the more one advances in age, the more he/she recognizes the need to focus and trust his 'life' and activities (especially medically) in the hands of some trusted allies who they can call upon at any time. This simply means that elderly people live a planned life more than younger people.

Furthermore, the findings show that age determines the completion of medication. Ageing, which most times are synonymous with maturity helps one not to play truancy when undergoing medication. At this stage of life, individuals are fully aware that good health is better than anything else. This wisdom makes them take their prescribed medication 'religiously'. On the other hand, the use of insecticidal net was found not to be age-

dependent. This is because those between the age of 20-and 35 (youths) were found to use treated insecticides more. This could be because people of this age bracket are found in tertiary institutions or other academic institutions where the environmental condition of students' accommodation almost forces one to use mosquito nets. Finally, youths and middle-aged people were found to engage in self-medication more than the elderly. About 68% of the middle-aged men were found to engage in self-medication before going to the hospital more than the youths (44%). This may be a result some many factors including financial challenges, family pressure, time constraints, and many more.

The above findings were substantiated by the ANOVA result which indicates statistically significant differences in healthcare demand among different age groups.

Table 2: ANOVA Result showing significant difference in healthcare demand by age

		Sum of Squares	df	Mean Square	F	Sig.
Age	Btw Groups	4476.668	1	4476.668	33.445	.000
	Within Groups	121535.636	908	133.850		
	Total	126012.303	909			

Source: Authors' computation

With an F-statistic of 33.445 and 0.000 F-probability value, the results indicate a significant difference in healthcare demand across different age brackets in the Nsukka metropolis. Under a 5% level of significance, it was revealed that there exists a significant difference in healthcare demand among people of different age groups in the Nsukka metropolis. Also, age was found to be a factor in determining whether people go for regular check-ups or not and their preferred place of medical treatment.

Income levels as a determinant of individual's healthcare demand in Nsukka Metropolis

Information was obtained on healthcare demand by people of different income levels in Nsukka Metropolis. Figure 4.2 shows that income level is a major determinant of health-seeking behaviour in Nsukka Metropolis. It indicates that those with higher income had regular medical checkups than those with lower income. Also, those with higher income levels visited the hospital when sick than those with lower income levels. This further explains the fact that income is a strong determinant of both healthcare demand and choice of health facility utilization.

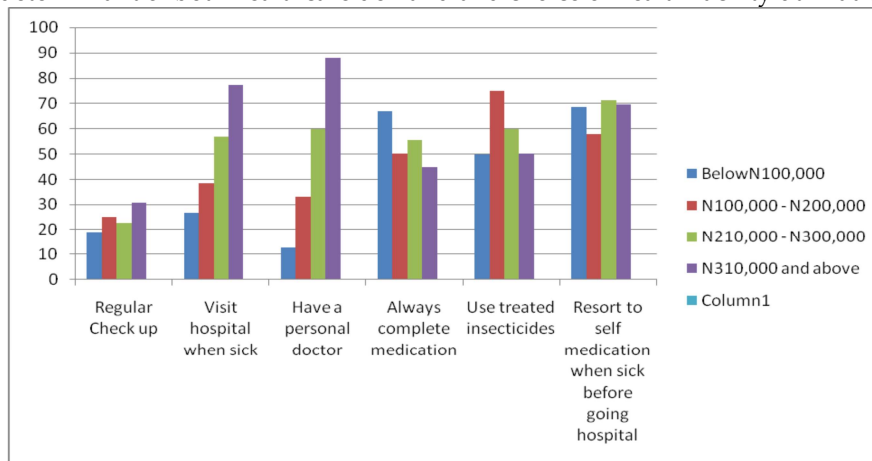


Figure 2: Chart of healthcare demand by persons of different income levels in Nsukka Metropolis

Source: Authors' compilation

The chart above also showed that those with higher income have higher access to a personal doctor than those with lower income. Those with lower income tend to choose medical facilities and personnel for treatment based on the

cost and money available to them at the time of illness. Any slight increase in cost will affect their choice. Variables that will determine constant patronage would also include satisfaction with services, long-standing relationship with the medical personnel(s), and many others.

From the field data, it was discovered that income level does not determine whether a person completes his medication or not. The chart above shows that people with the lowest income level (below ₦100, 000) complete their medications more than the other higher-income categories. While the category with the lowest income always completed their medication (67%), those with the highest income were less likely to complete medication (44.8%). The use of treated insecticides nets had no relationship with income level. From a personal interview conducted, it was found that the use of treated insecticides was more on individual differences, conviction, and awareness of the importance of its usage. From the responses, those with income levels between ₦100,000 and ₦200,000 (75%) used treated insecticides net more than the other categories followed by those with income levels between ₦210,000 and ₦300,000. For those that resort to self-medication when sick before visiting the hospital, the study found that all income levels (both low and high) resort to self-medication initially when sick before going to the hospital probably when the sicknesses persist.

Table 3: ANOVA Result showing significant difference in healthcare demand by Income level

		Sum of Squares	df	Mean Square	F	Sig.
Income levels	Btw Groups	80.380	1	80.380	22.206	.000
	Within Groups	3199.914	884	3.620		
	Total	3280.293	885			

Source: Authors' computation

Anova's test result showed that income is a major determinant of how people seek healthcare in Nsukka Metropolis. In the study, it was found that most men of different income levels are guilty of self-medication which is a poor healthcare demand. However, it was established that the high-income earners usually adopt better healthcare demands than the middle-income earners and the low-income earners particularly when ill health develops. Income was highly significant when tested against regular medical checkups, response when sick, having a personal doctor, and preferred place of medical treatment. The study however noted that income was insignificant when tested against the use of treated insecticidal mosquito nets and mode of taking drugs. This means that whether a person uses treated insecticidal mosquito nets or also finishes his medication or drugs is not a function of his income level but rather of education and personal discipline.

Educational levels as a determinant of healthcare demand in Nsukka Metropolis

Information was obtained on the healthcare demand by people of different education levels in Nsukka Metropolis is presented in figure 4.3. The study showed that the educational level of the respondents slightly determines whether they go for medical checkups or not. Though persons of all educational attainment based on the study finding recorded a low percentage when it has to do with going for a regular medical checkup (20%, 33%, 35%, 46.% and 44.2%), those with higher educational qualifications tend to go for regular medical checkup than others with lower formal educational attainment. Similar to findings on educational attainment and regular checkup, educational attainment doesn't determine hospital visits when sick. People were generally found to resort to self-medication when sick and as such tend to patronize patent drug dealers or pharmacy shops at the initial stage of their illness.

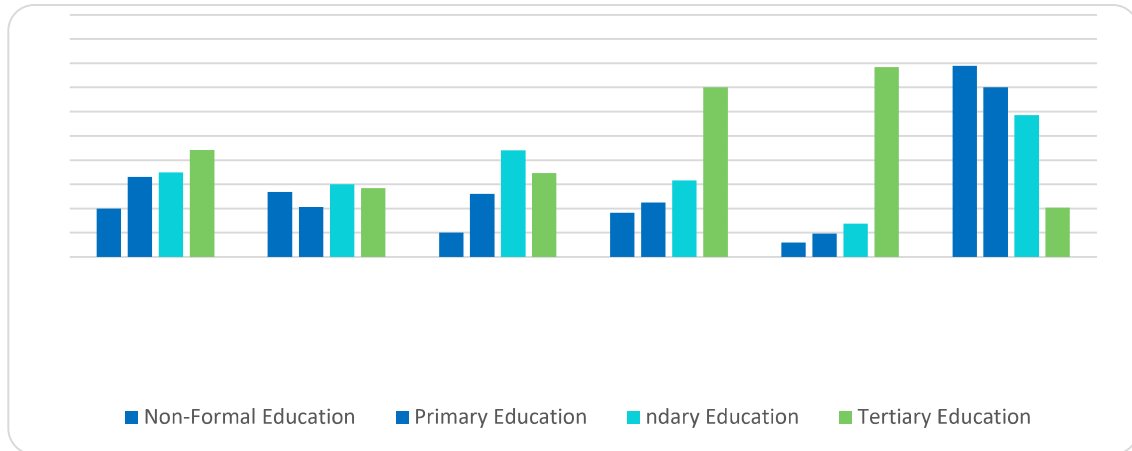


Figure 3: Chart of healthcare demand by persons of different education levels in Nsukka Metropolis
Source: Authors' Compilation

The study finding also showed that educational attainment correlated with having a personal doctor. The more educated ones tend to have personal doctors than those with lower educational attainment. The use of treated insecticidal nets was also determined by educational attainment. This is because educated people tend to realize the importance of malaria prevention through the use of insecticide nets. Education exposes one to the existence, harmful effects, and also prevention of malaria which is caused by mosquitoes.

Table 4: ANOVA Result showing significant difference in healthcare demand by Level of education

	Sum of Squares	df	Mean Square	F	Sig.
Level of Education Btw Groups	2.872	1	2.872	1.373	.242
Within Groups	1899.767	908	2.092		
Total	1902.638	909			

The finding shows that increased educational attainment reduces the indulgence in self-medication. Educated people are less likely to indulge in self-medication than the uneducated. This is because education (especially health education) exposes one to the dangers of self-medication.

6. DISCUSSION OF FINDINGS

From the findings, elderly people were found to be more conscious of their health and thus engage in more proactive healthcare demand seeking than middle-aged men and youths. As a consequence, the long-term cost and fatality were found to be lower for the elderly. The elderly visited the hospital more regularly for medical checkups, finished their prescribed medication and most of the time have personal doctors than men in the other categories. It appears as though the longer men live, the more they understand the meaning of life and the need to take their health seriously even though death is inevitable. As people get closer to their graves, they do everything humanly possible to see how they can elongate their days.

On the other hand, the findings of this study defers from the normal belief in which studies like Odamma and Ibiezugbe (2014) corroborated that more elderly people patronize traditional healers, and sometimes practice self-medication using local herbs, while other visits chemists shops for medical attention during illnesses. However, the findings of this study were in agreement with the findings of Olayiwola *et al.* (2013) that elderly men visit health facilities, and do medical routine checkups than younger men. His study furthermore found that healthcare demand is influenced by age, education, income, and nutritional knowledge.

Both the descriptive and statistical analysis showed that income is a major determinant of how men seek health in Nsukka Metropolis. The high-income earners were found to have better health-seeking behaviour than the middle-income earners and the low-income earners particularly when a case of ill health is established. The findings agree with the already fact that income (purchasing power) is a major if not the most important factor in determining how human beings meet their basic needs of which health is part. Recognizing the role higher-income plays in the health-seeking attitude of people, the findings are also in line with a study by Bourne (Bourne, 2009). Bourne argued that creating awareness about the benefits of purchasing prescribed medication for rural and urban residents is the responsibility of the health service professionals.

The study shows that most of the respondents were in the higher level of education category. To a small extent, the descriptive analysis indicated that the probability of having a better healthcare demand increased with a higher level of education. Although a slight association between levels of education and a decision to seek health care was discernible, this was not statistically significant. Since the p-value for most of the good healthcare demand indicators was greater than 0.05, it was concluded that there was no significant difference in the healthcare demand of the respondents based on their educational attainment. There was not enough evidence to show that higher education influences healthcare demand in the study area. This, therefore, means that people, generally, have a poor attitude toward their health. The findings refuted the perception that acquiring higher education has a positive influence on the health response of people.

The finding aligns with the study of Afolabi *et al.* (2013) on healthcare demand and perception of health care services in a university community in Nigeria which found that more female students sought medical care at the university health centre than their male counterparts. The findings were also in agreement with Kaur, et al (2012) that found that men resort to prolong self-medication and have more delay in diagnosis than women.

7. CONCLUSION/RECOMMENDATIONS

Several factors were found to determine the healthcare demand of people in Nsukka Metropolis, among which were age, income, and education. However, age and income were more influential and hold the key to improvement in men's health improvement programs.

Based on the findings of the study, the following recommendations are proffered:

1. There should be proactive healthcare programs to promote the health of the young and middle-aged people who are more reactive in their healthcare demands.
2. Furthermore, there should be programs to reduce poverty among families and improve their income since income is a key determinant of healthcare demand seeking among the different households.
3. More so, there should be sensitization and outreach services to raise people's consciousness of proactive health practices.

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APPENDICES

APPENDIX A

Distribution of Questionnaire Return Rate by Communities

S/N	Communities	No of the questionnaires distributed	Frequency return rate	Percentage return rate
1.	Opi/Ede Oballa	105	92	87.6%
2.	Nsukka Urban	110	102	92.7%
3.	Obimo	105	98	93.3%
TOTAL		320	292	91.25%

Source: Author's Field Survey

APPENDIX B

RESEARCH QUESTIONNAIRE ON THE SOCIO-ECONOMIC DETERMINANTS OF HEALTH-SEEKING BEHAVIOUR IN NSUKKA METROPOLIS

Please tick() as appropriate in the spaces provided.

SECTION A: DEMOGRAPHIC DATA

- Marital status: a) Married [] b) Single [] c) Widower [], d) Separated/Divorced []
- Age (yrs): a) 20 – 29 [] b) 30 – 39[] c) 40 – 49[] d) 50 and above []
- Occupation: a) Civil Servant [] b) Trader [] c) Artisan [] e) Others []
- Religion: a) Christianity [] b) Muslim [] c) Traditional [] d) Others []
- Educational attainment: a) Non formal education [] b) Primary education []
c) Secondary education [] d) Tertiary education []
- Monthly income: a) below N100,000[] b) N100,000 and N200,000 [] c) N210,000 and N350,000 []
d) N360,000 and above []

SECTION B:

- How often do you go for medical checkups? a) Every week [] b) Every month [] c) Within every six months [] d) Don't go until I get sick []
- What do you do when you are sick? a) Wait to see if the sickness will go[] b) Visit a Pharmaceutical shop to buy drugs [] c) Visit hospital for treatment[] d) Visit clergy for prayers[] e) Visit a traditional healer for solution[]
- Do you have a personal Doctor? a) Yes[] b) No[] c) will soon have [] d) No need[]
- How much time are you comfortable spending in the hospital? a) As much time to see the health caregiver [] b) As little time as possible [] c) Don't even like to spend time in the hospital []
- How do you take your drugs? a) Complete drugs[] b) Stop as soon as you get relieved[] c) Miss drugs sometimes[] d) Afraid of taking drugs []

SECTION C:

- Preferred place of medical treatment? a) Prayer house[] b) Private Hospital[] c) Public Hospital[] d) Traditional medicine[]
- Reasons for choice of place of medical treatment: a) Confident of cure[] b) Proximity[] c) Lower cost[] d) Advice by friends and family[]

3. When were you last hospitalized? a) Within one week[] b) Within one month[] c) Within 6 months[] d) over one year[]
4. How were you charged? a) High[] b) Moderate[] c) cheap[] d) Unaffordable
5. Who paid the bill? a) Self[] b) Family[] c) Friends[] d) Others[]
6. Has money stopped you from seeking health? a) Yes[] b) No[] c) Sometimes[] d) Always[]

SECTION D:

1. Do you use treated insecticidal mosquito net? a) Yes[] b) No[] c) Don't Know about it[] d) Don't like to use it[]
2. Do you know terminal sicknesses and their preventive measures? a) Yes[] b) No[] c) Not much[] d) Don't care[]
3. Do you subscribe to NHIS and free medical treatment? Yes [] No[]
4. If not, why? a) It wastes time to access [] b) It is not efficient [] c) Does not cover my health needs [] d) Does not provide quality drugs/services []

APPENDIX C

INTERVIEW GUIDE

Greeting.

Introduction

Personal information

1. What is your name?
2. How old are you?
3. How long have you lived in Enugu?
4. What is your level of education?
5. Where are you working?

Interview questions

- 1 Where and how do you seek medical attention?
- 2 Do you have a personal Doctor that treats you?
- 3 Do you complete your drugs
- 4 What are your experiences in the hospital?
- 5 Generally, do you think hospital treatment is affordable in Enugu?
- 6 What do you think could be done to encourage men to seek appropriate health?

Thank you for your time, please