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ASESSMENT OF PATRONAGE OF PUBLIC AND PRIVATE HEALTH FACILITIES IN RURAL COMMUNITIES OF ONDO SOUTH SENATORIAL DISTRICT.

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Abstract .

Health care service provision is a principal function of the government and her agents across the three tiers of governments in Nigeria. However, the policy encouraged private entrepreneurs to complement the efforts of the government. This study assessed the patronage of available public and private health facilities in Irele local government area of Ondo State, South-Western Nigeria. The study also provided information on factors that influence the patronage of available health facilities in the study area. Data was generated with the use of researchers' constructed questionnaire and analysis was done using the descriptive statistics like frequencies, percentages, mean values and chi-square statistics. The study revealed that the respondents with higher source of income preferred the available private health facilities; the lower income respondents patronise the public health facilities while the illiterates would rather prefer self-medications. The study concluded that respondents are influenced by age, educational status, monthly income, religion, gender, among others, in their patronage of available heath facilities in the study area. Some of the recommendations made are that health facilities should be renovated and upgraded regularly, record keeping should be computerized among others.

Keywords: Health services, Patronage, Public and Private, Rural communities, Socio-economic status.

Healthcare is of importance to both human and economic development. This is because it has been established that healthy people lead to healthy labour force which in turn leads to economic growth and eventually economic development (Olugbamila, Oluborode, Famutimi,& Adebimpe, 2017). The healthy labour force materializes as an outcome of having a good healthcare system. Hence, healthcare maybe referred to the identification of the health needs and problems of the people, and promoting them with the requisite medical care (Eme, Uche, & Uche, 2014).

Since health is indispensable to the well-being of the people residing in a geographical location, every hand is on deck by different countries of the world to make sure quality healthcare system is established. It is obvious that having a healthy population in a nation largely depends on having a good healthcare system of which a division of the government function is saddled with the responsibility to

see that provision, and management of healthcare facilities in a country is well taken care of. The healthcare facilities put in place can be said to be the basic amenities as in facilities or equipment that aid the enhancement and achievement of healthy living in a population (Eme, Uche, & Uche, 2014). These amenities may include potable water, constant power supply, medical record apparatuses, drugs and vaccines, ambulances, and adequacy of proficient health workers.

The chances of a prolonged life and survival depends largely on strategies procured by a man to preserve their health, hence many try to utilize available healthcare systems at their disposal which could either be government owned or private. Healthcare utilization is described as the consumption of healthcare services by people (Awoyemi, Obayelu & Opaluwa, 2011). Large differences in healthcare systems exist between ownership of a healthcare facility. These variations are even more evident between private and public healthcare facilities. As such, people may have different perceptions why they patronize healthcare services provided by either of the healthcare facilities. The level at which they are patronized have been said to be significantly determined by the following factors among others; proficiency of practitioners, availability of health services, quality and cost of services, as well as social-economic structure, personal characteristics of the users (Chakraborty, Islam Chowdhury, Bari & Akhter, 2003; Onah, Ikeako & Iloabachie, 2009).Others are average population covered by health facilities, less waiting time, availability of drugs and their functional status (Jaro & Ibrahim, 2012).Also included are age, sex, and marital status of the people (Odefadehan 2022, Adefalu, Awoete, Aderinmoye, Abdulwahab and Issa 2017).

The private hospitals as well as traditional medicine play a central role in meeting with the health demands of rural dwellers because access to public healthcare is especially restricted in rural areas. Members of a community can make decisions on the type of healthcare service to patronize based on their level of income and how health care services rendered by health care system regardless of ownership and influenced the cost effectiveness. Mills, Brugha, Hanson and McPake (2002) revealed "that in low-income countries, private services are popular because they are often available, cheap and are adjusted to the purchasing power of the clients, as when partial doses of drugs are sold." However, Rana, Alam and Gow (2020) study confirmed that affordability of services rendered encourage members of the public to access health care facilities for their health care needs. The studies by Odefadehan, Olalekan and Adereti, Oladoyin (2021) and Ahmad, Koya, Said and Adam (2019) concluded that patients from lower socioeconomic status have a higher probability of choosing health care at the public hospitals. Community members take their families to the nearby public primary health care facility for their health care needs. In addition, the findings of Rana, Alam and Gow (2020) showed that patients from lower-income households are 1.4 to 1.8 times more likely to choose public patient care compared to patients from higher-income households.

Educational level of patients may be a determining factor of the type of healthcare system to patronize. Patients with higher education levels (> high school) are 1.56 times less likely to opt for public patient care in comparison to a patient with lower education levels Odetola (2015) and Rana, Alam and Gow, (2020). This position was equally strengthened by the findings of Odefadehan et. al (2021) that affirmed that people with high educational status are more likely to patronize private health facilities.

The expectation of long waiting periods is an important factor for a patient taking up public cover or private care (Dixit & Sambasivan, 2018). Patients may choose a private hospital to avoid long waiting times at public hospitals. Many studies have shown that private hospital cover encourages patients to consume private care when compared to public health care. This practice could be as a result of individuals to be treated as private patients having shorter time waiting for treatments; the ability to choose their physicians and enjoy better amenities (e.g. private rooms) (Buchmueller, Fiebig, Jones & Savage, 2013). Patients such as the elderly, people of high economic standing, those with long-term

health conditions and lower health status may choose private care over public care, as they often do not wish or cannot wait a significant time for treatment.

Quality of healthcare services rendered by the private or public hospitals is another major concern of the people before considering patronizing them. The quality of health service may refer to disposition of health personnel, competence, adequate number of staff and health infrastructures. Many patients perceived private hospitals to be more reliable than public hospitals. In addition, the respondents trusted employees of private hospitals more than they trusted staff of public hospitals (Pia, Karen, Alabi & Imoh, 2014). Within the scope of study conducted by Soysal and Yağar (2017), participants stated that the staff competencies factor in private hospitals is better than that of public hospitals.

Positive disposition of health personnel is most likely to influence the patronage for health care services. Based on the research study conducted by Ahmad, Koya, Said and Adam (2019) on the disposition of health workers and the utilization of Public Health Care Services, majority of the respondents opined that positive behaviour of the workers has an influence on the utilization of the Public Health Centres in Kumbotso.

Another remarkable matter of the hospitals is their health infrastructures (physical facilities and availability of drugs). Different studies (Ross & Venkatesh, 2015; Mosadeghrad, 2014) have stressed that the physical structure have an important role in the improvement of service quality. To add, the public healthcare facilities at the primary, secondary and tertiary levels in Nigeria are few and geo-politically not distributed equitably. They lack facilities and personnel, more grossly at the local government area levels and in rural areas (Asuzu, 2004) hence; the private sector fills the vacuum and makes most impacts in the primary healthcare system using both modern western and traditional hospitals and clinics.

The most significant factors that influence patients' preference for either the government or private owned healthcare facilities is still unknown. Furthermore, to the best of authors' knowledge; no study has yet examined the differences in healthcare patronage for patients in rural communities. To address these gaps in the literature, this paper aims to assess the discrepancies that exist in the patronage of public and private healthcare facilities and to identify the socioeconomic status, demographic and technical factors that influence the choice of health facility patronage (public vs private) of rural community dwellers of patients in Ondo South Senatorial District of Ondo State Southwest Nigeria.

Research questions

1. Will the income of patients significantly influence the patronage of public or private health facilities in Ondo South rural communities?
2. Will the educational level of patients significantly influence the patronage of public or private health facilities in Ondo South rural communities?
3. Will age significantly influence the patronage of public or private health facilities in Ondo South rural communities?
4. Will gender significantly influence the patronage of public or private health facilities in Ondo South rural communities?
5. Will religion significantly influence the patronage of public or private health facilities in Ondo South rural communities?

Methodology

The study adopted a descriptive research design of the survey type. The study was carried out in Ondo State South-Western, Nigeria. The state was preferred for the study because of the recent overhauling and revitilisation of the health sector by the immediate past administration that won the accolades of the World Health Organisation (WHO) and World Bank Group (The Guardian 2016). The population

for this study consists of all rural dwellers in Irele Local Government Area of Ondo South Senatorial District. The sample for the study consisted of 150 respondents. Multi stage sampling technique was used for the study. Stage 1; Simple random technique was used to select 10 rural communities from the local government area. Stage 2; The 10 rural communities were stratified into 10 linear streets. Stage 3; from the stratified streets, three streets each were selected using the simple random sampling technique totaling 30 streets. Stage 4; Five respondents were selected from each street of the 30 streets using the systematic sampling technique where respondents were selected from each 10^{th} houses on each street. However, 26 participants could not turn in their questionnaire and this reduced the number of questionnaire to 124, at the point of analysis. A self- constructed questionnaire was used for data collection.

The items in the self-constructed questionnaire were carefully reviewed and submitted to experts in the related field for validation. Comments and corrections made by experts were carefully effected by the researchers. To determine the reliability of the instrument a test re-test technique of two weeks interval was employed. This was administered on 20 randomly selected respondents from the target population. These respondents were excluded from the main study. A reliability of 0.89 was obtained using Pearson Product Moment Correlation Coefficient and was considered adequate for the study. Alpha was set at 0.05

The instruments were administered by the researchers and three trained research assistants. The descriptive statistics of frequency counts and percentage was used to describe the demographic characteristics of the participants while chi- square statistics was used to analyse data collected with regard to the research questions raised,

Table 1: Demographic data of respondents

	Frequency	Percent	
Age	Below 18	36	29.0
	19-28	24	19.4
	29-38	20	16.1
	39-48	31	25.0
	49 and above	13	10.5
Gender	Male	58	46.8
	Female	66	53.2
Religion	Christianity	107	86.3
	Islam	14	11.3
	Traditional	1	.8
	Others	2	1.6
Highest educational level	non formal	2	1.6
	Primary	10	8.1
	Secondary	27	21.8
	Tertiary	85	68.5
Monthly income (in naira)	less than 10,000	42	33.9
	11,000 - 50,000	39	31.5
	51,000 - 100,000	26	21.0
	101,000 - 200,000	13	10.5
	201,000 and above	4	3.2
Type of health facility	private owned	52	41.9
	government owned	72	58.1

	Total	124	100.0

Table 1 indicated that majority of the respondents are between 39-48 years (25%), while the lowest age group respondents are 49 years and above (10.5%); the female gender led this study with a frequency of 66 (53.2%); the most common religion practiced in this study is Christianity (86.3%); a large number of the respondents are graduates (68.5%); respondents who earn less than 10,000 naira are the largest (33.9%), while 4 (3.2 %) of respondents earn above 200,000 naira monthly; while 72(58.1%) of the study respondents patronize government healthcare facility.

Table 2: chi-square analysis on the influence of level of education on the patronage of public or private health facilities

		Healthcare Facility Patronage.				
		Private owned	Government owned	Total	df	Sig
Highest level of education	non formal	0	2	2	3	
	primary	7	3	10	3	.057
	secondary	14	13	27	1	
	tertiary	31	54	85		
Total		52	72	124		

Table 2 showed that the influence of level of education on the patronage of public or private health facilities is close to being statistically significant (p=0.057). The table further showed that respondents who are graduates patronise government owned health facilities than every other respondents in other levels of education. On the other hand, respondents who are primary and secondary school leavers patronise private owned health facilities while respondents with no formal education do not patronize private hospitals at all.

Table 3: chi-square analysis on the influence of age on the patronage of public or private health facilities

		Healthcare Facility Patronised				
		Private owned	Government owned	Total	Df	Sig.
Age range	Below 18	20	16	36	4	
	19-28	5	19	24	4	.082
	29-38	7	13	20	1	
	39-48	13	18	31		
	49 and above	7	6	13		
Total		52	72	124		

Table 3 indicated that age has no significant influence on patronage of public or private health facilities (p=0.08). In addition, this table showed that respondents below 18 years patronize private facilities than respondents in other age groups. Also, respondents within the age range 19-28 patronise government owned health facilities, followed by respondents within 39-48 age bracket. Older people who are 49 years and above tend to patronize private health facilities more.

Table 4: chi-square analysis on the influence of religion on the patronage of public or private health facilities

		Healthcare Facility Patronized				
		Private owned	Government owned	Total	Df	Sig,
Religion	Christianity	46	61	107	3	
	Islam	4	10	14	3	.473
	Traditional	1	0	1	1	
	Others	1	1	2		
Total		52	72	124		

Table 4 revealed that there is no significant influence of religion on the patronage of public or private health facilities. The table also showed that Christians patronize government owned hospital than every other religion, followed by the Muslims. More so, respondents who are traditional worshippers patronize private owned health facility while respondents from other religion patronize both government and private owned healthcare facilities.

Table 5: chi-square analysis on the influence of income on the patronage of public or private health facilities

		Healthcare Facility Patronage.				
		Private owned	Government owned	Total	Df	Sig.
Monthly income (in naira)	less than 10,000	18	24	42	4	
	11,000 - 50,000	12	27	39	4	.044
	51,000 - 100,000	15	11	26	1	
	101,000 - 200,000	7	6	13		
	201,000 and above	0	4	4		
Total		52	72	124		

Table 5 showed that income has a significant influence on the patronage of public or private health facilities (p=0.04). Respondents who earn between 11,000 to 50,000 naira patronize public health care, followed by those who earn less than 10,000 naira. However, people who earn above 200,000 naira patronize public hospitals more. While respondents who earn between 51,000 to 200,000 naira monthly prefer to patronize private hospitals.

Table 6: chi-square analysis on the influence of gender on the patronage of public or private health facilities

		Healthcare Facility Patronized				
		Private owned	Government owned	Total	Df	Sig.
Gender	male	32	26	58	1	
	female	20	46	66	1	.006
Total		52	72	124		

Table 6 revealed that gender has a significant influence on the patronage of public or private health facilities. This table also showed that males patronize private hospitals while females patronize government hospitals.

Table 7: chi-square analysis on the influence of length of waiting period on the patronage of public or private health facilities

		Healthcare Facility Patronage.				
		Private owned	Government owned	Total	Df	Sig.
Waiting period	Long	36	31	67	1	.004
	Short	16	41	57	1	
Total		52	72	124		

Table 7 indicated that length of waiting in the hospital has a significant influence on the patronage of public or private health facilities. Respondents prefer to patronize government owned hospitals to avoid long waiting hours in private hospitals.

Table 8: chi-square analysis on the influence of service quality on the patronage of public or private health facilities

		Healthcare Facility Patronised				
		Private owned	Government owned	Total	Df	Sig.
Quality of service	Good	27	21	48	1	
	Bad	25	51	76	1	.015
Total		52	72	124		

Table 8 indicated that the quality of service in the hospital has a significant influence on the patronage of public or private health facilities. Respondents prefer to patronize private owned hospitals because of the good service delivered when compared to that of the public hospitals.

Discussion

Findings from the study revealed 71% of the respondents were above 18 years of age, which is an indication that they are predominantly adults by Nigerian constitutional parameter of adulthood. The respondents were mostly adults of average age of 45 years who are more knowledgeable of the quality of services, available equipment, effectiveness of the personnel and the confidentiality trust cum accessibility of the personnel in the available health facilities. They can take decisions themselves on the choice of available health facilities to be patronized when the need arises. This finding corroborates the findings of Adefalu, Awoete, Aderinmoye-Abdulwahab and Issa (2017) in their study of health care services in Ilorin Kwara State, Nigeria where the mean age of women was found to be 45 years. Thus, age and livelihood stress would make the people to have a form of ailment that would warrant visiting available health facilities determinable by themselves.

The study found that 85.7% of the total respondents had one form of formal education or the other. It was discovered that those with higher degrees would patronise private health facilities more than those with lower formal education while those without formal education may wish to employ self-medication or visit public owned available health facilities. This finding affirmed the finding of Odetola (2015) that reported that a very large percentage of the respondents are influenced as to their choice of the type of health facilities they patronize based on their level of education. This is a very big pointer to the fact that when the literacy level of the people is raised it will commensurately reflect

positively in the totality of their well-being. The study further revealed that over 80% of the respondent are Christians and over 60% percent of them patronises available public health facility. The finding therefore revealed that Christianity is a popular religion in Ondo State where the study was conducted. It equally implied that Christian culture does not prevent members from utilizing health facility when the need arises. This is in agreement with the finding of Odefadehan et.al (2021) which found that over half of the respondents were Christians and they were patronizing available health facilities for health services.

The study equally showed that 41.9% of the respondents are local private entrepreneurs whose monthly income could not be easily ascertained and that 33.9% earns less than 10,000 naira monthly during the era of COVID0-19 which aggravated high exchange rate. The implication of this is that over 50% of the respondents might be earning less than 30,000 naira as monthly income which may be inferred that they earn less than the national minimum wage. This is to say that they averagely earn less than $100 US Dollars as monthly income. The income of an individual has an influence on the decision or choice of such an individual.

It was revealed that those with average source of income would patronize available public health facilities, while those with higher monthly income would prefer available private health facilities and the rest whose monthly income is on the lower ebb may likely resort to self-medication of across the counter drugs without expert prescription. The income of a family is an index of measure of their wealth and it would strongly influence the decision making process of the family on the type of health facility to visit, duration of visit, and other actions to be taken during and after the visit. This finding is in total agreement with the findings of Odefadehan et.al (2021) which posited that the income of a household determines to a large extent the ability to patronize and pay for required health care services. Economic resources (such as income and wealth) enable access to material goods and services, including health-care services.

The study equally revealed that 66% of the respondents are female adults. Women generally have higher health-care utilization than men. Although it had been thought that women receive health care primarily during child-bearing years for reproductive health, many health-care utilizations occur during and after menopause for such issues as cardiovascular disease and osteoporosis (Owens, 2008). Other studies have shown that women make more primary health care visits and receive more diagnostic services, screening services, diet and nutrition counseling, and sexual health care than men even though men generally have higher rates of obesity and cardiovascular problems (Salganicoff et al., 2014). This implies that as most of them are female adults, who could have been married and might be nursing mothers.Theefore, could influence their spouses on their decisions to patronise available health care facilities for services ranging from pre-pregnancy counselling, ante natal care, postpartum health care, children immunization, taking care of sick children and dependents. This finding is in total agreement with the finding of Odefadehan et.al (2021) who posited that spousal influence on the choice of patronage of available health facilities by family members is very strong.

Waiting time to access health care services was seen to be very significant in determining the choice of available health facility to be patronized by respondents. This is in agreement with the position of Dixit and Sambasivan (2018) that postulated that people with good economic standing would prefer patronizing private health facilities to avoid long waiting time, privacy and confidentiality. Respondents preferred to visit available private health facilities because of the timeliness to access required health services. This is finding also supports the position of the National Centre for Health Statistics (US), (NCHS 2017b) on the significance of timeliness to access health care services as it has the possibilities of enabling patients and physicians the opportunity to prevent illness, control acute episodes, or manage chronic conditions any of which could avoid exacerbation or complications.

The study equally found that a significant percentage of the respondents preferred the quality of service of available private health facilities to the public health facilities. This would not be unconnected with the dwindling economy of the state occasioned by the COVID-19 pandemic resulting in the inability of the state to pay the salaries of the health workers, industrial strike action of health workers, inability to procure drugs and required equipment among others at time of this study. This findings is in consonance with the findings Pia, Karen Alabi, and Imoh 2014 that affirmed that quality of service determines to a significant degree the choice of patronage of health facility as was been upheld by the findings of Sulaiman, Rabbani, Alshaya, Alyahya et.al (2022). The quality of service of any given health facility is a factor of the activities, services and availability of equipment. These factors would greatly influence the choice of patronage of such health facility and the level of satisfaction will derive from the services rendered.

Conclusion and Recommendations

To sustain the confidence of the rural community dwellers in patronizing available health facilities for health care services, health care providers should ensure that there will be timely and prompt response to the needs of the patients who seek medical help. The governments and her agents must try as much as possible to ensure there is improved health services by adequately making provision for modern equipment, staffing and regular payment of emoluments of health workers. Health care facilities should equally be upgraded. Modern technology should be deployed for records keeping, treatment and other services that would help patients derive maximum satisfaction. Government at all levels should ensure health facilities are located within a short distance to the rural dwellers and most importantly there should be accessible roads to all available health facilities.

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