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Factors Influencing Non-utilization of Primary Health Care Facilities among Residents in Selected Communities in Etche Local Government Area, Rivers State

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Abstract

This study investigated the factors influencing non- utilization of primary health care facilities among residents in selected communities in Etche Local Government Area, Rivers State. The study adopted descriptive design. The population of the study was 40,995 drawn from1991 census of the selected communities which a sample size of 396 was obtained using Taro Yamen's formula. Self- structured questionnaire comprising section A and B was used for data collection from residents 18 years and above. Data obtained were presented in tables and analyzed using Statistical Package for Social Sciences. Findings revealed absence of staff and socio-cultural norms and belief as responsible for non- utilization of primary health care facilities, thus, the need to improve utilization of health care facilities by carrying out awareness campaign in the rural areas on causes of diseases, and monitoring of providers.

Keyword: factors, influencing, non-utilization, primary health care facility.

Introduction

Primary Health Care (PHC) is a programme that is designed for the prevention, promotion, treatment and rehabilitation of people in their everyday environment in order to maintain, sustain and improve health and well-being status of the population of residents. PHC is the essential healthcare based on practical, scientifically sound and socially acceptable method and technology made universally accessible to individual and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination (Packard, 2016). The concept of Primary Health Care was adopted at the Alma-Ata conference of 1978 which was attended by 134 countries and many international organizations. This was in search for solution to the growing demand for improved health, and primary health care was identified as the strategy for achieving Health for all by the year 2000. The conference declared that health is a fundamental human right and health care must be accessible, affordable and socially relevant to meet the needs of the people (Olise, 2012).

According to Wagle (2020), Primary Health Care is an approach to health care which integrates at the community level. All the factors required for improving the health status of the population. It is described also as the first level of health care available to all people which is essential for good health and care.

According to WHO (2020), Primary Health Care is a whole of society approach to health aimed at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's need and as early as possible along the continuum from health promotion to treatment, rehabilitation and palliative care and as close as feasible to peoples' everyday environment. This means that Primary Health Care focuses on people's needs within their environment through

health promotion, treatment of aliment and rehabilitation thereby ensuring a state of complete physical, social and mental well-being of the people.

In 2018, forty years after 1978 declaration the global conference took place. It reaffirms Primary Health Care as the most essential and efficient methodology to achieve universal Health coverage (UHC) and the sustainable Development Goal (SDG). Based on this insight the 2018 declaration of Astana centered on four commitments. These are: making bold political choice for health across all sections, building sustainable Primary Health Care adapted to each country's local content, empowering individuals and communities, aligning stakeholders support with national policy (WHO, 2018).

The strategic of operational framework of Primary Health Care 2018 declaration is transforming vision into action and these can be achieved through core and operational levers

Core lever: These strategies include: political commitment and leadership, governance and policy framework, funding and allocation of resources, engagement of community and other stakeholders

Operational Lever: These include: models of care, the way health services are delivered, Primary Health Care workforce, physical infrastructure, medicines and other health products, engagement with private sector provider, purchasing and payment system, digital technology for health system for improving the quality of care, primary health care oriented research, monitoring and evaluation (Wagle, 2020).

These strategic levers are the things or forces that are necessary to ensure that Primary Health Care works. These are capacities that enable long term, ethical and exceptional performance to occur in Primary Health Care. The presence of health care facility alone is not a grantee or requisite for utilization but involves multifactors. That purpose of utilization of service is the actual coverage and it is categorized into three: ambulatory medical care service (out- patient and home), impatient service (hospital) and preventive services. To achieve highest level of use, all the three categories must join up with the co-operation and resourcefulness of the population as well as those of the health services providers. It means that the presence of health facility in a place does not determine its usage but the population and the care givers must co-operate in doing or carrying out their respective duties (Adam & Awunor, 2019).

Pascal et al. (2021) stated that workforce is critical in emergency preparedness, response and the delivery of integrated people centered health services and also critical pathway to attain the health target in Sustainable Development Goal (SDG), health and well-being. He further asserted that management and support staff make up the workforce. According to Doherty (2021), most Nigerian still fail to access Primary Health Care services. Adebayo and Asuzu (2015), in a study, "utilization of community base health facilities in low income urban communities in Ibadan" identified low usage of primary health care facilities.

Several factors are implicated in the non-utilization of primary health care facilities. Nitoimo et al. (2019), Osifeso (2013) and Asuzu (2015) reported the commonest to be lack of skilled health workers: lack of possibilities for diagnostic facilities, self-medication promoted by uncontrolled access to drugs through pharmacies and patent medicine vendor, determination of government facilities, lack of community participation, lack of essential drugs, informal payment of staff, cultural norms and beliefs, ignorance of available services, types of services rendered, absenteeism, inadequate manpower, truancy of health care providers, low quality of services and always closed facilities.

The non-utilization of primary health care facilities and their inability to provide basic medical services to the Nigerian population has made both secondary and tertiary facilities experience an influx of patients (Aregbeshola & Khan, 2017). There is exploration of Traditional Birth Attendants (TBAs). Most deliveries and other treatment provided by TBAs results in high mortality and morbidity rate (Maduka & Ogu, 2020). Some factors that have been outlined to affect the rate of non-utilization of primary health care facilities are education and awareness campaign, improve and expand service beyond maternal and child care and immunization to mental health and other components of primary health care (Osifeso, 2013; Adebayo & Asuzu, 2015; Arebeshola & Khan, 2017; Kadui et al., 2018; Doherty, 2021).

Ahuru et al. (2019), in a study of Non-utilization of Primary Health Care centers for skilled pregnancy care among women in rural communities in Southern Nigeria, identified health system,

community level, individual/house hood and policy issues as barrier to non-utilization of health care centers. Reports indicate that the non- utilization of primary health care facilities is difficult to address in the rural areas because of inability to improve the economy and policy, perceptions culture and other factors peculiar to the community. These challenges therefore emphasize the need for continuous monitoring, evaluation and study of the influencing factors in the communities across Nigeria to effectively tackle the problem of non-utilization of primary health care facilities.

Statement of the Problem

World Health Organization strongly recommends the utilization of primary health care services by communities as first point of care for prevention, promotion, treatment and rehabilitation of health. Despite the existence of various levels of primary health care facilities in some communities in Etche, the health status of the people is under improved. The facilities are either not utilized or underutilized. Quarks, traditional healers, spiritual homes and drug shops are frequently patronized. This has led to late diagnosis, lack of proper referral, follow up and rehabilitation resulting in high rate of mortality and morbidity. The above background demands the need for a study to investigate factors influencing the non-utilization of primary health care among residents in selected communities in Etche Local Government Area, Rivers State.

Research Questions

1. To what extent is absence of doctors and other health care providers a factor to non-utilization of primary health care facilities?
2. To what extent is community participation a factor to non-utilization of primary health care facilities?
3. To what extent are socio-cultural norms and belief a factor to non-utilization of primary health care facilities?
4. To what extent is non availability of resources a factor to non-utilization of primary health care facilities?

Methodology

The study used descriptive research design. Descriptive search design is a type of research methodology that aims to describe or document the characteristics, behaviour, attitude, opinions or perception of a group or population been studied. This research design is suitable for the study because it allowed the researcher to measure opinions towards factors influencing non- utilization of primary health care facilities. The population of the study was 40,995 residents draw from 1991 census of the five selected communities. The sample size was 396. A convenient sampling technique was used. The instrument for data collection was a self-structured questionnaire titled “factors influencing non- utilization of primary Health Care facilities among residents (FINUPHCER). Data was analyzed using Statistical Package for Social Sciences, using 0 - 49 as low, 50 - 69 moderate and 70 - 100 high in rating for effective analysis in order to obtain concise and meaningful information.

RESULTS

Variable	Description	Frequency	Percentage (%)
Age	18-27	77	22%
	28-37	89	27%
	38-47	90	25.7%
	48 and above	94	26.9
	Total	**350**	**100%**
Sex	**Male**	**128**	**36.6**
	Female	222	63.4
	Total	**350**	**100**
Marital status	**Married**	**197**	**56.29%**
	Single	105	30%
	Divorced	7	2%
	Separated	11	3.14%
	Widow	30	8.57%
	Total	**350**	**100**
Religion	**Christianity**	**235**	**67.14%**
	Islam	10	2.86%
	African traditional belief	105	30%
	Others	-	-
	Total	**350**	**100**
Educational status	**Non-formal**	**20**	**5.7%**
	Primary	25	7.14%
	Secondary	192	54.86%
	Tertiary	113	32.29%
	Total	**350**	**100**
Occupation	**Self-employed**	**50**	**14.29**
	Civil servant	53	15.14
	Farming	180	51.43
	Trading	67	19.14
	Total	**350**	**100**

Table 1 showed that 77 (22%) of the respondents were within the ages of 18-27 years, 89 (25.4%) were within 28-37 years, 90 (25.7%) fall within 38-47 years and 94 (26.9%) were within 48 years and above. Table 4.1.2 showed that 128 (36.6%) were male and 22 (63.4%) were female. Table 4.1.3 showed that 197 (56.29%) of respondents were married, 105 (30%) were single, 7 (2%) were divorced, 11 (3.14%) were separated and 30 (8.57%) were widows. Table 4.1.4 showed that 235 (67.4%) respondents were Christians, 10(2.86%) were Islam, 105(30%) were traditional believers. Table 4.1.5 showed that 20 (5.71%) respondents did not attend formal education, 25(7.14%) had primary education, 192(54.86%) had secondary education while 113 (32.29%) had tertiary education. Table 4.1.6 showed that 50(14.29) of respondents were self-employed, 53(15.14) were civil servants, 180(15.43) were farmers and 67(19.14) are trading.

Table 2: Extent of absence of doctor and other health care providers as a factor to non-utilization of primary health care facilities among residents in selected communities in Etche LGA

Statement	Yes	%	No	%	Remarks
There is no doctor and other health care workers posted in the health centre.	171	48.86	179	51.14	350(100)
Doctors and other health workers do not come to work	322	92%	28	8%	350(100)
They do not stay till close of work	302	86.29	48	13.71	350(100)
They come to work late	199	56.86	151	43.14	350(100)
Total		71%		29%	

Table 2 showed that 171 (48.86%) of the respondents said there is no doctor and other health workers posted in the health centers while 179(51.14%) said there is doctor and other health workers posted in the health centers. 322 (92%) of respondents said doctors and other health workers do not come to work while 28(8%) said doctors and other health workers come to work. 302(86.29%) of respondents said they do not stay till close of work while 48(13.71%) said they stay till close of work. 199(56.86%) of respondents said they come to work late while 151(43.14%) said they do not come to work late.

Table 3: Extent of community participation as a factor to non-utilization of primary health care facilities among residents in selected communities in Etche L.G.A

Statement	Yes	%	No	%	Remarks
Community members are not aware of the existence of the health center	-	-	350	100	350(100)
Health center is located far from community	19	5.43%	331	94.57	350(100)
The community members do not like the services provided	151	43.14	199	56.86	350(100)
Health centers are only open at a time not suitable for the community members	262	74.86	88	25.14	350(100)
Total		30.86		69.14	

Table 3 above showed that the total respondents 350(100%) said community members are aware of the existence of the hospital. 19(5.43%) of respondents said health centre is located far from the community while 331(94.57) said health centre is not located far from the community. 151(43.14%) of respondents said community members do not like the services provided while 199(56.86%) said they like the services provided. 262(74.86%) of respondent said health centre are only open at a time not suitable for the community members while 88(25.14%) said health centers are not only open at a time not suitable for the community members.

Table 4: Extent of socio-cultural norms and belief as factors to non-utilization of primary health care facilities among residents in selected communities in Etche L.G.A.

Statement	Yes	%	No	%	Remakes
We do not go to hospital because illness is caused by evil spirit	235	67.14	115	32.86	350(100)
Traditional medicine acts faster than modern medicine	310	88.57	40	11.43	350(100)
Medical treatment worsen illness whose cause are from evil spirit	297	84.86	53	15.14	
Hospital do not provide spiritual protection	243	69.43	107	30.57	
Total		77.5		22.5	

Table 4 showed 235 (67.14%) of respondents do not go to hospital because illness is caused by evil spirit 115(32.86%) said illness is not caused by evil spirit. 310(88.57) of respondents said traditional medicine acts faster than modern medicine while 40(11.43%) said tradition medicine does not act faster than modern medicine, 297 (84.86) of the respondents said medical treatment worsen illness whose cause is from evil spirit while 53(15.14) said medical treatment does not worsen illness whose cause is from evil spirit. 243(69.43%) of respondents said hospital do not provide spiritual protection while 107 (30.57%) said Hospital provide spiritual protection.

Table 5: Frequency distribution and percentage to determine to what extent non-availability of material is a factor to non-utilization of primary health care facilities among residents in selected communities in Etche L.G.A.

Statement	Yes	%	No	%	Remarks
There are no beds in the hospital for admission	157	44.86	193	55.14	350(100)
The centre do not have laboratory to carryout fest	307	87.71	43	12.29	350(100)
The centre lack essential drugs.	302	86.29	48	13.71	
The centre lack equipment for checking vital signs (blood pressure and temperature)	169	48.29	181	51.71	350(100)
Total		66.79		33.21	

Table 5 showed that 157(44.86%) of respondents said there are no beds in the hospital for admission while 193(55.14%) said there are beds in the hospital for admission. 307(87.71%) of respondents said the centre does not have laboratory to carryout test while 43(12.29) said the centre do have laboratory to carry out test. 302(86.29%) of the respondents said that centre Lack essential drugs while 48(13.71%) said the centre do not lack essential drugs. 169(48.29) respondents said the centre lack equipment for checking vital signs (blood pressure and temperature). While 181(51.71%) said centre do not lack equipment for checking vital signs (blood pressure and temperature).

Discussion

Table 2: From the result, 71% of respondents said yes while 29% said no. The extent to which absence of doctor and other health care providers is a factor is high. It implies that absence of doctor and other health care provider is a factor to non-utilization of primary health care facility utilization in selected communities in Etche L.G.A. This result may have occurred because of lack of posting of health care providers to the rural areas or their unwillingness and attitude towards working in the rural areas which may be associated with lack of social amenities and or insecurity. This findings agreed with Muhammed (2013); Ochia (2012); Adebayo and Asuzu (2015) in their various studies which asserted that absenteeism of staff and lack of physician on site is a problem affecting non-utilization of primary health care facilities. The finding correlates with Ahuru et al (2021) who identified that absenteeism is characterized by lateness, leaving early than work schedule.

Table 3: The result revealed that 30.86% of respondents said community participation is a factor to non-utilization of primary health care facilities while 69.14% said no. From the finding the extent to which community participation is a factor to non-utilization of primary health care facilities is low. This implies that community participation is not a factor to non-utilization of primary health care facilities among residents in selected communities in Etche L.G.A. The result may have occurred because the residents are active participants already in the activities of the facilities. This finding is in contrast with Muhammed et al. (2021) which state that poor community involvement and deficiency in the community right to make decision and perceived poor service influence non-utilization of primary health care facilities.

Table 4: From the result, 77.5% of respondents said yes while 22.5% said no. From the finding the extent to which socio-cultural norms and belief a factor to non-utilization is high. This implies that socio-cultural norms and belief is a factor to non-utilization of primary health care facilities in selected communities in Etche Local Government Area. This result may be associated with the fact that 67.14% of the respondents who were Christians among whom, some are unstable with their faith, and may choose to prayer and on the other hand about 30 percent of the respondents practice traditional belief. This findings correlates with the work of Bolin and Bellamy (2012) which

identified socio-cultural norms and belief as barriers to non-utilization of primary health care facilities by residents in rural communities. It also agrees with Philip and Paul (2017) who asserted that many people attribute illness to mystical cause so the need for traditional healer and spiritual attention as sometimes practiced in churches. Monchache et al. (2020) also reported that some residents do not seek primary health care for health care services without first going to the herbalist and further more injection may worsen ailments whose source is from traditional practice.

Table 5: From the result, 66.79% of respondents said yes while 33.21% said no. The extent to which non-availability of materials is a factor is moderate. This implies that non-availability of materials to an extent is t a factor influencing non-utilization of primary health care in selected communities in Etche L.G.A. This result may have occurred like this because the facilities lack diagnostic equipment and essential drugs. This may be attributed to poor funding, and failure of drug revolving policy.

This study agrees with Ochai (2022) and Ahuru et al. (2021) in their various studies which stateed that non-availability of medical equipment and lack of essential drugs influence availability of facilities. It also relates with Adebayo and Asuzu (2015); Oni (2020) which stated that non-availability of medical equipment for diagnosis, hospital drugs and other consumable is associated with poor quality of service which is one of the barriers to non-utilization of primary health care facilities in the community.

Conclusion

This study revealed absence of doctors and other health care provider, socio-cultural norms and belief, and non-availability materials as factors influencing non-utilization of primary health care facilities among residents in Etche. This, therefore calls for committed effort of the government to review policy and monitor the activities, (manpower, material and finance) of Primary health care in rural areas and concerted effort to give the rural residences adequate health literacy education and awareness on the causes of diseases.

Recommendations

In view of the finding obtained from the study the following recommendations are made.

1. Health literacy education and awareness programme should be carried out in the rural areas so that the resident will be well informed on the causes of disease and management
2. Government at all level should show commitment in providing adequate materials and essential drugs in the primary health care facilities.
3. The activities of health care providers posted in the rural should be monitored; it will ensure the services are always available.

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