Socio-Cultural Impediments to Women Utilization of Primary Health Care Services in Ugbogiobo Community, Edo State, Nigeria.

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Abstract

The main aim of the study was to explore the socio-cultural impediments to women utilization of primary healthcare services in Ugbogiobo community. The study adopts both the quantitative and qualitative method of data collection. The cross-sectional descriptive survey design was adopted for the study. The research instruments used were the semi-structured questionnaire and in-depth interview guide. The population of study consists of all the women from Ugbogiobo community and the Taro Yamane's statistical formular was used in determining a sample size of three hundred and forty-four respondents. The study found that the level of education affects women utilization of healthcare services in Ugbogiobo community. The study concludes that maternal mortality is low in the community as modern healthcare facilities are been utilized by the women. The study recommends empowerment of women as prerequisites for any tangible improvements in the utilization of maternal healthcare.

Keywords: Socio-cultural, Impediment Health, Primary Healthcare, Health Services, Maternal Health.

Introduction

Primary Health Care is viewed as essential health care that is based on scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community. However, primary health becomes effective through their full participation and at a cost that the community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. The need for primary healthcare service to any member of any society including the inhabitants of such society cannot be overestimated. Ezeugwu and Ani (2014) supported the assertion that the need for social health for every member of the society including rural women cannot be overemphasized, no wonder the state and federal government as well as national organization like the World Health Organization and other non-governmental organizations are working acidulously to ensure good health for all.

Abdulraheem, Oladipo and Amodu (2012) posited that the goal of primary health care was to provide accessible health for all by the year 2000 beyond. Unfortunately, in 2017, this is yet to be achieved in Nigeria and seems to be unrealistic in the next decade. Gupta, Gauri and Khemani (2004) observed that primary health care, (which is supposed to be the bedrock of the country's health care policy) is currently catering for less than 20% of the potential service users. While equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent. There are many problems within the primary health care delivery system that have hindered the development of the system part of which are the social cultural impediments, which

are inherit in the local community. An assessment of these problems and needs is important to ensure easy accessibility to health care service by rural people.

Globally in 2015, approximately 345,000 women died from pregnancy-related complications and childbirth. 172,000 of these women were in Sub-Saharan Africa and 93,000 in South Asia (World Health Organisation (WHO), 2010). These avoidable deaths of women drew the attention of government and international agencies to focus special attention on the health of women all over the world in order to drastically reduce mortality rates during pregnancies and immediately after deliveries. The survival of women during prenatal and postnatal periods is a critical indicator of the wellbeing of women and an indicator for assessing the performance of the healthcare system of any nation (Ogunjuyigbe & Liasu, 2010). Nigeria has one of the highest rates of material mortality among the developing countries of the World. This is substantiated by the data of United Nations International Children Education Fund (UNICEF, 2011) in which Nigeria's annual maternal death is 54,000 hence, the government is a signatory to several International Conventions and Programmes in which maternal health has featured consistently in several of these programmes such as Integrated Maternal Newborn and Child Health Strategy (IMCH). Mid-wife Services Schemes (MSS) and Systematic Primary Health Care (PHC) infrastructure upgrade through the world system Nigeria Demographic Health Survey (NDHS, 2013). Despite these efforts, maternal mortality remains an intractable challenge in Nigeria (Mojekwe & Ibekwe, 2012).

In view of the aforementioned, this paper seeks to find out the socio-cultural impediments to women utilization of primary healthcare services in Ugbogiobo community.

Statement of problem

The challenges of providing accessible and affordable health care services in developing countries including Nigeria are continually being of concern to International Community (WHO, 2016). Globally, Nigeria is ranked among countries with high maternal morbidity and mortality rates and this has been the despicable situation of maternal health in the country despite scientific advancement and increase in funds concerning health (National Bureau of Statistics, 2016). The situation is worrisome due to inadequate furnishing of modern healthcare facilities and the poor utilization where they are available. Oko-Offoboche (2014) reported that about 60% of Nigerian women have difficulties accessing healthcare facilities and that about 47% are hindered by the inability to pay healthcare bills. In an effort to achieve a more effective and reliable primary healthcare centre, government recently revitalized the primary healthcare centre approach through the creation of Primary Health Care Development Agencies (PHCDA) in the thirty-six states and also identified nine indicators to assess the performance of primary healthcare centres (Federal Government of Nigeria, 2013). The policy which is referred to as 'Primary Health Care under One Roof (PHCUOR)' if carefully implemented will deliver the dividend of reducing material and neonatal mortality in under-served communities in Nigeria. In spite of this, evidence reveals that primary healthcare centres facilities are underutilized by pregnant women living in rural areas and wide disparity exists in maternal health service utilization between rural and urban women (Nigeria Demographic and Health Survey, 2013).

This study focuses on the socio-cultural impediments to women utilization of primary healthcare services in Ugbogiobo community. It specifically examines the relationship between socio-cultural factors and women utilization of primary healthcare services and the relationship between ethnic group of women and utilization of primary healthcare services.

Objectives of the study

The general objective of the study was to explore the socio-cultural impediments to women utilization of primary healthcare services in Ugbogiobo community, Edo State, Nigeria. The specific objectives are to:

i. To determine the relationship between socio-cultural factors and women utilization of primary healthcare services in Ugbogiobo Community.

ii. To explain the ethnic group of women and utilization of primary healthcare services in Ugbogiobo Community.

Research Hypotheses

The following hypotheses were formulated for this study.

H_0 There is no significant relationship between socio-cultural factors and women utilization of primary healthcare services in Ugbogiobo community.

H_{02} There is no significant relationship between ethnic group of women and utilization of primary healthcare services in Ugbogiobo community.

Literature Review

Primary Health Care Services

The goal of primary healthcare was to provide accessible health for all by the year 2000 and beyond. Unfortunately, this is yet to achieved in Nigeria and seems to be unrealistic in the next decade. The primary healthcare aims at providing people of the world with the basic health services. Though primary healthcare centers were established in both rural and urban areas in Nigeria with the intention of equity and easy access, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts. About two-third of Nigerians reside in rural areas therefore they deserve to be served with all the components of primary healthcare. Primary health care, which is supposed to be the bedrock of the country's health care policy, is currently catering for less than 20% of the potential patients (Gupta, Guari & Khemani, 2004).

Gofin 2005 and Olise 2012 stated that since the global target of Health for all was declared in 1978, primary healthcare has been adopted and accepted universally to be the approach to achieving this lofty goal. The world will only become healthy when we achieve Health for All – the developed and developed nations alike, the poor and the rich, the literate and the uneducated, old and young and women, children and the elderly. The primary healthcare system is a grass-root approach meant to address the main health problems in the community by providing, preventive, curative and rehabilitative services. A report by World Health Organization African region (2008) puts the level of primary healthcare utilization at 5-7% in the region this translates to about 95% under-utilization of the services. The fundamental aim of primary health care is to ensure universal access to available resources in order to provide adequate coverage of the most important health needs of the people.

Maternal Health

Maternal health is defined by World Health Organization as the "physical wellbeing of a mother during pregnancy, childbirth and postpartum" (WHO, 2010). Maternal health includes prenatal care and postnatal care of the mother and of the child up to the age of five years). Many biological,

economic, social, and cultural factors such as poverty, malnutrition, working condition, child marriage and gender inequities may compromise the health of pregnant women.

Lule, Ramana, Epp, Huntingdon and Rosen (2005) have also noted that a woman's age, her ability to use reproductive health care services effectively, and general health status, including nutrition contribute to poor maternal health. The World Health Organization has noted that there is an urgent need for programmes that address the health and safety of pregnant adolescents and the need to teach young women the skills to build a successful future. The United States Agency for International Development (USA1D, 2013) has identified critical factors for improving adolescent maternal health, encouraging young women to use prenatal care to identify and treat malaria, anaemia, and other health issues; providing obstetric care to ensure safe delivery for young mothers and their infants; and postnatal care to identify post-partum health issues, provide new-born care and offer contraception to accomplish birth spacing. These factors also applicable to all women during pregnancy. Providing quality reproductive health services enables women to balance safe childbearing with other aspects of their lives and, it also helps protect them from health risks, facilitates their social participation, including employment, and allows girls to continue and complete their schooling United Nation Population Fund, 2000).

Access to Primary Health Care Services in Nigeria

Access to primary healthcare services implies that facilities exist for people to have information in order to use them properly. This means that access to information, financial accessibility (affordability) and physical accessibility are available and guaranteed (Alumana, 2003). This agrees with the view of Inyang (1994), that accessibility means the ease with which potential health care seekers get to the points where health care services are delivered.

Eborelme Abimbola and Bozzani (2015) stated that there are some gaps between access to healthcare facilities across Nigeria geopolitical zones, these disparities have been reported as the major supply-side factors affecting utilization of healthcare services. In some instances, Nigeria's healthcare system has been found to operate below standard in terms of availability of human resources and necessary infrastructure, equipment and medication.

World Health Organization (2015) reported that although Nigeria constituted less than 1% of the total world's population's, he accounts for about 90% of the global maternal deaths, with a maternal mortality ratio of 814 per 100,000 life birth. In addition, access to good quality of obstetric care is critical for reducing maternal mortality. National population commission (2013) posited that in Nigeria utilization of maternal care in 2013 was low and only about 36% of births occurred in health facilities with 38% being assisted by skilled personnel.

Measures to Improve Access to Health Care Service in Nigeria

The Nigeria healthcare has suffered several down-falls despite Nigeria strategic position in Africa, the country is greatly underserved in the healthcare sphere (Nnawuchi, 2007). Health facilities, health centres, personnel and medical equipment are inadequate in this country while various reforms have been put forward by the Nigeria government to address the wide ranging in the Nigerian healthcare system, and they are yet to be implemented at the state and local government area levels.

Several efforts have been made by different individuals, Non-Governmental Organizations (NGOs), governments and international organisations like UNICEF, World Bank and WHO,

among others, to mitigate child mortality in Nigeria. For instance, the Expanded Programme on Immunization (EPI) was introduced in Nigeria in 1978 and the purpose of the programme was to reduce mortality and disability associated with six vaccine preventable diseases namely tuberculosis, tetanus, diphtheria, measles, pertussis and poliomyelitis. UNICEF has also provided high impact health and nutrition interventions in partnership with governments, the World Health Organization and others (UNICEF, 2011).

The Nigeria primary healthcare under one roof policies seem to be succeeding, instituted in 2011 to address intractable stewardship and governance problem facing healthcare delivery system. The policy was design to facilitate better management of resources by healthcare managers, increase patient confidence in the utilization of service, increase efficiency and coordination of health service and reduce fragmentation.

In their study of programme for maternal health in Enugu State Okonofua (2010) stated that the government of Enugu state in 2007 initiated a policy of free maternal and child health (FMCH) care. The FMCH, according to them, provides free medical, antenatal, delivery and post-natal care for poor women and children in primary and secondary hospitals. On their own, they recommended a series of proactive approaches, including high-level advocacy as ways to improve political commitment as the way forward.

Theoretical Framework

The role of theoretical framework in the explanation of any sociological study cannot be overlooked. Theoretical framework is an indispensable component of the research work as it plays a prominent role in providing the appropriate means by which sociological studies are elucidated in order to enhance the explanatory power of this study. Socio learning theory and behavioural model of health service use was adopted.

Social Learning Theory: This theory is associated with Albert Bandura. According to Bandura (1997), this theory is based on the premise that people learn behaviour from the social environment in which they find themselves. The social learning theory help to explain the health seeking behaviour of women when it comes to the utilization of primary healthcare services. Thus, the social learning theory is useful in explaining how women can access primary healthcare services by looking at other people in their community. The emphasis here is on how women can learn from others in terms of utilizing primary healthcare services.

Considering the view of the theory, it implies that women in the community irrespective of their level of education and ethnic group should learn to visit primary healthcare centre by learning from other women and those with past experience who have been utilizing primary healthcare centre.

Behaviourale Model of Health Service Use: This theory was propounded by Andersen and Newman (1973). The framework emphasizes the importance of the condition that either facilitate or impede women utilization of health services. The model view utilization of health services as a form of individual behaviour that is determine by individual characteristic of people which are influenced by societal and health system determinants. The societal determinants affect the individual determinants directly through the health system determinants. The individual characteristics that predict use of health services are classified into three. Predisposition of an individual to use health services (predisposing factors) ability to secure services enabling factors and illness level (need factors). Predisposing factors include demographic characteristics such as: age, sex, marital status, illness, social structure (education, race, occupation, family size, ethnicity,

religion and residential mobility) and belief (value about health and illness, attitude towards health, and provider knowledge about disease. Previous research shows that demographic characteristics of individual predict their health behaviour for instance being in a marital union is associated with better health and health related behaviour. The enabling factors refer to the means available to individual to achieve a need to use a health services. Enabling factors include family resources (income level of health insurance coverage or other source third party payment, type of regular source of care and accessibility of the source) and community characteristics (ratio of health personnel and facility to population in a community, price of health services, region, urban – rural location). The need factor includes perceived illness or the probability of its occurrence by the individual or her family. According to Andersen and Newman these factors represent the most immediate determinants of health service utilization. The need components suggest that utilization of maternal health services can be influenced by a woman perception of the relative importance of modern health services versus traditional method of care. The study adopts this framework to our study and posit that women's ability to use maternal health facilities will depend on the availability of such facilities and their ability to access the facilities in other to reduce maternal mortality.

Methodology

Research Design

The study was cross-sectional and descriptive in design, employing both quantitative and qualitative research method.

Study Location

The study was conducted in Ugbogiobo community in Ovia North East Local Government Area of Edo State, Nigeria. The villages in Ugbogiobo community are as follows: Uwan, Iguoryemwen, Obazuwa, Azalama and Ikenobore. The community is made up mainly of difference ethnic groups like the Binis, Urhobos, Ibos, Yoruba, Ijaws, Itsekiri and host of others.

Population and Sample

The study population of Ugbogiobo community according to 2006 census was 6,102 with a projected population of 6,423 for the year 2017 of which 2,449 were women. The population of study comprised of all the women from Ugbogiobo community, 344 respondents were randomly selected from the community to represents the population using Taro Yamane's sample size determination formula. The formula is expressed thus:

n = N/14N(e)2: where
n = sample size; N = Total Population; e = level of significant $(0.05)^2$
n = 2449/1+2449 $(0.05)^2$
n = 343.84
(Approximately) 344 respondents.

Some women leaders, nurses and matron were also sample for the qualitative in-depth interview.

Sampling Techniques

The study adopted stratified and systematic sampling technique. The stratified random sampling was used in the stratification of the community into household, while the systematic random sampling was used to select respondents.

Data collection method and instrument

Semi-Structured Questionnaire (SSQs) and in-depth interview (IDI) was used to elicit information from the respondents.

Method of Data Analysis

The gathered data in this study were presented using simple percentages and frequency distribution tables while the chi-square statistical tool was employed to test the hypotheses formulated in the study with 0.05 level of significance obtained through a software known as statistical package for social science (SPSS version 20.0). Apart from the above, all other information elicited from the respondents were supplemented through the in-depth interview.

Study Objectives 1: To determine the relationship between socio-cultural factors and women utilization of primary healthcare services in Ugbogiobo community.

Table 1: Relationship between socio-cultural factors and women utilization of primary healthcare services

Do you always seek modern healthcare services whenever you are sick?	Level of education								Total	
	No formal		Primary		Secondary		Tertiary			
	No	%	No	%	No	%	No	%	No	%
Yes	97	71.3	54	58.7	32	33.3	1	5	184	53.5
No	39	28.7	38	41.3	64	66.7	19	95	160	46.5
Total	**136**	**100**	**92**	**100**	**96**	**100**	**20**	**100**	**344**	**100**

Source field: work, 2019

Table 1 shows the result of the cross-tabulation of the responses obtained to explain the relationship between socio-cultural factors and women utilization of primary healthcare services in Ugbogiobo community. Looking at the relationship based on their level of education, the participants were grouped into four namely: No formal education, primary education, secondary education and tertiary education. Of the 136 who had no formal educational background, 97 participants (71.3%) stated that educational background affected their healthcare seeking behaviour and this was juxtaposed with 39 participants (28.7%) who said that their educational background did not affect their health behaviour.

Of the 92 participants who had primary education, 54 participants (58.7%) stated that educational background affected their health behaviour and this was juxtaposed with 38 participants (41.3%) stated that their educational background did not affect their health behaviour. Of the 96 participants who had secondary education 32 participants (33.3%) opined that their educational background affected their health behaviour and this was equally juxtaposed with the 64 participants (66.7%) who stated that their educational background did not affect their health behaviour. Also, the 20 participants who had tertiary education, only 1 participant (5%) stated that the educational background affected her health behaviour and this was juxtaposed with 19 participants (95%) who stated that their educational background did not affect their health behaviour. One of the IDI respondents stated thus:

Since I was posted to assume duty in this health facility for over five years now, there are numerous things that I have observed among the different classes of women that always comes here to seek healthcare service. Those who are illiterates patronizes this healthcare centre more than the educated ones. IDI/Nurse/Ugbogiobo PHC/2019.

Study Objective 2: To explain the ethnic group of women and utilization of primary healthcare services in Ugbogiobo community.

Table 2: Ethnic Composition of Respondents

Do you think your ethnic group is a source of barrier to your accessing healthcare services in Ugbogiobo community?	Ethnic groups of respondents									
	Bini		Igbo		Yoruba		Urhobo		Total	
	No	%	No	%	No	%	No	%	No	%
Yes	142	92	17	39.5	16	30.1	25	26.5	200	58.2
No	12	8	26	60.5	37	69.9	69	73.5	144	41.8
Total	**154**	**100**	**43**	**100**	**53**	**100**	**94**	**100**	**344**	**100**

Source: Field work, 2019

Table 2 reveals that 142 participants representing 92% of the Bini ethnic group were of the opinion that their ethnic group is a barrier to them when visiting primary healthcare centre as against 12 Bini women representing 8% of the Bini ethnic group. 26 participants whom were Igbo representing 60.5% said that ethnic group is a barrier to them when visiting primary healthcare centre as against 17 representing 39.5%. Meanwhile 37 participants representing 69.9% of the Yoruba ethnic group stated that it is a barrier when visiting primary healthcare centre as against 30.1% who opined that it is not a barrier to them. 69 participants representing 73.5% of the Urhobo ethnic group said that it is a barrier to them when visiting primary healthcare centre as against 26.5% who stated that it is not a barrier to them when visiting primary healthcare centre.

IDI respondents were unanimous in their submission that ethnic group is a source of barrier to them when visiting primary healthcare centre in the community. Two of the IDI respondents stated thus:

'The doctors and nurses are friendly with the women of Ugbogiobo community because we come down to their level and try to communicate to them in their various dialects but most times we speak to them in Pidgin English which almost all of them understand.' IDI/Matron/UgbogioboPHC/2019.

Each time I'm sick with fever and visit the primary healthcare centre I'm mostly attended to in Pidgin English because most of the health workers are of different ethnic groups and it is difficult to get those from our ethnic group to attend to us in our dialects. IDI/Womenleader/UgbogioboPHC/2019.

Testing of Hypotheses

Hypotheses 1

$H_0$1 There is no significant relationship between socio-cultural factors and women utilization of primary healthcare services in Ugbogiobo Community.

Table 3: Chi-square computation for hypothesis 1 on the relationship between socio-cultural factors and women utilization of primary healthcare services.

Educational Level	Yes	No	Total
A	97	39	136
B	54	38	92
C	32	64	96
D	1	19	20
Total	**184**	**160**	**344**

O	E	0-E	$(0-E)^2$
97	73	24	7.89
54	49	5	0.51
32	51	-19	7.08
1	11	-10	9.09
39	63	-24	9.14
38	43	-5	0.58
64	45	19	8.02
19	9	10	11.11
			53.42

***Degree of Freedom = 3; Chi-Square Table Value 11.35; Chi-square Calculated Value = 53.42.**

Decision Rule: From the calculation in Table 3 above, it shows that the calculated value $x^2 = 52.42$ is greater than the Table value $x^2 = 11.35$ and as such we reject the null hypothesis, so the alternative (H_1) is accepted, which state that a relationship exists between socio-cultural factors and women utilization of primary healthcare services.

Hypothesis 2:

$H_0$2 There is no relationship between ethnic group of women and utilization of primary healthcare services.

Table 4: Chi-square computation for hypothesis 2 on the relationship between ethnic group of women and utilization of primary healthcare services.

Ethnic group	Yes	No	Total
A	142	12	**154**
B	17	26	**43**
C	16	37	**53**
D	25	69	**94**
Total	**200**	**144**	**344**

O	E	0-E	$(0-E)^2$
142	90	52	30.04
17	25	- 8	2.56
16	31	-15	7.25
25	55	-30	16.36
12	64	-52	42.25
26	18	8	3.55
37	22	15	10.22
69	39	30	23.07
			135.3

***Degree of Freedom = 3; Chi-Square Table Value 11.35; Chi-square Calculated Value = 135.3.**

Decision Rule: From the calculation in Table 4 above, it shows that the table value $x^2 = 11.35$ is less than calculated value $x^2 = 135.2$. The researcher being guided by the chi-square rules rejected the null hypothesis and accepted the alternative which state that there is a relationship between ethnic group of women and utilization of primary healthcare services.

Discussion of Findings

The findings revealed that the level of education of women had some positive impact in the utilization of primary healthcare services. It was observed that those with no formal education and those with primary education mainly depends on modern health facilities as against those with secondary and tertiary education. This confirms the findings of the study conducted in Pakinstan by Shaikh and Hatcher (2003) where it was reported that the utilization of healthcare may depend on the level of education, social structure, ethnic group, cultural belief and practices and disease pattern itself. This also correlated with the study conducted in Melbourni Australia by Peter, Ayse, Katie and Bernadette (2011) who examine health service use and barrier for recently arrived immigrants from the Horn showed that health needs due to linguistically inappropriate information about the use of Australia's health system which posed as difficulties accessing the health facilities. The findings also revealed that ethnic group of the women is a barrier in accessing primary healthcare centre. This is so because 58% of the women from different ethnic group in the community stated that ethnic constraints are a barrier to them when visiting primary healthcare centre. This confirms the findings of the study conducted by Blendon, Abert and Robort (2007) where it was reported that a number of differences in healthcare services exist among more granula blacks, Asian and Hispanic ethnic group.

Conclusion

The study explored the socio-cultural impediments for the utilization of primary healthcare services in Ugbogiobo Community, Edo State, Nigeria. Although the work cannot claim to have exhausted all the socio-cultural impediments in the utilization of healthcare services, a starting point has been provided for further research study. The study looked at the relationship between the socio-cultural factors and women utilization of primary healthcare services and the relationship between ethnic group of women and utilization of primary healthcare services.

To this end, culture, belief systems, ethnic group, age and education were vital factors in determining health utilization services which can form the major concern of those who formulate and implement government health policies. In order to combat the problem of women poor health, maternal and child mortality and morbidity, the standard of healthy living of the Nigerian populace must be raised. Extreme poverty is not only the source of disease and mortality, but it is also one of the chief causes of bottleneck in public healthcare delivery system in Nigeria. In conclusion,

maternal mortality is low in Ugbogiobo Community as modern healthcare facilities are been utilized by the women.

Recommendations

Based on the foregoing submissions, the paper recommends that:

1. Socio-cultural revolution should be affected for better healthcare utilization among women. However, a more nationally representative survey study is needed to reflect diversity with ethnic population particular in rural areas and at local level.
2. Government should implement policies that will increase the opportunity for women to have more years of education as this will have effective impact on utilization of healthcare facilities.
3. Women empowerment is also advocated through education for women and young girls as this will help to eliminate structural barrier to access maternal healthcare.

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