

**THE IMPACT OF HEALTHCARE SERVICES UTILIZATION TOWARDS
ACHIEVING HEALTH PROMOTION IN NIGERIA**

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Abstract

Healthcare services utilization is essential for longevity and health promotion. The presence of healthcare facilities alone is not required for utilization, but depends on predisposing factors. Staying healthy by individual in a community to cope with life demands has been recognized since primitive times. However, everyone must strive hard to achieve this goal. This paper reviews how healthcare service utilization has been described as the product of interactions between healthcare professionals, patients and the generation of health services in Nigeria. The paper also reviewed positive and negative Impacts of Healthcare Services Utilizations in Nigeria and proffered way forward. Ways of Traditional/modern medicine and availability of Healthcare services utilizations were elucidated. Finally, the paper proffered some possible solutions to eliminate these identified problems and factors leading to effective utilization of Healthcare Services in Nigeria. Suggestions for promotion of Healthcare services utilizations in Nigeria included: Rehabilitating and equipping existing Primary Health Cares with modern equipment; employing more qualified healthcare professionals in PHCs; Community Involvement; Increasing Access and Affordability; Enhancing Quality and Relevance; Leveraging Digital Technologies; Raising Awareness and Community Participation is crucial to improving healthcare utilization in rural areas of Nigeria.

Key words: Primary Healthcares (PHCs), Services, Utilization, Impact, Health promotion.

INTRODUCTION

In Nigeria, Healthcare service organizations have a multifaceted impact, influencing both public health and the broader socio-economic landscape. However, they play a crucial role in providing healthcare services, challenges like weak infrastructure, inadequate funding, and staffing shortages hinder their effectiveness, potentially exacerbating inequalities and hindering public health advancements. The choice of healthcare facility among people may vary from person to person and from place to place depending on various factors pre-disposed to the end users (Abiodun, 2014). Although good utilization of health services in any society serves to

improve the quality of people's health, studies have shown that healthcare utilization by people depends on availability, quality of service, socio-economic status of the people and personal characteristics of the users (Chakraborty *et al.*, 2015; Manzoor *et al.*, 2019; & Onah *et al.*, 2019).

Globally, the healthcare delivery system is a blend of both public and private healthcare providers. Especially in Nigeria, healthcare provision is the responsibility of the three tiers of government with the private sector also playing along (Akhtaw, 2019). The federal government plays the role of controlling the affairs of the tertiary healthcare system while the state government manages the various secondary healthcare delivery systems and the local government focuses on supervision of primary healthcare services. In the private sector, healthcare delivery is broadly categorized into those that provide primary care (general practitioners), those that provide secondary care, and those that provide both primary and specialist care (Awoyemi, 2017).

People make use of health-care services to diagnose, cure, or ameliorate disease or injury; to improve function; or even to obtain information about their health status and prognosis. Many factors affect health-care utilization, including need (Krahn, 2015). The need for services affects differential use of health utilization for specific populations. Ideally, need is the major determinant of health-care utilization, but other factors clearly have an impact. They include poverty and its correlates, geographic area of residence, race and ethnicity, sex, age, language spoken, and disability status. The ability to access care—including whether it is available, timely and convenient, and affordable—affects health care utilization (Lagu, 2015).

The utilization of healthcare services is influenced by the need for care, or whether members of a society realize that they need care, or whether they want to obtain care, and or whether care can be accessed. Quality healthcare is a construct separate from access and is

related to the achievement of favorable outcomes associated with utilization, not to whether health-care utilization occurs at all or to difficulties in obtaining care(Kale, 2015). In theory, health-care utilization should correlate highly with the need, however defined, for services. But, some services are needed and not obtained, and others are utilized but not clearly indicated, or are indicated only after other protocols are followed (Kale *et al.*, 2015; Kressin and Groeneveld, 2015; Lyu *et al.*, 2017).

The concept of health promotion (HP) is well known to those in health and allied-health professions, especially the students of Public Health Technology and Health Education. Nevertheless, there is need to remind ourselves the definition of this important concept. In the Ottawa charter for health promotion, the world Health Organization (WHO-1986) define health promotion as as the process of enabling people increase control over and to improve their health. The definition encompasses not only dissemination of health information, but also social changes in the life of people. Health promotion emphasizes the role of individual wellness and collective well-being (United States Department of Health and Human services, 2015). Therefore, the purpose of this discourse was to review the current literature pertaining to the impact of healthcare services utilization towards achieving health promotion. There are two major impacts on healthcare services utilizations which includes:

Positive Impacts

1) Economic Empowerment: Private health institutions contribute to economic growth by creating jobs and reaching a wider population, potentially reducing the burden on government hospitals.

2) Access to Care: The presence of private and public healthcare facilities, including primary health care centers, can improve access to essential services and reduce the risk of preventable diseases.

3) Disease Management: Effective healthcare organizations can manage infectious and chronic diseases, leading to improved health outcomes and reduced mortality rates (Tanimola, 2019).

Negative Impacts

1) Underfunding: Insufficient government funding leads to weak infrastructure, inadequate equipment, and shortages of essential supplies and personnel, impacting the quality of care.

2) Inequitable Access: The reliance on secondary and tertiary care facilities, due to inadequate resources at the primary level, creates disparities in healthcare access and affordability.

3) Infrastructure Deficiencies: Poor infrastructure, including inadequate roads, electricity, and telecommunications, can hinder the delivery of healthcare services, especially in rural areas.

4) Staffing Challenges: Low morale, inadequate training, and high turnover rates among healthcare workers can compromise the quality and efficiency of service delivery.

5) Social and Economic Disparities: The healthcare system's inability to effectively address social determinants of health contributes to inequalities in health outcomes (Uchendu, 2015).

Traditional/Modern medicine ways of Healthcare Services Utilization

Traditional medicine's competition with modern medicine is also a concern. A survey in Benin City, Nigeria found more traditional health facilities than modern ones. Theoretical explanations exist for healthcare facility utilization. Anderson (2019) identified three factors: propensity, enabling, and basic need. However, Anderson identified three basic factors in his Healthcare Utilization Model that may determine the utilization of health facility by people. The first one he identified is called the propensity factor, suggesting that an individual will likely

utilize a health facility if he/she believes that such health facility will be useful for his/her treatment. The second factor called enabling factor includes access to health insurance, family and community support, as well as the location of the individual, while the third factor, called the basic need factor, which entails perception of the need for health services, is socially evaluated (Anderson, 2019).

Modern medicine: The first record of modern medical services in Nigeria was discovered during the various European expenditures in the early-to-mid nineteenth century, as being provided by doctors brought by explorers and traders to cater for the well-being of the Europeans, while the natives were left to die from their diseases (Chukwani, 2016). Since independence in 1960, Nigeria has had a very limited scope of legal coverage for social protection besides over 90 percent of the Nigerian population being without health insurance coverage. The Nigerian health system has been evolving over the years through health care reforms aiming to address the public health challenges confronting it. This includes:

- 1) National Health Insurance Scheme (NHIS)
- 2) National Immunisation Coverage Scheme (NICS)
- 3) Midwives Service Scheme (MSS) and
- 4) Nigerian Pay for Performance scheme (P4P).

However, inability to address public health challenges contributes to poverty and weak health system. Political instability, corruption, limited capacity, and unstable economy hinder health services in Nigeria. Households and individuals in Nigeria face burden of dysfunctional health system, delaying care and paying for unaffordable services (Edlyne, 2020).

NHIS: After many attempts at implementing legislation on health insurance since 1960, NHIS, although established in 1999, was eventually launched only in 2005. The goals of the NHIS were to:

- 1) Ensure access to quality health care services and provide financial risk protection,
- 2) Reduce rising costs of health care services and ensure efficiency in health care through programmes such as the:
 - 3) Formal Sector Social Health Insurance Programme (FSSHIP), Mobile Health,
 - 4) Voluntary Contributors Social Health Insurance Programme (VCSHIP),
 - 5) Tertiary Institution Social Health Insurance Programme (TISHIP),
 - 6) Community Based Social Health Insurance Programme (CBSHIP),
 - 7) Public Primary Pupils Social Health Insurance Programme (PPPSHIP) (Androcare & Bamidele, 2024).

Primary healthcare (PHC) facilities are crucial in providing basic healthcare services at the grassroots level. However, studies indicate that PHC service utilization is often low, and perceptions of service quality can be a barrier. Conversely, people use health care services to cure illnesses and health conditions. Utilization is determined by the need for care, awareness of the need, desire for quality care, etc. Health promotion is essential for society, but some barriers exist globally (Abiodun & Olu-Abiodun, 2014).

Availability of Healthcare Services Utilizations in Promotion of Health in Nigeria

In Nigeria, while a significant portion of the population has access to healthcare services, utilization rates remain relatively low. Factors like geographical distance, perceived poor quality, and unavailability of resources can impact the utilization of available healthcare facilities.

Government and private facilities both play a role, with government hospitals being the most frequent source of care for many (Sule, *et al*, 2018).

1) Access vs. Utilization: Studies indicate that while a considerable percentage of the population has access to healthcare facilities (e.g., 58 percent in one study), the actual utilization of these services is lower (e.g., 42.5 percent in the same study).

2) Geographical Barriers: Distance and accessibility issues can impact healthcare utilization, particularly in rural areas. Some studies suggest that a significant proportion of people travel a considerable distance (e.g., 5-9 km) to reach healthcare facilities.

3) Perceived Quality and Resource Availability: Poor quality of services, unavailability of medical doctors, long waiting times, and lack of drugs can deter people from utilizing primary healthcare facilities.

4) Factors Influencing Utilization: Studies have identified various factors influencing healthcare utilization, including: Socio-demographic factors: Sex, age, and religious beliefs can influence healthcare choices.

5) Economic factors: Income and insurance coverage play a role in determining healthcare access and utilization.

6) Psychological factors: Perceptions of quality, trust in healthcare providers, and cultural beliefs can impact healthcare decisions.

7) Public vs. Private Healthcare: While government hospitals are a frequent source of care, private facilities are also utilized, with higher rates of utilization among younger individuals and males (Rosenstock, 2019).

Possible Ways to Promote Healthcare Services Utilizations in Nigeria

There are a number of strategies that can be used to promote healthcare service utilization in Nigeria. They are as follows:

1) Strengthening Primary Healthcare (PHC):

- a) Position PHC as a central point of access and gatekeeper in the health system.
- b) Community Involvement: Involve community members in the planning and management of PHC services, including village health committees.
- c) Mobile PHC Services: Ensure PHC services are accessible to all, especially in remote and rural areas, through mobile units.
- d) Adjusting Working Hours: Adjust working hours of PHC centers to accommodate the needs of specific groups, such as mothers, children, and the elderly.
- e) Family Health Files: Develop and use family health files/cards to facilitate quick acceptance, access, and management of health information for families on the move.

2). Increasing Access and Affordability:

- a) Expanding Healthcare Infrastructure: Establish more health centers in underserved areas, including remote populations.
- b) Reducing Travel Costs: Address transportation barriers to health facilities, such as improving road infrastructure and offering subsidized transport.
- c) Financial Protection: Promote health insurance and ensure access to affordable healthcare services, including the Basic Health Care Provision Fund.

3). Enhancing Quality and Relevance:

- a) Regulatory Frameworks: Improve regulatory frameworks to ensure patient safety, effectiveness, and treatment responsiveness.

b) Focus on Specific Groups: Prioritize care for specific groups, such as mothers, children, and the elderly, and address the unique needs of nomadic communities.

c) Data Collection and Analysis: Collect and analyze data on health service utilization to identify gaps and tailor interventions.

4) Raising Awareness and Community Participation:

a) Public Awareness Campaigns: Increase awareness about the importance of preventive healthcare and utilize various channels for communication, including community radio and mobile phone messages.

b) Mobilization and Sensitization: Conduct sensitization and community mobilization activities to promote the use of healthcare services, especially among rural populations.

c) Community Health Workers: Deploy community health workers to reach out to individuals and families in remote areas and provide health education.

5) Leveraging Digital Technologies:

a) These includes using digital Health Tools; Utilize digital health tools, such as telemedicine and mobile health applications, to improve access to information and services, particularly in remote areas.

b) Telehealth: Expand access to telehealth services, including remote consultations and diagnosis, to improve access to specialist care.

b) Digital Health Literacy: Promote digital health literacy among the population to ensure effective use of digital health tools.

Conclusion

While healthcare services Utilization remains a global problem, its persistence in Nigeria is attributable to lack of funding and inadequate government investment in health sector to

improve infrastructure, staffing and training of professional health workers. Addressing these maladies with concerted efforts from governmental and non-governmental agencies, a great improvement can be achieved if the recommendations of this paper are implemented.

Recommendations

- 1) Rehabilitating and equipping existing PHCs with modern equipment and employing more healthcare professionals in PHCs.
- 2) Improving community engagement and participation to enhance health service access and uptake.
- 3) Implementing targeted interventions to address barriers to healthcare utilization cum availability, accessibility, and Utilization of Primary Health Care from time to time.

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