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Salient Factors Affecting Utilization of Public Health Facilities among Rural Communities in Yobe State

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Abstract: *This study aimed at identifying salient factors affecting utilization of public health facilities among rural communities in Yobe State with the view to proposing ways of tackling the emerging factors. The methods employed in the study include administration of interview schedules and key informant interview. A total number of 183 patients/ patients' relatives were interviewed and eight medical and health workers were selected as key informants. The study adopted cross sectional design. This study revealed that poor attitudes of medical and health workers, extortion of money by medical and health workers and fear of arrest/discrimination as salient factors affecting health facility utilization among rural communities. Pregnant women, accident victims and those suffering from other illnesses indicated poor attitudes of medicaland health staff as major reasons for poor utilization of publichealth facilities. Extortion of money was reported in spite of the free medical services introduced by the Yobe State Government for pregnant women, children under the age of five and accident victims (within 3 days of the accident). Accident victims and People Living with HIV/AIDS do not utilize public health facilities for the fear of arrest and discrimination respectively. Establishment of public complaintsunits in all public health centers is recommended.*

Key words: *Utilization, Facilities, Health, Rural, Attitude*

I. Introduction

Health seeking behavior and health care utilization is determined by the organization of the health system and health system does not merely represent the structures that provide health care but it encompasses various other elements which constitute the system as a whole (Khan et al 2013). These are economic conditions, family system, social support network, cultural forces, environmental conditions, political systems and so on, which invariably affect the health care seeking patterns.Attempts to improve access to health care services through building of more health facilities, public enlightenment and campaign and upgrading skill levels of health care providers have not led to significant increase inruralcommunities' visits to hospital at the early stage of infection, accident or pregnancy.

Blakemore (1999), Hargraves& Hadley (2003) and Probst, et al (2002) reveal that rural minorities have more difficulty in accessinghealthcare than urban minorities.

In developing countries, health seeking behaviors and health care service utilization patterns has been studied and the determinants are more related to socioeconomic, cultural and political contexts. Blakemore (1999) attributed institutional discrimination to poor access to health care among rural communities while Pell et al (2013) emphasized on the fear of chastisement from health workers. Relationship between health workers and rural people had varying implications on utilization of public health facilities among rural communities.

Malaria, postpartum hemorrhage, pre-eclamsia, eclamsia and hypertension; Malaria, diarrhea, respiratory tract infection and measles; and Malaria, HIV, hypertension, diabetes are other factors contributing to the higher mortality rate among women, children and adults in rural areas respectively. Most of these causes are preventable through early consultation. To reduce complications it is essential to improve early consultation to health care centers by rural people.

Understanding factors affecting rural communities utilization of public health facilities can help health policy makers better evaluate current health policies, as well as helping them to improve public health facility utilization among rural communities. The aimof this research is to provide rural communities and health policy makers with a better understanding of the salient factors affectingutilization of public health facilities among rural communities.

II. Methods

The study population consisted of rural peoplewith complicated medical conditions at sampled health care centers, patients in rural areas who did not seek medical attention, and rural people that sought medical attention at health facilities in the year 2013. Key informant interview was also conducted with medical and health workers.

The study was cross-sectional in design. The sampling procedure used includes stratified and later simple random sampling in selecting villages, while snow ball sampling was used to select patients in rural areas who did not seek medical attention and rural people that sought medical attention in year 2013. Simple random sampling was used to selectrural peoplewith complicated medical conditions at the three selected health care centers.

A sampling frame of all local government areas in the senatorial zone was drawn and stratified into remote and non- remote rural areas. A representative sample of one remote and one non – remote village from each local government area was then obtained by simple random sampling. Four health care centers were selected one from each local government area of the senatorial zone using purposive sampling. The base for selecting health center is the highest record of visits by rural people. The list of health care centers with highest records of visits by rural people was provided by key informants.

A total number of 183 patients in rural areas who did not seek medical attention and rural people that sought medical attention in the year 2013 were selected for interview from the four remote rural areas and four non – remote rural areas using snow ball sampling. Similarly forty rural peoplewith complicated medical conditions(ten from each of the selected health facilities) were selected for interview using simple random sampling. The key informants for this study are the medical and health workers. Eight medical and health officers were interviewed, two from each selected health centers.

Respondents were interviewed to study the factors that affect their visits to health centers using pre-tested semi structured questions. The interview schedule was translated to local languages (Hausa, Fulani and Kare-kare) by the help of trained research assistants collect information on socio-demographic variables including age, religion, occupation, educational level, average monthly income and marital status. Qualitative data on the factors that led to their early consultations, late consultation or non – consultation to health care centers was also collected. Data Analysis: Data was analyzed using SPSS version 15.

III. Results

Health facility attendance is generally low among rural people in Yobe State. Rural people visit health facilities when the sicknesses become complicated.To tackle this problem, Yobe State Government initiated a free medical care to accident victims, pregnant women, children below the age of five and aged people. Despite this impressive effort, records of rural peoples' visits to public health facilities remained low. This study revealed that poor attitudes of medical and health workers, extortion of money by medical and health workers and fear of arrest/discriminationas salient factors affecting health facilityutilization among rural communities.

Table 1 Factors Affecting Health Facility utilization

Factors	Yes		No	
	Yes	%	No	%
Poor attitudes of health workers/ prior experience	132	72.1	51	27.9
Extortion of money	127	69.4	56	30.6
Fear of arrest / discrimination	48	26.2	135	73.8
Poor/ lack of transportation	14	10.3	121	89.6
Poor Income	31	22.1	109	77.8
Access to medical health centers	20	14.7	116	85.2

N= 183

Data presented in table 1 show that 72.1% and 69.4% of the respondent noted poor attitudes of health workers and extortion of money respectively as reasons for not visiting public health facilities for medication while only 15.4%, 31.1% and 9.8% of the total respondents identified poor/lack of transportation, poor income and access to medical health centers respectively as factors leading to poor facility utilization. This indicated that policy makers have succeeded in tackling problems of poor transportation through construction of rural feeder roads and provision of ambulances to health centers for conveying referred patients that requirehigher / specialized medical attention. The governmenthas in addition provided access to medical centers through increase in number of health facilities in the state and expanding the services of general hospitals. The government has also bridged the equity and social inclusion gaps by providing free medical services to pregnant women, children below the age of five and accident victims. This therefore exposes the need for a paradigm shift that will involve tackling the emerging salient factors.

Poor attitudes of Health Care Workers

Patient interaction with health workers had varying implication on facility visits among rural communities. Data on table 2 show that 97.0 % , 40.0 % and 61.4 % of pregnant women, accident victims and those suffering from other illness respectively indicated poor inter-personal communication with medical staff as major reason for their lack of visits to medical heath centers. Pregnant women that visit heath centers for

delivery without previous Anti- natal care attendance records are rejected with insult. They narrated that health workers do not understand the transportation problem, low income and other social disadvantages they face. Many of rural women opted for home delivery for fear of rejection and chastisement from health workers. Similarly, pregnant women from rural areas that visit heath facilities for delivery are sometimes asked to return home on the basis that they were at onset of labor and should report back when they are on active labor. The fact that timing is different for every woman (while dilation and effacement is a gradual process that takes weeks or even a month in some women, others can dilate and efface overnight) is not considered. Majority of the rural women that were asked to return had no places to stay in the urban locations where most health centers are located.They become frustrated and return to deliver at their homes. This had discouraged rural women from visiting health centers and this has a serious implication on maternal mortality.

Table 2 Factors for Poor Patient-Health Worker relationship

Variables		**Total No. of Respondents**	**No. of Respondents**	**% of Respondents**
Age	< 5 Years	38	17	44.7
	6- 20 Years	42	34	80.9
	21- 40 Years	41	35	85.3
	41 -60 Years	40	36	90.0
	>60 Years	22	10	45.4
Sex	Male	90	43	47.7
	Female	93	89	95.6
Education	None	93	89	95.6
	Primary	50	25	50.0
	Secondary	30	15	50.0
	Tertiary	10	03	30.0
Illness/ Case	Pregnancy	67	65	97.0
	Accident	20	08	40.0
	Others	96	59	61.4

Education is a factor in respect to patient – health worker relationship. Data in table 2 indicated 95.6 % of those having poor relationship with health workers are illiterate. This is obvious as educated can claim their rights and know the channels of challenging chastisement. Women also indicated poor interaction with health workers than men. This is due to the fact that most cases of rejectionand chastisement of patients by health workers are suffered by pregnant women.

Extortion by the health care workers

In spite of the free medical services introduce by the Yobe State Government for pregnant women, children under the age of five and accident victims (within 3 days of the accident), incidence of extorting money was reported. Rural women and children are charged for laboratory tests, scan, hospital cards, Caesarian Section and drugs. Pregnant women from rural communities reported to have been charged for receiving drugs and injections during Ante-Natal Care. Nurses at times request money for measuring blood pressure. Data in table 1 shows that 69.9 % indicate extortion of money as among the reasons for not visiting public health facilities. This posed a major treat to government efforts of reducing mortality among rural communities.

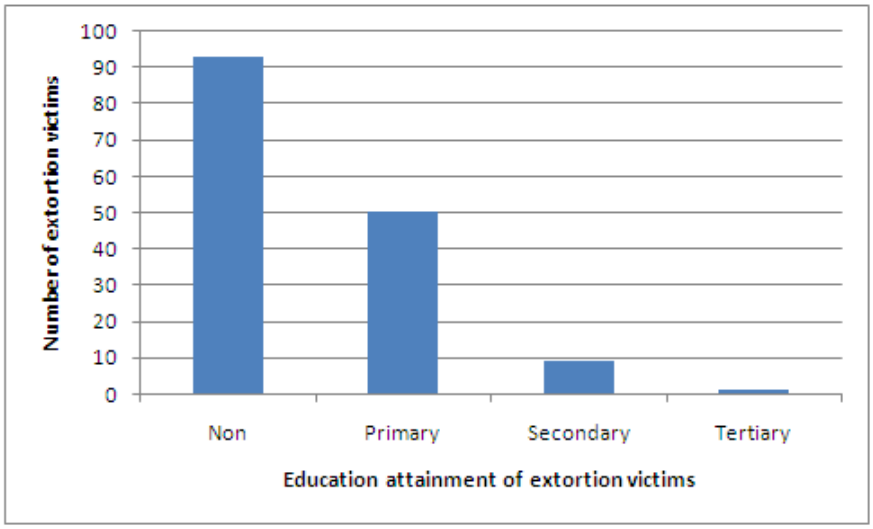

Figure 1. Education level of extortion victims among respondents

Data in figure 1 show education level as a determinant for extortion of money from patients by health workers. There are reasons for why education isa determinant. Education is likely to create awareness and therefore people with education will likely be aware of free medical services and those to be paid for.

Fear of Arrest/ Discrimination

Fear of arrest and discrimination is one of the salient factors affecting hospital visits among rural communities. Accident victims and People Living with HIV/AIDS avoid seeing medical attention at health facilities for fear of arrest and discrimination respectively. Accident victims are required to report to health facilities in company of the police. The respondents revealed that the police often request for money from the patients before accompanying them to the health facility and sometimes threaten to arrest them especially if the accident has legal implications. Respondent admitted that they preferalternative medicine in treatment of accident wounds. Similarly People Living with HIV/AIDS shy away from public health facilities for fear of stigma and discrimination by their local communities and to some extent the health service providers. They usually opt-out for alternative medical solutions to avoid being exposed. This has a serious implication on efforts at reducing the spread and mitigating the impact of HIV/AIDS in the state.

IV. Conclusion

Improving health conditions to reduce mortality among rural communities has been one of the contemporary challenges facing policy makers in developing countries. Despite the impressive effort recorded within the last decade in Yobe State, health facility utilization among rural communities remained low. While low income, transportation problems and inadequacy of public health facilities were the leading factors in the last decade, presently poor attitudes of health workers, extortion of money and fear of arrest/ discrimination appeared to be the major factors for low health facility utilization in Yobe State. This necessitates a paradigm shift that will involve tackling these emerging problems. Public complaint units should be established in all health facilities. These units will investigatepatients' complaints and further recommend sanctions to guilty health workers. They will also serve as public relations units for enlightenment of patients on their rights and channels of challenging injustice.

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