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Factors Influencing Aged Preferences for Healthcare Services in Selected Rural Communities of Ayedaade Local Government Area, Osun State

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Over the years, there has been a growing recognition of the challenges of aged healthcare and care preferences especially the rural aged and the need for it to be addressed. Hence, this study examined factors influencing aged preferences for healthcare services in three rural communities of Ayedaade Local Government Area of Osun State by adopting combinations of methods. A total of 127 structured questionnaires were administered to the elderly (60 years and older) in the designated localities. In addition to this, nine people were interviewed in the three communities studied. It was revealed that health personnel such as doctors, nurses, among others were rarely available and those available were not responsive at the healthcare facilities. Also, the healthcare facilities had limited number of rooms and the available rooms and beds were in poor conditions. The study further revealed traditional care as the aged most preferred healthcare in the three communities and factors such as distance to the health, long waiting time and literacy level were found to be influencing their preferences. The study suggested the need to put into consideration aged preferences in planning choices connected to health care services especially those in the rural areas. Also, there is the need for health care services provided to be monitored appropriately by the relevant government agencies.

Keywords: Aged, Healthcare, Health Facilities and Services, Preferences, Rural

INTRODUCTION

Many countries are making concerted effort to improve the quality of healthcare delivery because it is *sine qua non* to the sustainability and viability of any country's economic and social growth (Eme *et al*., 2014). Healthcare is described as all commodities and services aimed to enhance health, including preventative, curative, and palliative treatments, whether directed at people or communities (Park, 2005) and health facilities are places that provide health care (Ferlie & Shortell, 2010). Many countries are working towards global health development agenda. For instance, the Universal Healthcare Movement and the Sustainable Development Goals (SDGs) have made ensuring universal access to healthcare a globally acknowledged aim (United Nations, 2015). However, the state of healthcare facilities in some developing countries contradicts their support to some global health development agenda because of absence of adequate infrastructure required by any health care system to enhance delivery of services in an efficient, effective and timely manner (Oyekale, 2017).

The majority of African nations lack the foundational elements of effective healthcare systems (Peterson *et al*., 2017). Specifically in Nigeria, there is critical shortage of health care workers (National Strategic Health Development Plan II (2018–2022), 2018). There is also an inequitable distribution of health care workers between different regions and even between rural and urban areas in Nigeria (Okpani, 2016). For instance,

rural community residents in Nigeria despite making up almost half of the population only have access to 12% and 19% of all doctors and nurses, respectively (World Bank, 2019).

Inequalities in health persist both within and between countries, with poorer, more marginalized groups often having the poorest health, compounded by also having the least entitlement to healthcare (Calvello, *et al*., 2013; Ouma, *et al*., 2018) like the aged are the elderly or older population who are generally 60 years and above. The barriers to primary health care faced by the aged are often worse compared to the younger populace. This is because the aged are more vulnerable and face unique health issues (World Health Organization, 2005). In a typical Nigerian village, majority of the population comprises old people who are mostly economically unproductive due to ill health brought about by ageing (Anele, 2012). According to Archibong *et al*. (2020), individuals with low financial capacity and socio-economic status anywhere in the world are exposed to and defenceless against a great deal of health risks. Many times, the rural aged in Nigeria have low income and no access to benefits covering the costs of medications and therefore go without or spend a large part of their incomes on medications. The implication of this is that they may be compelled to utilize readily available substitutes, like traditional care (Fotso & Mukiira, 2012).

Over the years, there has been a growing recognition of the challenges of aged healthcare issues and the need for it to be addressed. For instance, Mair *et al*. (2016) examined care preferences among middle-aged and older European persons with chronic diseases. By focusing on important individual-level and country-level variables of European middle-aged and older persons' preferences for care, the study specifically increased understanding of care alternatives for aging populations across national boundaries. The study found that having health restrictions on paid employment limits earning potential, which may be especially important for those who are getting close to retirement. Additionally, older persons who are developing health problems may be more worried about their family's ability to support them financially and the strain this would put on their relationships, which may affect their choices for care.

Often times, the aged are forgotten, ignored or invisible on their need to access health care facilities especially in the rural areas. These challenges are further compounded by the fact that the federal government accepts and regulates three (3) systems of health care delivery: orthodox, alternative, and traditional (WHO, 2022). Considering the state of most healthcare facilities in the country, this allows for different options and preferences for health care. Therefore, there is the need to examine the factors influencing aged preferences for healthcare services.

LITERATURE REVIEW

Several works on health care facilities and services have been done in recent times. Such studies include: locational distribution of health care facilities and services (Jimoh & Wahab 2015; Fanan & Felix 2014; Ademiluyi & Arowolo 2009), assessment of healthcare delivery system (Oyekale, 2017), perspective and preference for healthcare services (Kruk *et al*., 2008; Bredesen 2013; Mair *et al*., 2016; Rose *et al*., 2016), Socio-economic issues in healthcare services (Owoseni *et al.*, 2014) and determinants of healthcare services (Sarkar *et al.*, 2016; Bhattacharyya *et al.*, 2016).

In 2017, Oyekale investigated the preparedness of Nigeria's basic healthcare services. The research looked at the service preparedness of Nigerian Primary Health Care (PHC) institutions, focusing on the availability of several critical medications and medical equipment. According to the report, it was discovered that poor financing and mismanagement were common features of healthcare

service delivery, hurting coverage and quality of care. The research recommended the need for medical services to be inventoried properly in order to improve funding and guarantee appropriate management of healthcare resources. In a related development, Raheem *et al*. (2019) evaluated the selected health facilities' suitability for providing participants or potential enrolees with appropriate healthcare services under in order to identify the potential obstacles. The study found that the primary issues preventing the provision of high-quality healthcare services to the participants using the analysed facilities were a lack of staff, a lack of opportunity for health professionals to receive training, and bad infrastructures. In line with the above, this study will also examine the state of health facilities and services in the study area.

Rose *et al.* (2016) study revealed that for older patients, preference for life-extending treatment was associated with more therapeutic interventions and more documented discussions while the case of middle-aged patients, better perceived quality of life was associated with preferring CPR. However, in both groups, patients' higher survival estimates were associated with preferences for life-prolonging treatment. This study also examined aged preferences for healthcare service. Bredesen (2013) investigated women's perspectives and preference for health care services during pregnancy and childbirth in a rural community in northern India. According to the study, understanding women's views can help eliminate obstacles to healthcare throughout pregnancy and delivery. Also, understanding why some women choose not to use accessible healthcare treatments is critical in addressing the problem of maternal mortality connected with pregnancy and delivery in India's rural areas. The study was centred on pregnant women's choices for health care services and facilities; however, this study focused on the aged preferences for healthcare services and facilities in rural areas.

Koce *et al.* (2020) explored the patients' and healthcare providers' perceptions and experiences in order to understand the factors that influence a patient's decision to bypass the primary level of care to go to secondary and tertiary level facilities. The study discovered that the shortage of healthcare providers at local facilities, lack of basic equipment, inequitable distributions, and the inconsistent opening hours of the primary healthcare facilities were considered to be influencing factors for bypassing the primary health facilities. In addition, Sarkar *et al.* (2016) also examined factors influencing women's healthcare preferences. The study revealed that poverty, traditional views, religious fallacy, limited access of women to decision-making in the family, lack of transportation to reach the nearest health facility, lack of knowledge and awareness about service delivery points, fear of having a caesarean delivery at a hospital, and a lack of female doctors in health care facilities were among the major reasons why pregnant women preferred home delivery. It could be observed that this research placed a strong emphasis on women, particularly pregnant women, with little or no regard for the viewpoints and preferences of aged women. This study, on the other hand, examined the factors influencing the perspectives and preferences of the aged (both men and women).

RESEARCH METHODOLOGY

This section presents the methodology for the study. The methodology for this study focused on the aged preferences for health care services and facilities. The methodology was divided into four (4) subsections; Study Approach, Data sources, Data tool and instrument, Data analysis.

Study Approach and Design

Ayedaade is a Local Government Area in Osun State, with headquarter in Gbongan Town. Three rural settlements (Ajule,

Araromi Owu, Supori) were selected through simple random selection process by assigning each settlement in the respective local government area a number, written in a piece of paper and placed in a container. After they have been thoroughly mixed together, each number or settlement was then drawn from the container without replacement. This was to ensure that every settlement had the same probability of being chosen from each of the Local government Areas. Nigerian Social and Economic Research (NISER, 1981) defined a rural area from the demographic point of view as a settlement with less than 20,000 inhabitants. Similarly, Aluko (2004) described the rural areas as areas lacking social amenities that are usually identified with the urban areas.

Table 1: Selected communities in the study area

S/N	SELECTED LGA	NAME OF SELECTED COMMUNITIES IN THE LGA	NUMBER OF SELECTED COMMUNITIES
1	Ayedaade	Ajule, Araromi Owu, Supori,	3

Data Sources

The data for this study were gathered from primary sources. The data focused on the preferences of the elderly for health care services and facilities.

Data Tool and Data Instrument

The primary data used were qualitative and quantitative data. The qualitative data involved in-depth interviews which were open ended and semi-structured. The interview was tape recorded, and each participant's time on the tape ranged from 10 to 20 minutes. The interviewer used progressive focusing to ask the participants new and the most relevant questions. In each community, an elderly male and female, as well as any available health staff, were chosen for interviews. There were thirty-two registered health facilities in Ayedaade Local Government Area of Osun State. The quantitative data involved using a snowball sampling approach in the selection of the aged household. In this case an aged was identified, located and the rest were referred in the study area. A total of 127 questionnaires were distributed to the aged (60 years and older) in the various dwellings in the selected communities (Ajule, Araromi Owu, Supori). A total number of 120 questionnaires were retrieved and analysed.

Data Analysis

Quantitative data obtained were analysed using analytic method from SPSS package. Descriptive statistics (frequencies and percentages) were used to examine the state of healthcare facilities and services; aged preferences for healthcare facility and also the factors influencing aged preference for healthcare facility in the selected rural communities. Qualitative data were analysed through content analysis

RESULTS AND DISCUSSION

This section presents the results and discussions to the research questions of this study in three sections which include: state of health care facilities and services; aged perspectives and preferences to healthcare facilities and factors influencing preferences for health care facilities and services in the study area.

State of Healthcare Facilities and Services

The state of healthcare facilities and services influences the preference and utilization of healthcare facilities. This section gives a detailed analysis and explanation of the state of healthcare facilities and services in the selected rural communities of Ayedaade Local Government area. The analysis and explanation is divided into Healthcare

personnel or human resource and Physical structure.

Health personnel / Human resources

Healthcare personnel comprises the health professionals such as doctors, pharmacists, nurses, midwives, laboratory technologists, administrators, and other sundry workers. All these put together form the structure upon which the healthcare delivery is anchored in any society (Erinosho, 2006; Ademiluyi & Aluko-Arowolo, 2009). Table 2 showed the state of health personnel in the selected rural communities of Ayedaade Local Government Area. From the table, it was discovered that more than half of the respondents (54.2%) indicated that the healthcare personnel are available and not responsive while the remaining respondents (45.8%) indicated the unavailability of healthcare personnel (45.8%). Also 12.5% of the respondents indicated doctors were not available while nobody indicated their availability and responsiveness and non-responsiveness.

Table 2: Distribution of healthcare personnel in the three communities

Healthcare Personnel	Available and responsive	Available and not responsive	Not Available
Doctors	0	0	15(12.5%)
Nurses	0	35(29.20%)	0
Midwives	0	30(25%)	0
Pharmacist	0	0	8(6.67%)
Security guards	0	0	6(5%)
Laboratory technician	0	0	15(12.5%)
Administrator	0	0	10(8.3%)
Total		65(54.2%)	55(45.8%)

One of the interviewed aged responded in Ajule community:

'Most times I visit the health centre; I get discouraged by the non-availability of health personnel and specialist. This is one of the reasons I opt for traditional health care. I can't actually blame the health personnel for not coming around, the roads are very bad and this place is very far

*Also, o*ne of the nurses on duty in Ajule community was interviewed, she explained:

'I am the only health personnel present at the healthcare facility. Most of the healthcare personnel assigned to this healthcare facility don't make themselves available and this is because this is a rural community. Bad roads, limited economic opportunities and lots more are reasons why health personnel don't make themselves available. The necessary health personnel such as the medical doctor, pharmacist, and laboratory technician are not available here. Most times the aged women visit the health facility, there is often a need for them to see a medical doctor but what I can do as a nurse is limited. The patients get discouraged and opt for other options.

This agrees with the World Bank Report (2010) which says that in Africa, most public primary healthcare facilities are understaffed and, on the average, facilities in urban local government areas have more staff than those located in predominantly rural local government areas. Aluko-Arowolo (2005) explained that life chance resources like water, energy (electricity) good roads, shelter, school for children, employment for spouses which are likely to attract these

medical personnel to the rural areas are not generally provided, and in cases where they are provided, they are grossly inadequate The World Health Organization standard of national average of staffing for doctors per 100 000 population is estimated at 12 while that of nurses and midwives to 100 000 population stands at 21 (World Health Organization, 2017). However, findings from this study indicated that they did not meet the World Health Organization standard, thus further confirming the inadequacy of health care system in the rural areas.

Physical structure

The Physical structure of the healthcare facilities entails the buildings and other fixed structures such as water, good access roads, electricity, rooms, hospital beds, waste management practices etc. within the healthcare environments (Erinosho, 2006).

Table 3 revealed the respondents' indication of the physical structure of the health care facilities in the study area. From the analysis, it was discovered that many of the respondents (55.8%) indicated that the health structures were available but not functioning, 28.3% indicated the physical health structure were available and functioning (a very good example is the presence of borehole as a source of water) while 13% of the respondents indicated that the physical healthcare structures were not available. From this analysis, it can be inferred that the state of physical structure of the healthcare facilities are not encouraging.

Table 3: State of physical structure of health care facilities in three settlements

Physical structure	Available and functioning	Available and not functioning	Not available
Water	11(9.2%)	15(12.5%)	0
Rooms and Beds	7(5.8%)	34(28.3%)	7(5.80%)
Electricity	10(8.30%)	11(9.20%)	0
Road	6(5%)	7(5.83%)	0
Waste disposal	0	0	12(10%)
Total	34(28.3%)	67(55.8%)	19(15.8%)

One of the respondents (from Ajule) was asked about the condition of the rooms and beds in the healthcare centre, she responded:

'I remember the last time I visited the healthcare centre, I couldn't wait to be monitored after treatment because of unavailability of bed. The rooms were not sufficient for patients and the beds were just too small. The worst of it all is that the available ones are not even in good conditions.'

One of the nurses was asked what the main source of water in the health centre is, she responded:

'In past times, the main source of water was stream but we thank God for the Non-Governmental Organizations and the government. They have succeeded in helping us with borehole water even though it is powered by solar power. However, the borehole is maintained by the community in case of any repair'.

Furthermore, it was revealed from interview that the method of waste disposal in the healthcare centre is open dumping. Especially as some of the waste from the healthcare centres like used syringes, needles, cotton wool, among others were disposed openly and

constitute nuisance to the environment of the healthcare centre. This however might expose members of the community to infection.

Aged Preferences for Healthcare Facility in the Selected Communities

According to Andaleeb (2001), perception have a relatively greater influence on individuals' preference regarding utilization of healthcare facility and services. In other words, age of individual can form their perception and guide their preference for healthcare facility.

Table 4 revealed that apart from healthcare facility, many of the respondents (60.8%) prefer traditional healthcare while 39.2% of the respondents prefer self- medication. This according to the aged respondents during interview is as a result of the state of the healthcare facility in the study area. Some of the respondents complained about the issue of accessibility, friendliness and courtesy of healthcare personnel, financial implication of treatment and lots more. One of the respondents in Supori was asked why she preferred traditional healthcare, she responded:

"If I go to the traditional healer I know am going to be treated humanely from the onset. When you knock, it is homely, you are offered an African mat to sit down, you take your shoes off, they listen to comprehend what is wrong with you and you do not have to be treated anyhow. Unlike the health workers in the hospital, they are very rude. They even ask you what is wrong and why you have that pain, and how am I supposed to know why I have pains. I think they treat people better than doctors and nurses in the government healthcare facility. Also, I can't imagine having to pay exorbitant price for transportation cost and end up not satisfied by the services offered by the healthcare services".

Another aged respondent in Ajule explained:

'*I prefer to treat myself at home especially if it is not a serious ailment because it saves me of the stress of having to find my way to the healthcare facility. It helps me save time and cost of transportation'.*

Furthermore, 42.5% of the respondents indicated that the healthcare facility in the selected rural communities of Ayedaade Local Government has not been able to meet their needs over the years while 59.2% indicated the healthcare facility has been able to meet their needs over the years. Conclusively, 56.7% of the respondents are of the opinion that the quality of service they receive from the healthcare facility is fair. This in turn forms their perception about the healthcare facility and guides their preference for healthcare facility. Forty-two point five percent (42.5%) of the respondents indicated that the quality of service rendered by healthcare facility is poor while 0.8% of the respondents indicated poor quality of service. This implies that availability and functionality of health personnel enhances the quality of healthcare.

Table 4: Perception and preference for healthcare facilities

	Ajule	Araromi	Supori	Total
When you fall sick, what is your preferred healthcare service				
Hospital	11 (31.4%)	15(42.9%)	9(25.7%)	35(29.1%)
Traditional care	21(31.3%)	13(19.4%)	33(49.2%)	67(55.8%)
Self-medication	7(38.9%)	5(27.8%)	6(33.3%)	18(15%)
When you fall sick, how are you treated apart from using the hospital?				
Traditional care	27(37%)	19(26%)	27(37%)	73(60.8%)
Self-medication	17(36.2%)	14(29.8%)	16(34%)	47(39.2%)
When you fall sick, how are you treated apart from using the hospital?				
Traditional care	27(37%)	19(26%)	27(37%)	73(60.8%)
Self-medication	17(36.2%)	14(29.8%)	16(34%)	47(39.2%)
How would you grade the quality of service you receive from the healthcare facility?				
Poor	17(34%)	14(27.5%)	20(40%)	51(42.5%)
Fair	18(2.5%)	20(29.4%)	30(44%)	68(56.7%)
Good	0(0%)	1(100%)	0(%)	1(0.80%)

Factors Influencing Aged Preference for Healthcare Facility

This section discusses the various factors influencing aged preference for healthcare facility in the three communities as shown in Table 5 and the responses from the interviews conducted. The factors identified include: Distance to the community healthcare facility, health personnel, transportation constraints, waiting time, service charge, attitude and quality of care and literacy level.

Distance to healthcare facility

Studies have shown that distance is one of the factors that influences choice of healthcare facility. This is especially applicable to the aged due to the level of their vulnerability as a result of their lower peak bone mass and thus often experience weakness and chronic pain (World Health Organization, 2007). This however, makes it almost difficult for the aged to go long distances to access healthcare. From Table 5, majority of the aged respondents (70.8%) indicated that distance is one of the factors influencing their preference for healthcare facility.

One of the aged respondents explained:

I don't visit the healthcare centre because of the long distance from home. It is difficult getting transportation to the health centre and I can't trek the distance. Therefore, on many occasions, I get myself treated by taking herbs (ewe efinri, ibepe dudu, ewe tii)

This is in line with Ajala *et al*. (2005) which noted that rural people often take a lot of time to get to the nearest available healthcare centre and they have to trek a long distance on many occasions because of unavailability of means of transportation).

Health personnel

Table 5 revealed that 77.5% of the respondents indicated health personnel as one of the factors influencing their different preferences for healthcare facility in the selected rural communities. The respondents explained that when they visit the healthcare facility, they do not get attended to because of unavailability of health personnel especially doctors. One of the respondents explained**:**

'It is rare getting doctors to attend to you! I don't think I've seen any doctor during my visit to the healthcare facility. On

many instances, it is usually the nurses that attend to us. Though the nurses are doing their best, but it will be good to also have doctors attend to us especially we the aged ones. The last time I was feeling pains all over my joints, I visited the healthcare facility and complained, the nurse gave me Paracetamol which is what they give me. Saying……you will be okay when you use this. But nothing changed until I used herbs. Do you expect me to go back?

Transportation constraints

Majority (80%) of the respondents identified transportation constraints as one of the major factors influencing their preference of healthcare facility. Transportation constraints include poor quality of road, scarcity of means of transportation, high transportation cost and so on. The respondents (aged) explained that one of the reasons they wouldn't want to utilize the primary healthcare facility is the challenge with transportation. The rural aged have high degree of vulnerability and therefore might not prefer what all other set of population will prefer. One of the respondents explained she cannot afford the cost of transportation and at the same time she is not strong enough to trek. On many occasions, they get treated by taking herbs.

According to one of the respondents in Supori community,

'I cannot afford the cost of transportation, it's too exorbitant. Even if I decide to get the money, how do I get to the healthcare centre? The bad road does not allow vehicles to ply this area. All these influences my preferences.

This further emphasizes that transportation constraint is one of the factors influencing aged preference for healthcare facility.

Waiting time

The study revealed that 69.2% of the respondents indicated longer waiting time as one of the factors influencing their preference of healthcare. The respondents complained of long waiting hours on their visit to the healthcare centres claiming they had to form a queue and wait till it's their turn to be attended to. However, this can be really challenging for the aged because of their age and therefore influences their health care preference.

Service charge

Table 5 revealed that 72.5% of the respondents indicated high service charge as one of the factors influencing their preference of healthcare. The respondents explained that the cost of care at the healthcare facility is very high and not affordable for them. One of the respondents in Araromi owu explained:

'I am a petty trader and I earn a very low income. Healthcare charge is very high and I can't afford the payment, so I take herbs

This implies that quite a number of the aged prefer self-treatment by using herbs than visiting the healthcare facility.

Literacy level

The table showed that 75.8% of the aged agreed that their literacy level is one of the major factors influencing their perception and preference of healthcare. This implies that the level of education and literacy of an individual will determine the kind of choices they take especially in healthcare use.

Attitude and quality of care

Quality of care represents a measure of the perception of overall satisfaction with services and includes the quality of care provided from the staff, quality of prescription of quality of drugs, the quality of staff including their knowledge and attitude. Table 5 revealed that 67.5% of the respondents indicated that the quality of care they received at the healthcare facility was poor. They complained about the attitude of the health personnel as one of the major turn offs to visiting the primary healthcare facility. Many of the aged described the service they received as insensitive, harsh and unsupportive.

Table 5: Factors influencing the aged preference for healthcare facility

Factors	Distance to healthcare facility	Health personnel	Transport constraints	Waiting time	Service charge	Attitude & quality of care	Literacy level
Yes	85 (70.8%)	93 (77.5%)	96 (80%)	83 (69.2%)	87 (72.5%)	81 (67.5%)	91 (75.8%)
No	35 (29.2%)	27 (22.5%)	24 (20%)	37 (30.8%)	33 (27.5%)	39 (32.5%)	29 (24.2%)

CONCLUSION

The study examined the factors influencing aged preferences for healthcare facilities in three rural communities of Ayedaade Local Government Area of Osun State. It was discovered that health personnel were rarely available and responsive at the healthcare facilities. Also, aged preference for healthcare facilities and services were influenced by distance to the healthcare facility, long waiting time, inadequate health personnel and transportation constraints among others. All these led many of the aged to prefer herbs and self-medication over the primary healthcare centres. These formed their perception of the healthcare facility which in turn guided their preferences as well**.** There should be adequate public enlightenment on the use of healthcare facilities. This awareness will have long lasting effects on the perception and attitude of the aged towards utilization of health facility which invariably will reduce mortality amongst the aged. In order to stem the tide of inadequate medical personnel, recruitment of additional personnel is key and incentivising those posted to the three communities. Furthermore, there is the need to put into consideration aged preferences in planning choices connected to health care services especially those in the rural areas. Finally, there is the need for health care services provided to be monitored appropriately by the relevant government agencies.

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