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Primary Health Care Services Utilization in Gombe Metropolis, Gombe State Nigeria

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Primary Healthcare Services Utilization In Gombe Metropolis, Gombe State

Abstract:- The research was set out to assess utilization of primary healthcare and the impact of underutilization on the people of Gombe metropolis. Gombe Local Government Area was chosen as the study area from which five secondary and tertiary healthcare centers (The Federal Teaching Hospital, Gombe Specialist Hospital, Doma Clinic, Musaba Clinic and Metro Consultant Clinic) were selected plus a couple of responses from the general public outside of the clinic. The major objectives of the study was finding out the most pronounced factors that hinder proper utilization of the primary healthcare centers in the study area, the effects caused by the underutilization and proffering possible solutions towards tackling these effects. One hundred and ten (110) questionnaires were used from which thirty (30) was administered in each of the two government hospitals, ten (10) each in the three private clinics and the remaining twenty (20) responded by the general public. The responses obtained were analyzed an interpreted by which a logical conclusion was reached. The finding of the study revealed that the lack of improved and modern facilities as well as qualified health professionals proved to be the most threatening factor to primary healthcare utilization in the study area. However, socioeconomic standing, culture and accessibility also to an extent results in primary healthcare underutilization. The effect of this underutilization is the overstretch of the secondary and tertiary healthcare centers within the metropolis because of the neglect of the referral system. Minor cases that were supposed to be handled at the primary healthcare centers were being registered at the onset at the secondary and tertiary centers. Some solutions to attaining adequate primary healthcare utilization like improved infrastructural development, government subsidy, public enlightenment and transportation upgrade were given.

Keywords:- *Health, Illness, Patient, Primary Health Care, Utilization, Health Care Facility, Health Services, Social Factors.*

I. INTRODUCTION

Nigeria operates a three tiered health care delivery system with a large percentage of health care delivery vested at the primary care level. There has been over the years a continued effort by the government to decentralize health care service thereby increasing the range of services provided at the primary care level. Despite all these efforts there is still low utilization of primary health care services. The primary health care (PHC) concept is designed to be the first contact for health care needs for individuals in the community and a system that recognizes health as a complete state of being rather than just an absence of disease (Magnussen, Ehiri& Jolly, 2004). This concept also ensures that health care needs determination is the responsibility of all stakeholders in the community and not just the government. Health care consumers surveyed during a global study uniformly agree that they expect health care provision to exceed just providing medical management but to be a holistic wellness tool (Keckley & Coughlin, 2011).

Primary health care providers are usually the gatekeepers that direct clients to appropriate treatment options where this is not readily available at the Primary Health Care Clinics (PHCCs). Referral is therefore one of the fundamental activities of Primary health care providers, staff at the Primary healthcare centers must be able to determine what client needs can and cannot be met at the primary healthcare level and institute the appropriate referrals in a timely manner to ensure that there is continuity of care and client's optimal health needs are met (Macdonald, 2004). The utilization of health services by the communities it is provided for is determined and affected by a variety of factors that have been described in several ways. Bernstein *et al* (2003) characterized these factors into three broad groups: enabling factors, predisposing factors and need determinants of care. Enabling factors refer to community resources at the disposal of the individual such as good roads, newer technology or insurance; predisposing factors looks at demographic factors with natural inclination of individuals towards ill health, here culture and society expectation influence behavior and need determinants of care looks at the assessment of need for care, the individual makes a decision on where to seek care, this may be self-medication, use of chemists/patent medicine vendors or other means of receiving care (Bernstein *et al*, 2003). This also implies that when the individual does not see the need for health care, he/she will not take a decision to seek for treatment.

Primary Health Care is recognized in Nigeria, as a fundamental element required in addressing the dismal health indices the country is grappling with (NSHDP, 2010). Average life expectancy in Nigeria is 54 years compared to a global average of 68 years; infant mortality is 143 out of every thousand due to malaria, pneumonia and diarrhea as opposed to a global average of 57 out of every thousand while maternal mortality death is 630 out of every 10,000 as

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opposed to a global average of 210 out of 10,000. The Nigerian National Strategic Health Development Plan (NSHDP) for the period spanning 2010-2015 is fundamentally focused on improving the systems at the PHC level. It is anticipated that improved systems at the primary level will lead to an improvement in the health care indices of the population in several areas such as reduction of maternal and infant mortality, polio eradication and improved immunization coverage (FMOH, 2010). This is because activities at the primary care level are focused on these elements of care. If these plans are implemented, the country will benefit from this core strategic direction, but this benefit will only materialize when there is utilization of services provided at the PHC centers culminating in improved health status of the citizenry.

This study therefore seeks to explore the factors that may militate against the proper utilization of primary health service in Gombe. The research would aim to achieve the following objectives:

a) To find out the major factors that militates against proper utilization of primary healthcare in Gombe metropolis
b) To identify the consequences of underutilization on the illness behavior of residents of Gombe metropolis.
c) To proffer possible solutions for achieving proper utilization of primary healthcare.

II. THEORETICAL FRAMEWORK

For the essence of this research, the Suchman's theory was used which identifies five stages that indicates the individual decision making process of whether or not to utilize healthcare services. Suchman identifies possible links between family structures, community and individual utilization of healthcare services. The basis of this theory is that family structure produces supportive orientation towards modern medicine which influences the individual's response to medical care. To access utilization therefore, it is to be measured at family and community level.

The last micro-sociological approach in this selective review is that of Suchman's stages of illness model, which illustrates stages of the illness interaction with the physician over time and is developed. The system builds on the Parsonian sick role model but adds detail to the time line of the doctor-patient relationship and the re-entry of the patient to socially normal function. The Suchman model (1965) also admits to the differences of behavior of the patients to the doctor-patient relationship, allows for explanation of the concepts of patient 'shopping', 'fragmentation of care' and delay in seeking care, self-care and interruptions of care. Suchman divided the sequence of 'medical events' into five stages:

a) The symptom experience stage – the patient notices that something is wrong. That is abnormal feeling around the body like restlessness, headache, fatigue, body temperature etc. There are three parts of this perceptive stage – physical, cognitive and emotional – that comprise the patient's recognition of the fact of sickness;
b) Assumption of the sick role – the potential patients seek symptom alleviation by self-care, advice from lay referral networks and temporary validation of those around them for the sick role;
c) The medical care stage – the patient decides to seek medical care. This is a decision to seek 'scientific' care instead of lay care. The patients seek legitimation for the sick role and care for their illness;
d) The dependent-patient role stage – the patient at this stage transfers control to the physician for the aspects of care and the treatment decision-making;
e) The recovery or rehabilitation stage – this is the stage where the patient relinquishes the sick role and returns to normal function. (Suchman 1965).

Suchman found that the decision to seek care varied by socio-demographic characteristics and health status, leading to the hypothesis that social networks have an influence on health-seeking behavior. Zborowski (1969), Koos (1954) and Zola (1966) each discuss the ethnic differences in symptom recognition and ascription. Thomas and Rose (1991) note that Afro-Caribbean, Indian sub-continent and Anglo subjects have different pain thresholds and thus determine what an illness is differently. Pescosolido's (1992) discussion of social networks draws its origin from the work of Suchman.

Di Matteo and Friedman (1982) note that demographic factors affect the decision to seek care and that women make 70 per cent of the decisions to seek care for their social units. Zola (1973) outlines his view of the patient's perception of illness and notes five 'triggers' to the perception of illness. He argues that these perceptual, interpersonal, temporizing and family-induced triggers prompt the patient's decision to seek care.

Access to care by the homeless (Koegel, Burnam and Farr 1988, Padgett, Struening and Andrews 1990), ethnic minorities (Cornelius 1993, Ginsberg 1991, Andersen *et al.* 1981, Trevino *et al.* 1991, Welch Comer and Steinman 1973, Roberts and Lee 1980), elderly people (Newacheck 1992, Wolinsky *et al.* 1983), the chronically ill (Newacheck and Butler 1983) and women (Anson, Carmel and Levin 1991) have been studied from the viewpoint of Suchman's model. Concepts of self-care and its interaction with healthcare use have been studied by Dean (1989), Hasenfeld and Gidron (1993), Fleming *et al.* (1984), Cayleff (1990), Trojan (1989) and Chesney and Chesler (1993).

Andersen and his colleagues (1981) have taken the Suchman model one step further and have included institutional and structural effects on illness behavior. Andersen and Aday (1978) identify the primary determinants of health-seeking behavior as:

a) Population characteristics including predisposing characteristics (age, gender and attitudes), enabling factors (insurance and income), and need factors (severity, chronicity and frequency) for health services;
b) Health system characteristics including availability, service mix and organizational factors;
c) Environmental factors including political, geographic, environmental and economic factors (Andersen and Aday 1978).

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These factors affect use of services and personal health practices that in turn influence health status, consumer satisfaction and further availability of services as conditions change (Andersen 1995, Weiss and Lonnquist 1997). The inclusion of factors external to the doctor-patient relationship have led to the realization that macro sociological structures and behaviors may directly and indirectly affect illness behavior and should be included in a more complete illness behavior model with social-psychological and network factors (Coulton and Frost 1982). Taking access to care as the focus of analysis does not strictly define illness behavior but does include necessary factors of a macro-sociological and population-based nature in the calculus of behavior.

III. CHARACTERISTICS OF STUDY POPULATION

Gombe Local Government Area has a population of 268,000 (2006 census) and is the second most populous local government in Gombe State. The majority of the populations are Fulani, Terra, Tangale, Waja and Bolewa even though other indigenous tribes are found in a reasonable number. The target populations are patients in both secondary and tertiary healthcare institutions in Gombe Metropolis. The target would also include few responses from the general public. The target population was made up of both males and females within the age bracket of twenty years to fifty years.

TABLE 1: List of primary healthcare centers within Gombe metropolis:

S/No.	Ward	Name of Primary Healthcare Center in Gombe Metropolis	Ownership
1	Bajoga	Police Clinic	Federal Government
2	Bolari East	Army Barracks Clinic	Federal Government
3	Bolari East	FSP Clinic	State Government
4	Bolari East	Madaki Health Care Center	Local Government
5	Bolari West	Bolari Clinic	Local Government
6	Dawaki	Town Maternity Health Care Center	Local Government
7	Herwagana	Herwagana Health Care Center	Local Government
8	Kumbia-Kumbia	Kumbia-Kumbia Maternity	Local Government
9	Nassarawo	Nassarawo Health Care Center	Local Government
10	Nassarawo	SabonGari Health Care Center	Local Government
11	Nassarawo	Yalanguruza Hospital	Local Government
12	Pantami	Gabukka Health Care Center	Local Government
13	Pantami	Manawashi Health Care Center	Local Government
14	Pantami	Pantami Primary Health Care Center	Local Government
15	Shamaki	JauroAbare Health Care Center	Local Government
16	Shamaki	Kagarawal Health Care Center	Local Government
17	Shamaki	London Health Care Center	Local Government
18	Shamaki	Mallam Inna Health Care Center	Local Government
19	Shamaki	Tudun Wada Primary Health Care Center	Local Government
20	Shamaki	Kasuwan Mata Health Care Center	Local Government

Source; Primary Healthcare Development Board, Gombe (2018).

IV. METHODOLOGY

The study considered five (5) healthcare centers in Gombe Metropolis. The centers considered were two public hospitals which are the Federal Teaching Hospital (formerly Federal Medical Centre), Gombe Specialist Hospital and three private hospitals which are the Metro-consultant Clinic, Musaba Clinic and the Doma Clinic. One hundred and ten (110) questionnaires were used where thirty questionnaires were administered in each of the public health care centers for a total of sixty (60) and ten each in the three private clinics for a total of thirty (30). The remaining twenty (20) were administered outside the hospitals in an attempt to acquire information on how often they use the primary health care available to them as well as knowing the major hindrances stopping them from the maximum utilization of such services. Strategic questions were designed to determine the healthcare services as well as the impacts those factors have on the livelihood of the people.

A further twenty (20) people were interviewed, ten (10) from the healthcare centers comprising of one staff and one patient in each of the chosen healthcare centers. The remaining ten (10) interviews were carried out outside of the centers within the area of study so as to gather enough information in order to arrive at a logical conclusion. The percentages obtained were used in arriving at a conclusion to which the research questions are asking.

V. DATA ANALYSIS AND INTERPRETATION

TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Age Distribution of Respondents		
Category	**Frequency**	**Percentage (%)**
21 – 30 years	62	56.4
31 -40 years	29	26.4
41 – 50 years	15	13.6
No Response	04	3.6
Total	110	100
Gender Distribution of Respondents		
Category	**Frequency**	**Percentage (%)**
Males	40	36.4
Females	67	60.9
No Response	03	2.7
Total	110	100
Religion of Respondents		
Category	**Frequency**	**Percentage (%)**
Islam	82	74.5
Christianity	26	23.6
Traditional	01	0.9
No Response	01	0.9
Total	110	100
Tribe/Ethnic Group of Respondents		
Category	**Frequency**	**Percentage (%)**
Babur	3	02.7
Bade	1	00.9
Bolewa	7	06.4
Cham	3	02.7
Dadiya	1	00.9
Fulani	27	24.5
Hausa	16	14.5
Igbo	05	04.5
Igala	01	00.9
Itsekiri	01	00.9
Jara	01	00.9
Jukun	01	00.9
Kanuri	12	10.9
Michika	01	00.9
Tangale	13	11.8
Terra	07	06.4
Tiv	01	00.9
Tula	01	00.9
Waja	03	02.7
Yoruba	04	03.6
Unanswered	02	01.8
Total	110	100
Marital Status of Respondents		
Category	**Frequency**	**Percentage (%)**
Single	48	43.6
Married	49	44.5
Divorced	07	06.4
Widowed	05	04.5
Unanswered	01	00.9
Total	110	100
Level of education of Respondents		
Category	**Frequency**	**Percentage (%)**

Primary	04	03.6
Secondary	25	22.7
Tertiary	54	49.1
Islamiyya	15	13.6
Unanswered	12	10.9
Total	110	100
Occupation of Respondents		
Category	**Frequency**	**Percentage (%)**
Primary	04	03.6
Secondary	25	22.7
Tertiary	54	49.1
Islamiyya	15	13.6
Unanswered	12	10.9
Total	110	100
Household Size of Respondents		
Category	**Frequency**	**Percentage (%)**
1 to 5	51	46.4
6 to 10	36	32.7
Above 10	18	16.4
Unanswered	05	04.5
Total	110	100
Income Level of Respondents		
Category	**Frequency**	**Percentage (%)**
No income	27	24.5
10,000 to 20,000	18	16.4
21,000 to 30,000	21	19.1
31,000 to 40,000	06	05.5
41,000 to 50,000	11	10.0
Above 50,000	25	22.7
Unanswered	02	01.8
Total	110	100

Field Survey, 2018

The data on age showed more than half of the respondents fall within the most active age group in the society. There are more females than males in the sample. This may point to the fact that females are more vulnerable and tend to seek medical attention more often than males. It may also suggests that females are more careful when it comes to their health heading straight to healthcare centers than males who rather use self medication or other alternatives. The distribution on religion shows that the most dominant religious practice in the study area as Islam. The distribution on tribe and ethnic composition demonstrates the cosmopolitan nature of Gombe town with Hausa – Fulani as the dominant group. The distribution on marital status indicates majority of the respondents are married and a great number are also single. The finding also shows that the greater number of those who responded were literates. The distribution on occupation revealed majority of the respondents are working class (38 representing 34.5%) which can be attributed to the educational level of most of them. Students accounts for 22 (20%) of the respondents which in part was a result of the work being an academic research then followed by Business Men/Women. The household size of the respondents were deduced as 51 (46.4%) living in a house with members between 1to5, 36(32.7%) living in houses with members between 6 to 10 and 18 (16.4%) living in households with above 10 members. 5 (4.5%) of the respondents decided against providing an answer to the question. This indicates that almost half of the respondents live in a household with less than 6 members. The income levels, revealed a good number of the respondents have no standard source of income. Almost one-quarter however earn more than fifty thousand naira in a year.

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TABLE 3: INFORMATION ON SOCIOECONOMIC STATUS AND CULTURAL VARIABLES

Do you utilize primary healthcare services?

Response	Frequency	Percentage (%)
Yes	47	42.7
No	61	55.5
Unanswered	02	01.8
Total	110	100

Where do you obtain healthcare services when you are sick?

Response	Frequency	Percentage (%)
Federal Teaching Hospital (FTH), Gombe	45	40.9
Gombe Specialist Hospital	24	21.8
Private Clinics	25	22.7
Primary Healthcare	16	14.5
Total	110	100

Does your socioeconomic standing affect your utilization of primary healthcare services and that of your family?

Response	Frequency	Percentage (%)
Yes	57	51.8
No	53	48.2
Total	110	100

Does culture play a role in your utilization of primary healthcare services and that of your family?

Response	Frequency	Percentage (%)
Yes	55	50.0
No	54	49.1
Unanswered	01	00.9
Total	110	100

If yes, at what stage does it allow for seeking health care services?

Response	Frequency	Percentage (%)
Early Stage	14	25.5
Middle Stage	30	54.5
Late Stage	11	20.0
Total	55	100

Source: Field Survey, 2018.

More than fifty percent of the respondents affirmed that they do not utilize centers, it was also discovered some respondents utilize both the primary healthcare centers together with either secondary or tertiary centers as well, citing referrals and the ineffectiveness of the primary healthcare centers as the major reasons for such.

A further twenty interviews were carried out to sought people's opinion on why utilization of primary healthcare centers is low and all but two were convinced that poor service, understaffing, substandard facilities, poverty, ignorance, poor sanitation and unfriendly nature of some workers are the major players that see off people from proper utilization of primary healthcare services. The remaining two believed advancement in traditional medicine and better healthcare at secondary, tertiary and private healthcare facilities are the reasons people see them as substitute to the usage of primary healthcare services.

The table on health care providers shows great underutilization of the primary healthcare centers around us as only 14% of the respondents utilize primary health care centers.

Twenty people were interviewed seeking to get their opinion on how to achieve proper utilization of primary healthcare centers. Fourteen of the interviewees believe proper utilization would be achieved through improved facilities, adequate equipping, recruitment of qualified and well-trained medical personnel, better supply of drugs and adequate education and enlightenment schemes. Four of them talked about advancement in transportation means to the primary healthcare centers either through good roads and or the possession of ambulance, locating them in remote rural communities and giving extra stipend especially to workers in rural areas while the remaining two believes the recruitment of female doctors for religious reasons; as it is mostly considered as female healthcare centers and the deferring from secondary and tertiary healthcare centers as a means to attain proper utilization.

More than half; 57 (51.8%) of the respondents suggests that poor socioeconomic status hinders their utilization of the primary healthcare centers around while 53 (48.2%) says their socioeconomic standing has nothing to do with their utilization of primary healthcare services. This in part shows how patients from middle or lower social class have been starved of good medical attention forcing them to seek alternative elsewhere. Culture was one of the factors identified as a possible constraint to the proper utilization of primary healthcare centers. 55 (50%) of our respondents claimed that culture plays a role in their utilization of primary healthcare services while 54 (49.1%) of them answers in the negative, offering that culture is not a factor

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in their utilization of primary healthcare services. One (1) respondent remain indifferent as to whether it does affect his primary healthcare utilization. It can be seen that the cultural setting we find ourselves today also has a part to play when it comes to healthcare services utilization. This is in agreement with Suchman's theory where rural dwellers who are not well exposed delay treatment.

TABLE 4: Information on Infrastructures, Health care Team and Accessibility

Assess the level of sanitation in and around the primary healthcare center

Response	Frequency	Percentage (%)
Dirty	10	09.1
Averagely Clean	49	44.5
Clean	33	30.0
Very Clean	12	10.9
Unanswered	06	05.5
Total	110	100

How is the relationship between patients and healthcare team?

Response	Frequency	Percentage (%)
Cordial	27	24.5
Friendly	53	48.2
Unfriendly	24	21.8
Unanswered	06	05.5
Total	110	100

What type of healthcare services do people patronize with primary healthcare centers?

Response	Frequency	Percentage (%)
Antenatal	39	35.5
Immunization	23	20.9
Family Planning	09	08.2
Guidance and Counseling	07	06.4
Treatment of Minor Illness	30	27.3
Unanswered	02	01.8
Total	110	100

Do you think there is enough staff in the facility?

Response	Frequency	Percentage (%)
Yes	40	36.4
No	61	55.5
Unanswered	09	08.2
Total	110	100

How close are you to the nearest primary healthcare center around you?

Response	Frequency	Percentage (%)
Less than 1 km	26	23.6
1 km	18	16.4
2 km	23	20.9
3 km	12	10.9
4 km	10	09.1
5 km and above	18	16.4
Unanswered	03	02.7
Total	110	100

Do you think there is enough staff in the facility?

Response	Frequency	Percentage (%)
Yes	40	36.4
No	61	55.5
Unanswered	09	08.2
Total	110	100

Field Survey, 2018.

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Sanitation in and around a healthcare facility usually determine the utilization of the facility. The distribution on sanitation in and around the primary health care facilities revealed a great consensus among the respondents that the primary healthcare centers are fairly clean. The interview session also revealed similar outcome. . Majority of the respondents also believed relationship between the health care team and patients is cordial and friendly therefore not necessarily a factor in hindering primary healthcare usage. Different varieties of services are believed to be patronized by the respondents with primary healthcare centers. The perceived consensus among the respondents is that people usually patronize primary healthcare centers for antenatal services.

The distribution on accessibility further shows how close the majority of the respondents are to primary healthcare centers. The finding is in agreement with the data obtained from Primary Health Care Development Board in Gombe on spread and distribution of primary health care centers in Gombe. The data also indicated lack of adequate health care personnel to offer professional assistance to patients in the primary health care centers.

VI. DISCUSSION OF MAJOR FINDINGS

It is evident from the research findings that socioeconomic status affects primary healthcare services with respondents claiming this to be a factor in their utilization of the services. It is further evident from the interview carried out that there is a perceived underutilization as a result of poverty and inability to afford the services. From the analyzed data, it could be seen that culture is also a militating factor against proper utilization of primary healthcare services. With exactly half of the respondents claiming that culture plays a role in their utilization of the services, about 55% of them states that their culture only supports seeking professional attention during the middle stage of illness where symptoms are very visible. It can therefore be understood that culture is one of the key factors when it comes to the factors that hinder proper primary healthcare services.

The majority of the respondents though believe the relationship between the health care team and the patients is cordial but the sanitation around the facility is fairly clean. This made antenatal service to be the most sought after service by the people. Even though most of the respondents live within a walking distance to the primary healthcare centers, usually within 1 km, factors such as low socio economic status, culture, lack of qualified personnel and lack of medical equipments in the centers are quite visible. From the data gathered, it can be deduced that majority of the respondents were females. Almost two thirds of the respondents are Muslims and in a marital relationship. Respondents between the age group of 20 to 30 years are also more determined to visit healthcare centers whenever they fall ill because most of they have to work hard to cater for themselves and their households thereby paying attention to whatever may render them incapacitated. It can also be seen that there is a low level of income among the respondents hence a low utilization of primary healthcare services. Most of the respondents however are learned pointing to the fact that their literacy level maybe the factor that sway them away from primary healthcare centers rather frequenting secondary, tertiary or private healthcare centers whenever they fall sick.

VII. CONCLUSION

In conclusion, the decadence in infrastructural facilities, lack of adequate and qualified workforce as the major factors that hinder proper utilization of primary health care services in Gombe metropolis. The facilities in most of the primary health care centers do not meet the requirement of standard, modern health care centers. The centers are mere consulting clinics as such residents who can afford prefer to patronize secondary, tertiary or private health care centers whenever they fall ill. Those who cannot afford the fees due to poor socio economic status patronize traditional healers for diagnosis and treatment as alternative source of health care. Culture to a lesser degree influences the people's utilization of primary health care in Gombe metropolis as some women and their children require the decision and permission of the patriarchal father to seek for professional assistance when illness is experienced. The study also revealed antenatal care services for pregnant women and treatment of minor and common childhood diseases as the most sought after services in Gombe metropolis.

RECOMMENDATIONS

In line with the third objective of this research work, the following recommendations may go a long way in arresting the underutilization of primary healthcare services in Gombe LGA;

a) There should be an infrastructural upgrade of the primary healthcare centers to give patients a conducive environment for speedy recovery.
b) The government should ensure that workers employed at primary healthcare centers are sound professionals in the field.
c) There should also be modern equipment provided to meet up with the worldwide standard of primary healthcare centers.
d) Frequent sanitation should be imposed upon the primary healthcare centers with impromptu supervision to make sure it is been done as supposed.
e) Services and drugs in the centers should be subsidized to a level affordable by majority of the masses.
f) Public enlightenment should also be frequent to educate the populace that primary healthcare centers are their first contact whenever they are ill.
g) Ambulances should be made readily available to transport patients in case of emergencies.

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