

## SOCIO-CULTURAL DETERMINANTS OF HEALTH CARE SERVICES UTILIZATION IN NORTHERN NIGERIA

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### Abstract

*This paper examined socio-cultural determinants of health care services utilization in northern Nigeria. The paper argues that, health is bedrock through which a society progresses, and it is cherished by all human species. Health care services are the instruments through which sufficient health status is achieved and remained healthy by either preventive or curative services. Therefore, effective healthcare services remain one of the infrastructural provisions of any responsive government. Health care facilities ranging from clinics, dispensaries, primary health care, general, specialist and teaching/tertiary hospitals are built across the northern region aimed at preventing various diseases and treatment of ailments in order to have a healthy society for socio-economic development. Maternal and child health such as pregnancy complications, death during delivery, malaria, measles, malnutrition, polio, tuberculosis, hypertension and the like have become some of the health challenges in the region. Thus, these diseases are preventable through effective health care services utilization. However, many of these services are not utilized by many people, and reasons for non utilization may be connected with high level of illiteracy, unequal distribution of health care facilities, cultural belief on the disease causation, inaccessibility to the services and high intense of insecurity in the region. The paper utilized secondary data drawn from various sources, and subjected to content analysis. Thaddeus and Maine's Three Phases Delays Model of health care utilization was used as a theoretical frame work to guide the study. The study discovered low health care utilization in the northern region, as such it recommends intensive sensitization campaign to correct the misconception embeds in the people's culture, couple with provision of more accessible health care services to people in the region.*

**Key words:** Health care, Socio-cultural determinants, Utilization and Northern-Nigeria

### Introduction

Health is a fundamental aspect of socio-economic development of any society, and low utilization of health care services invariably undermines the feasibility of such development to occur and sustain. It is often obvious that, the people in northern Nigeria are more attached to cultural beliefs system which in turns explains the disease and the appropriate method to be used for prevention and treatment. However, Nigeria is like other African countries, experience all sort of health problems which can be prevented and cured through effective use of health care services. The manifestation of health problems such as, maternal and child health problems, malaria infection, malnutrition, hypertension, diabetes, especially in northern Nigeria are so enormous. The socio-cultural variables are eventually critical determinants in the utilization of health care services for the prevention and treatment of such diseases in many societies. Therefore, health

seeking behaviour in northern region is compounded by problems such as illiteracy, cultural beliefs, unequal distribution of health care services, inaccessibility to health services, geographical proximity, gender differences, insecurity, shortage of qualified health professionals and insufficient health infrastructure. It is against this background therefore, the paper examined socio-cultural determinants of the utilization of health care services in northern Nigeria.

### **Health Seeking Behaviour: an overview of Medical Pluralism**

Health services in any country have been recognized as the primary engine of growth and development. The interplay of availability, accessibility and affordability of healthcare services and duration (opening hours) are necessary premise in healthcare services utilization. It was reported that, Nigeria has one of the worst health indices in the world and sadly accounts for 10 percent of the world's maternal deaths (NDHS, 2013). Consequently, in recognition of this fact, Nigerian government at all levels make numerous efforts toward the provision of health care facilities to people through health care policy and intervention that aimed at improving public healthcare facilities and construction of more health care centres, especially in rural areas. This is because the provision of accessible and affordable health care services on a sustainable basis is one of government constitutional responsibilities. Thus, in its efforts to achieve maximum health care services utilization in the country, Nigeria has over the years operates three level systems of care (primary, secondary and tertiary) with effective referral system from the lower to the next level of care. Despite these efforts therefore, these services are not always utilized because healthcare facilities are just mere structures without adequate personnel and equipment, this is perhaps make people to resort to alternative medicine.

Eventually, the utilization of both orthodox and alternative medicine is found across societies in the country. According to World Health Organizations WHO (2002) medical systems around the world are generally classified into two; orthodox medicines and alternative medicines. The traditional medicine according to Chukwuma et al. (2015) and Ozioma and Chinwa (2019) has been long in existence and used in developing countries for thousands of years as basis for the treatment of many ailments. Thus, these medical plants play important roles in Nigerian healthcare system, even though, traditional practitioners have not fully recognized. Therefore, Nigerian population utilizes both orthodox and alternative medicine in the disease prevention and treatment. Amzat and Razum (2014) opined that biomedicine claims to be evidence based dominates the health system in modern societies. This is why other system is often referred to complementary or alternative. They further maintained that traditional medicine comprises practices used to care diseases even before the introduction of modern medicine. Arguably, traditional care system has continued to thrive not only in rural areas but also in urban centres despite greater access to orthodox medical facilities, because it is affordable, accessible and considered efficacious by the people. This makes traditional medicine to continue gain popularity among different communities in developing countries over modern healthcare, because it is easily accessible, low cost of treatment, use of familiar language and provides explanation for different illnesses. Traditional healers appear to cope better with chronic and terminal diseases than modern medicine in some part of the world (Easthope 2005; Adefolaju 2014). Thus, to gain a theoretical backing therefore, the paper hinged itself on the Three Phases Delays Model in explaining health care services utilization in northern Nigeria.

### **Theoretical Model on HealthCare Services Utilization**

Thaddeus and Maine's Three Phases Delays Model (1994) is used to analyze Health care services utilization in northern Nigeria. The three phases delays according to Thaddeus and Maine are as thus:

Phase I: Delay in the decision to seek care

Phase II: Delay in the arrival at health facility

Phase III: Delay in receiving adequate care.

The people's decision to seek care in modern health facilities in northern Nigeria is often constrained by the socio-cultural factors. The illiteracy in the region undermines people's ability to recognize the importance of health care service utilization; as such, symptoms are ignored with no decision to seek medical care until the condition has become worse. However, women and children decide to seek care more often than men because of their nature and more prone to many diseases, especially obstetric problems. On the other hand, the tradition of obtaining permission from husband or in-laws in northern Nigeria before a woman goes to the hospital causes delay thereby results in some complications including death. In addition, traditional beliefs as embeds in the cultural value system also affect the decision to seek care in orthodox modern hospitals. This is because traditional medicine is as seen more effective and less expensive in the disease prevention and treatment. The perception that illness is mystically or spiritually caused often undermines the decision to seek cosmopolitan western medicine. Although, even if an individual decides to seek care, reaching access to it may cause delay.

Obviously, unequal distribution of hospitals in which some segments of society are more favored than the others constraint the accessibility to healthcare facilities to some individuals which affect their decision to search for medical care. This is because, visiting healthcare facility located far away from people involves the use of money as the means of transportation to the hospital, cost of treatment and road network undermine access to health care services utilization, especially, in rural areas where road networks are poor. Furthermore, peaceful environment also enable people to patronize health facilities for preventive or treatment services, but the insecurity in some areas in the northern region invariably causes delay in the utilization of health care services. The decision to reach where health care services are offered leads to the last phase, even though, arriving at the hospital may not guarantee adequate medical care. However, people may decide to arrive at healthcare facilities at onset of contraction or when the symptom is perceived, but face with another delay because of the inadequate provision of health care services. Most hospitals face short supply of equipments needed for patients' care, understaffing which causes job overloaded thereby making patients to queuing longer than necessary, inadequate trained health personnel to take care of patients, poor attitude of health workers, favoritism, unfair treatment and short of essential drugs supply which affect sufficient health care service delivery.

The adequacy in explaining factors that constraint the utilization of health care services is one of the strengths of the three phases delays model, but the model cannot achieve universal application, because some individuals confront none of the delays when they are sick. The Nigerian elites for example take prompt action at onset of contraction and/or when symptom is perceived, with easy access to medical care abroad where adequate and sufficient treatments are enjoyed.

## Methods

The paper relied on the secondary data and hinged on the conceptual analysis drawn from many sources such as books, WHO reports, UNICEF reports, Journals, NBS reports and NDHS reports. Relevant information were extracted there-from, and analyzed using content analysis. Therefore, variables such as education, equal distribution of health care services, traditional beliefs, gender, distance, accessibility to health care services and security threat were considered socio cultural factors that promote or undermine the utilization of healthcare services in northern Nigeria.

### Education and equal distribution as Determinants of Healthcare Service Utilization

Education is critical in health care services utilization, because it serves as an eye opener to individuals on the importance of healthcare, looking at its essentiality to human well-being. However, education is grossly inadequate to most people in northern Nigeria especially people living in rural areas. A greater percentage of rural dwellers in Nigeria had no formal education, and those embarking on it are at lower rate which is one of the reasons for under-utilization or non-utilization of health care services. According to NDHS (2013) mothers' level of education determines healthcare services utilization. It asserted that low level of education among women might result to more infant mortality, maternal mortality and vice versa. The table below shows the level of education across geo-political zones and states in the northern region.

**Table 1: Distribution of Literacy across Geo-political zones in the country**

| Geo-political zones | Percentage of women | Percentage of men |
|---------------------|---------------------|-------------------|
| North Central       | 62.0                | 76.4              |
| North East          | 41.9                | 53.1              |
| North West          | 38.0                | 57.5              |
| South East          | 95.4                | 94.3              |
| South south         | 94.8                | 95.0              |
| South west          | 92.6                | 93.7              |

**Table 2: Distribution of Literacy in some States in Northern Region**

| Northern sataes | Percentage of women | Percentage of men |
|-----------------|---------------------|-------------------|
| Bauchi          | 25.6                | 39.8              |
| Gombe           | 37.5                | 47.5              |
| Yobe            | 28.3                | 42.7              |
| Jigawa          | 24.8                | 32.3              |
| Katsina         | 32.6                | 62.6              |
| Kebbi           | 30.9                | 41.8              |
| Sokoto          | 20.1                | 47.4              |
| Zamfara         | 31.0                | 53.0              |

**Source: NBS and UNICEF, 2018**

The table 1 and 2 above showed that, at least 9 in 10 persons in states in the southern part of the country are literates, because literacy in all states in the southern region is over 90%. However,

literacy among women in some states in the northern region such as Niger, Bauchi, Gombe, Yobe, Jigawa, Katsina, Kebbi, Sokoto and Zamfara, and as well among young men in Bauchi, Gombe, Yobe, Jigawa, Kebbi and Sokoto states is very low. Similarly, women in urban areas are literates with 84.0% and 88.9% men respectively, while only 45.5% women and 60.7% men are literates in rural areas. This variation is perhaps account for the most childhood mortality rate in the northern Nigeria, because women in the region are predominantly non literate, and knew less on the importance of healthcare services utilization especially antenatal care services during pregnancy such as blood pressure checks, knowing of HIV/aids status, malaria infection and other accompanied services, and as well childhood immunization such as routine and polio immunization, BCG, pentavalent among others. However, mortality rates were reported to be low in southern part compared to the northern part of Nigeria.

Moreover, all the mortalities were consistently highest in the north western region with lowest neonatal, infant and under five mortality in the South-south region, while post-natal and children mortality were however lowest in the south west region. This buttresses low level of healthcare utilization, because of the nonchalant attitude of mothers towards healthcare services utilization in the region as a result of illiteracy which make them not see orthodox medicine in the modern healthcare facilities as cost effective in disease prevention and treatment. Furthermore, most uneducated and poor Nigerian patients may prefer to seek health care from the traditional healers than modern health care professionals largely because they lack basic awareness and orientation on the importance of modern healthcare services. Buor (2003) argued that a positive relationship between education and utilization of health care facilities exists, because people with higher level of education utilize health facilities more than individuals with lower level of education. This therefore proves that, education plays a vital role and serves as a determining factor for healthcare services utilization.

Health care facilities are not equally distributed in the country, because some regions are favored than the others. A study by Makinde et. al, 2016 showed that about 88.2% Nigerian health facilities are primary health care centres with only 12% and 0.25% secondary and tertiary hospitals respectively. It further revealed that, north-west and north east zones had the lowest concentration of tertiary health facilities, while, south-south had the highest concentration (Makinde et al. 2016). This is why most of the deaths occur in the northern region, particularly in rural areas because of the long standing inequality in health care provisions between rural and urban settings. The table below affirmed the aforementioned assertion.

**Table 3: Early Childhood Mortality rate by Residence**

| Residence    | Neonatal Mortality rate | Post neonatal Mortality rate | Infant Mortality rate | Child Mortality rate | Under 5 Mortality rate |
|--------------|-------------------------|------------------------------|-----------------------|----------------------|------------------------|
| <b>Urban</b> | 35                      | 18                           | 53                    | 27                   | 78                     |
| <b>Rural</b> | 40                      | 37                           | 77                    | 66                   | 138                    |

**Table 4: The Vaccines coverage is also low among states in the North**

| Jigawa | Sokoto | Kebbi | Zamfara | Katsina | Yobe | Kano | Taraba | Niger | Bauchi | Gombe |
|--------|--------|-------|---------|---------|------|------|--------|-------|--------|-------|
| 1.8%   | 2.2%   | 4.8%  | 4.9%    | 5.9%    | 6.5% | 9.5% | 11.5%  | 13.8% | 13.9%  | 16.7% |

**Source: NBS and UNICEF, 2018**

Table 3 and 4 above showed that most of deaths of children occur in rural areas than urban centres, especially in the northern Nigeria, because of the low utilization of health care services. In addition, the eleven states whose performance falls below the national estimate on full vaccination coverage are northern states, each below 20% coverage. This therefore, has to do with fact that, the level of inequality contains in the political economy sidelines some segment of societies. Thus, access to health care services remains extremely difficult to them. The attention of the policy makers is centred on urban population instead of the entire population of a state or region (North) at large. This is why the manifestation of diseases in such areas is increasingly proliferated. Therefore, the illiteracy level in the community and inequality in the health care services provision perhaps undermine health care services utilization. Even though, peoples' tradition as contains in their value system influences their decision to choose between the modern and alternative medicines.

### **Traditional Belief and HealthCare Service Utilization**

The traditional beliefs embeds in cultural practice tends to impede the utilization of health care services in many societies. However, individual personal choice determines whether to utilize health care services or not, but the decision is guided by the one's level of education, even though, some educated Nigerians, especially, in the northern region perhaps ignore symptoms unless the condition becomes worse. This is why most patients are promptly referred to the next level of care most often in a worsened health condition. Local chemists and medicine vendors become the major source of care, where people opt to utilize medicine through self prescribed treatment different from the real disease, thereby worsening the condition instead of ameliorating it. Therefore, cultural belief is one of the key determinants of healthcare services utilization. Culture determines what is a disease, and the appropriate method uses for prevention and treatment. The perceived cause of disease to some extent determines the appropriate method to be used in the process of preventing the occurrence and/or treating of the contracted ailment.

However, many cultural activities such as religion, custom, myths and superstition affect the demand for modern healthcare services. Sinail et al. (2017) maintained that religious and cultural beliefs had extreme influence on the lives of people in the northern Nigeria: usually dictates their way of life as contains in their value system (most of them Hausa people and adherent of Islam). This includes the health issue and health seeking behavior. They further asserted that, the conservative nature as enshrines in the value system limits people from the demand and utilization of health care services, where maternal and child health indicator in the region had not significantly improved. For example, in communities where women are not expected to do anything without the consent of men, because permission has to be granted by a man (husband) or in-law as the household head hinders health care utilization thereby causes many damages and loss of lives.

In African societies for example, many people feel and believe that illness and misfortunes such as accident, lost of valuable items, damages, outbreak among others are mystically caused by enemies in a spiritual way using religious clerics, witchcraft and spirit. As such, caring of such misfortunes must be spiritually based, mostly done in mosques, churches and homes of the medicine men. Helman, (2001) also argued that cultural background in the form of beliefs, behavior, perceptions, emotions, language, religion, diet, attitudes to illness, pain and other forms of misfortune have either positive or negative consequences for health and healthcare delivery. Many people do not believe that diseases are naturally caused by germs or viruses, as such they hardly utilize any hospital services. The maternal mortality rate for example, might have linked to non-utilization of ANC services because of cultural beliefs and practice which may result in

complications during delivery and post delivery stage which at times lead to the death of a woman. Although, gender variation influences health care utilization, hence, women are more often exposed to so many diseases than men: therefore, they utilize health care services more than their sex opposite.

### **Gender and Healthcare Service Utilization**

Gender is an essential determinant of health care services utilization. This is because gender attitudes and roles influence healthcare services utilization. Women make use of public healthcare than men. The female gender is commonly regarded as having a health deficiency and naturally considered to be dependent, fragile, and ill equipped. Their biological composition is centered on health seeking behavior; they are always with one forms of ill health problem or another. This is why the need for health care services is ingrained in them than men, and even more willing to seek health services, even though, most of them hate taking prescribed medicine obtained from the physician in the hospital, especially tablets.

However, women status generally underlies and shapes their utilization of healthcare services in some countries. A study conducted in Canada reveals that, women are frequently users of healthcare services as compared to men. This portrays gender as a determining factor of healthcare utilization even in a developed society. Although, a woman in Pakistan is like in northern Nigeria unable to travel alone to a close village to seek health services without an accompanying mother-in-law, husband or relative (Olabisi, 2014). In a related argument, Dansabo, (2002) revealed that in northern Nigeria especially in rural areas where cultural heritage is strongly respected and maintained, a woman must obtain permission from her husband before leaving home. Thus, need for permission to visit the clinic causes delay before it is granted. This norm however yields damage, especially for a woman in need of emergency obstetric care.

Furthermore, women in *Hausa* societies are not expected to seek medical care without prior permission from their husbands; violation of this may attract sanction of many forms, at times divorce. This indeed, affect health care services utilization thereby undermines socio-economic development of the region. Yar'zever and Sa'id (2013) observed that, women from rich households seek antenatal care more than those from poor households, because of their economic stance and access to information. This shows the influence of social status and antenatal seeking behaviour, because women who cannot have access to free government health facilities or transportation fee to where the services are offered deprived opportunity to utilize health care services. Therefore, social status invariably influences health care services utilization. Even though, even, if women are freely allowed to patronize health care facilities in the northern region, most of the hospitals are not built close to their place of residence which constraint their access to the services.

### **Distance and Accessibility Influence Healthcare Service Utilization**

Distance to a healthcare facility and access to it remain an essential determinants of health care service utilization. Closeness to a health care facility perhaps enhances access to services to many people and vice versa. Buor (2005) revealed that, one of the barriers to quality healthcare services is the distance traveled to reach the healthcare center. Ensor and cooper, (2004) observed that direct cost of transportation account for substantial percentage of overall expenditure in healthcare equation of individual. Although, sometimes, distance does not have any effect in healthcare utilization for example, the fear of stigma, some prefer a distant healthcare, because they need identity cover, as such, they visit far healthcare facilities they believe neither the staff nor the clients they meet know where they come from. In some communities, people have to

travel over 5 km to access health care because citing of structures is often based on political expediency rather than perceived need. Buor (2003) maintained that physical proximity of healthcare service can play an important role in the utilization of healthcare services. It is therefore, in line with this fact that, Nigerian governments have made several attempts for the provision of health care facilities to its citizens.

Despite government's efforts in the provision of health care services to its citizens, many communities are without these facilities, in fact, both public and private health care facilities are sparsely provided mostly in rural areas within the country. This makes the distance between rural dwellers and the healthcare center far apart, given the transportation problems experienced in these areas, and its attendant cost detrimental which leads them to ignore and see the health services are longer as important to them compare to the food stuff they attached more priority to; particularly in northern region where poverty is extremely high. Though, the healthcare facilities are perhaps close to patients, and as well, accessible, but the threat poses by the current insecurity in the region constraint healthcare services utilization, especially women.

### **Security threat and the Utilization of Health Care Services**

The peaceful atmosphere of any society opens up doors for the pursuance of political, economic and socio-cultural activities. Indeed, is a springboard for any development whether in agrarian or industrial society. Eventually, northern Nigeria faces enormous security threat which throws the region into socio-economic backwardness, despite sorts of diseases people experience, they find it difficult to have easy and peaceful access to medical services, because of the activities of Boko Haram insurgency.

The operational pattern of Bokom Haram attacks in Borno, Adamawa and Yobe states lead to structural destructions including health facilities which make the utilization of health services very low in affected areas; because even the health care personnel are not stationed in the health facilities. However, the menace of Boko Haram has become terrorism in its operations, because it negates human freedom. Olugbenga and Ayooluwa (2017) conceptualized terrorism to be the antithesis of human rights and the greatest threat to universal peace and stability in the contemporary times. Furthermore, many women and children become internally displaced persons, concentrated on camps with little and/or no access to quality health care. They are exposed to so many infections such as malaria, diarrhea, malnutrition, lack of portable drinking water, inadequate nutritious food, poor access to antenatal and accompanied services for pregnant women and HIV/Aids as a result of unprotected sexual gratification. However, those whose communities are not destroyed lived in a condition of uncertainty, because their lives are not secured and guaranteed, hence loss of human lives records almost every day.

Similarly, the armed banditry and tribal/religious crisis in some part of north central such as Taraba, Plateau, Benue, and some part of the north west like Katsina, Zamfara, Kebbi and Sokoto states seriously affect health care services utilization. Those kidnapped are kept in an open place in the bus and subjected to all sorts of assaults including sexual abuse, particularly, female victims. To support this argument, studies revealed that, child sexual abuse as a result of kidnapping exposes the child to the risk of contracting sexually transmitted diseases; and for banditry as well, is an organized attacks on villages and communities which is accompanied by rape, kidnapping and looting (Ibrahim and Mukhtar 2017; Egwa 2015). Eventually, the fear of being kidnapped limits women from utilizing health care services, especially in areas where such activities are so pronounced. This is because, people are scared to travel far distance to patronize hospital services, and instead, most ignore symptoms or resort to alternative medicine. More so, the increasing kidnapping and armed robbery in Kaduna, Kaduna – Abuja leading to Niger and Katsina

States remain a constraint in accessing health care services, especially, where referral is given to the next level of care, access to safe road network become a problem to many people in the terrain, which results in the loss of many lives. This by implications affects socio-economic development of the region and as well a setback to achieving sustainable development goal. In sum, conclusion and recommendations are drawn and presented in the subsequent section based on the entire discussion.

### **Conclusion and Recommendations**

The paper concludes that, socio-cultural variables such as education, inequality in the distribution of healthcare services, cultural value system, distance to health facilities, and inaccessibility to healthcare services, gender and insecurity undermine the utilization of health care services in the northern Nigeria. Many studies have attested low healthcare services utilization as influenced by many factors in the northern region compared to the southern counterpart: especially in the area of maternal and child health including other services received by the general public in the region. It is based on this therefore, the paper recommends that, an educative sensitization campaign needs to be carried using both print and electronic media, faith based campaign using mosques and churches, market places, schools and other public gathering on the importance of healthcare services utilization for the achievement of socio-economic development. Equally, the misconception embedded in the people's cultural value and their conservativeness needs to be corrected for the country to be able to achieve SDG goal 3 by 2030. In addition, all hands need to be put on deck in curtailing the long standing insecurity challenges in the region, which affect other social, political and economic dimensions. The issue of security should not be politicking, as such, security agents need to be more strengthened, and government in collaboration with stakeholders should provide necessary supports in the fight of insurgency of all forms in the region for the overall socio-economic development of the north, Nigeria and neighboring countries in General.

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