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Socio Economic Differentials and Health Care Services Utilization in Calabar Metropolis, Cross River State, Nigeria

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Abstract
With global demand for health care services utilization, the socio-economic positions or differentials of individuals sometimes debar the individuals from effective utilization as well as reduction in level of health seeking behaviour. This study examines socio-economic status of people in Calabar Metropolis as it affects their utilization of health care services. It examines whether educational attainment, occupation, income, marital status, poverty as well as cultural factors were predisposing factors for effective or poor utilization of health services among the people of Calabar Metropolis. Three objectives were formulated for the study. Relevant literatures to the phenomenon were reviewed as well as theoretical orientations considered as framework for the study. The methodology for this study adopted as cross-sectional survey design using a sample size of 200 subjects randomly selected. A major finding of this study was that there is a relationship between people's educational attainment and utilization of health care services. Based on these findings, it was recommended that there should be a general improvement in the socio-economic status of people in areas of availability and compulsory education, from primary, secondary and tertiary institutions, employment opportunities, as well as equitable distribution of income and reduction in high cost of medicare for effective and equal utilization of health care services in the study area.

Keywords: Socio-economic differentials, health services and health services utilization

1. Introduction

Background to the study

Socio-economic status of people plays an important part in the level of health seeking behavior. Information about health and/or utilization of health care facilities could aid people's general health condition. This issue is particularly worrisome especially in Sub-Saharan Africa where almost 70 percent of the population are of low socio-economic status and are most found in rural communities or confined sector of the economy (Women's Health, 2013)

The decision to utilize health services involves several stages which include: visibility and recognition of symptoms, the extent to which the symptoms are perceived as life threatening, the amount of tolerance for the symptoms, and basic needs that leads to denial of health services utilization (Etobe, 2005, Lukpata, 2016). Several factors such as cultural, social, gender, economic and geographical variables predispose people to poor utilization of health services (Olayiwola, 2006). The dimensions typically associated with socio-economic status or differences are occupational status, educational achievement, income, poverty and wealth etc. (Krieger 2003).

In many societies whether rich or poor, people of greater economic privileges tend to enjoy better health than their low income counterparts. According to Oke & Owumi (1996), the choice of health facilities for health care by an individual is largely determined by his/her satisfaction with services and the perceived quality such as availability, accessibility, affordability of services, cultural beliefs, urgency of care needed and whether the kinds of services provided meet the need of the user. In Nigeria, health care delivery system comprises both public and private health services. In the public sector, the services are in

three levels which include; Primary, Secondary and Tertiary Health Care which corresponds to the three tiers of government viz: local, state and federal governments. Wiggers, et al (1995) in their study of Prevalence and Frequency of Health Services Use: Associations with occupational and educational attainment also observe that the dimensions of educational level, income level, poverty, occupation as well as cultural factors are all seen as predisposing factors or triggers to the utilization of health services.

1.2 Statement of the problem

In many societies, socio-economic status of individuals has a lot of influence on the aggregate of the social and economic privileges and opportunities available or deniable to an individual. This, most often is because, the individual cannot afford the utilization of such public health services or facilities or do not have adequate information that can enhance utilization of such public health services or facilities or both. Both of these problems are actually by-products of the socio-economic differences in which the individual is placed in the society, because either he or she does not have the needed income or lacks the awareness of utilizing health services.

In some part of the studies on the utilization of medical services and on the distribution of major diseases in Nigeria, general statement about the attitude of the people to modern medicine as well as the ecological variations in the distribution of diseases have been made. There seem to be lack of detailed studies of the pattern of utilization of health care services as well as spatial patterns of diseases in both urban and rural areas of Nigeria (Calabar Metropolis inclusive). There is therefore the need of this type of study so that the medical needs of the population can be effectively determined. This will go a long way in enhancing optimal allocation of scarce resources in developing countries like Nigeria.

That is, multivariate determinants affect the utilization of health care services in society thereby increasing morbidity, chronicity and mortality among the populace. The interplay (interlocking) of these socio-economic and socio-cultural variables in the use or utilization of health care services by the people of Calabar Metropolis were examined by this research. Almost everywhere in the world, the people of low socio-economic status are vulnerable to a lot of health hazards. This has prompted this research to examine the socio-economic differentials and health care services utilization among the people of Calabar Metropolis of Cross River State, Nigeria.

1.3 Objectives of the study

This research was poised to:

i. Identify the various socio-economic differentials affecting health services utilization in Calabar Metropolis
ii. Examine the relationship between income levels, educational attainment and people's utilization of health care services in Calabar Metropolis
iii. Make suggestions and recommendations that will help address the existing problem affecting effective utilization of health care services in the study area and ways of achieving equal utilization by all.

1.4 Research hypotheses

These hypotheses guided the focus of this study and were tested at the end of the study.

i. There is no significant relationship between people's educational attainment and their utilization of health care services in Calabar Metropolis
ii. There is no significant relationship between income level of the people and health care utilization in Calabar Metropolis.

1.5 The concept of Health care services utilization:

Health care services utilization (HCS) according to Ntela, Mokgatle-Nthabu & Oguntibeju (2010) refers to the actual number of persons making use of healthcare facilities in a given locality and at a given period. This can be calculated by "counting the number of new consultations in all healthcare facilities in the population, divided by the total population and multiplying by a correction factor to calculate the annual number". HCS utilization is more often measured because it is usually easier measured since coverage measurement is often poor especially during emergencies.

1.6 Socioeconomic differentials affecting Health care services utilization

1.6.1 Income:

A large number of studies link income to HCS utilization. Even when cost barriers are eliminated, differences in utilization among various groups within a population still exist. Availability of, and access to quality health care services affect all aspects of help-seeking behavior. Access to health care is critical to preventing the onset of disease as well as early identification of health issues and prevention of severity and chronicity. Although health care is important to all people, it may be particularly significant among people of poor health status, chronic conditions or disabilities. Appropriate utilization of health care services can be hampered by limited financial resources, language, transportation and other barriers (Richardson, 1970). According to the Women's Health (2013), barriers to receiving needed health care can include cost, language or knowledge barriers, long waiting hours, etc. in studying illness behavior among the working class. Zola (1964) identified three triggers that can give birth to a decision to seek medical care. The first was an interpersonal crisis that calls attention to the symptoms. The second is social interference occurring when symptoms begin to interfere with value social activities. The third trigger was the sanctioning which occurred when significant others told him to seek such care or when they perceive a threat to their vocational or avocational activities, and when they were able to compare the nature and quality of the symptoms currently experienced with symptoms they or their cohort had experienced on an earlier episode of the illness.

WHO (1999) notes that, economic factors are seen as affecting the availability of treatment when the cost of treatment rises above what an individual can pay, or what they consider appropriate for the perceived seriousness of the illness. It has been established through research that high charges or cost of medicare is a strong factor that discourages people from using health care facilities. Okafor (1983) & Jegede (2010) observe that, civil servants utilize

hospital services more than farmers, traders and craftsmen, and suggest that, visits to hospital by civil servants are not accompanied by loss of income, which explains why the self-employed like the farmers, traders, etc do not frequently utilize hospitals because of long times used for consultation and other hospital routines. It is again observed that education and demand for health care services are positively correlated. Grossman (1972) observes that, the educated are usually more cautious and conscious of their health and tend to use health care services more than the uneducated. This buttresses the fact that, education is a catalyst to health services utilization in society.

1.6.2 Residence:
An individual's place of residence could play a major role in the utilization of health care services. Residents of urban areas who have health care facilities proximal to them, would continuously utilize these facilities as a result of their proximity than residents of the rural areas who do not have these facilities in their vicinity. This stance is supported by the distance – decay model propounded by Berry & Garrison (1958) and Central Place Theory by Christaller (1933). These models emphasize the fact that a potential consumer would normally travel to the nearest centre within whose range he lives. Such a behavior is however contingent upon the consumer making rational and economic decisions based on his possession of full knowledge of the costs and alternatives involved.

1.6.3 Educational attainment:
Educational attainment has been identified to have a positive correlation to the utilization of health care services in society. Haralambos & Holborn (2008) observe that an individual's educational attainment can affect the decisions he/she makes including health seeking behaviour. This according to them is because education increases an individual's worldview and liberates him from ignorance and squalor. The more a person is educated, the higher the propensity for him to make better choices. It has been established by Oke & Owumi (1996) that people with little or no educational exposure are more traditionally oriented in terms of their choice of health care. That is, they usually preferred the use of traditional methods of medicare than orthodox or modern methods. This explains why the highly educated populace in Calabar Metropolis utilizes health care facilities more than the uneducated.

1.6.4 Marital status:
The marital status of an individual can improve one's socioeconomic status in society. This can as well affect the health seeking behavior of an individual. For example, a lower or middle class man or woman who marries from the upper class, will automatically metamorphose into the upper class with its attendant benefits which include, increased income, improved condition of living and changed lifestyle. These life changes could affect his/her new way of life including choices in life. This could affect his/her health seeking behavior which now changes for better as a result of availability of resources. Conversely, an individual married to his/her counterpart in the lower class, may be disprivileged or disadvantaged by paucity of resources, hence unable to make good health seeking choice as a result of his/her marital status.

1.7 Theoretical Framework

1.7.1 The Social Inequality Theory of Health Utilization:

This theory was made popular by scholars like Max Weber (1864 - 1920), who is believed to be one of the three great founding fathers of Sociology, with Karl Marx and Emile Durkheim. Although Weber identified aspects of the social structure as class, status groups and bureaucracy, all of these groups were made up of individuals carrying out social actions (Haralambos & Holborn, 2008). According to this theory, social inequality occurs when resources in a given society are distributed unevenly, typically through norms of allocation that engender specific patterns along lines of socially defined categories of persons. For example, economic inequality usually occurs as a result of unequal distribution of income and wealth. Max Weber defines health inequalities as differences in health status or in the distribution of health determinants between different population groups. Lack of health equity is greatly evident in the developing world like Nigeria where the importance of equitable access to health care has been crucial to achieving many of the Millennium Development Goals (MDG's). Health inequalities can vary greatly depending on the country of focus. However, inequalities in health are often associated with socioeconomic status and access to health care which involve differences in income, educational attainment, occupation, poverty level, amongst others. Access to health care is heavily influenced by socioeconomic differences or status of people in the utilization of health care services. In the light of this argument, the wealthier population groups have a higher probability of obtaining high level health care services whenever they needed it. As a critique of this theory, if therefore, some people have higher than average incomes, inevitably others must fall below the average income, which in turn will affect their health seeking behavior and effective utilization of health care services as a result of their socioeconomic status.

1.7.2 Anderson Healthcare Utilization Model:

The Anderson behavioural model of health care services utilization (1995) is a conceptual model aimed at demonstrating the factors that lead to the use of health services. According to this model, usage of health services including inpatient care, physician visits, dental care, etc, is determined by three dynamics viz; predisposing factors, enabling factors and need. Predisposing factors cut across age, race and health beliefs. For example, an individual whose health belief holds that, health care services are an effective treatment for an ailment, is more likely to seek care when ill. The enabling factors on the other hand could be family support, access to health insurance, one's community and availability of health care services facilities. Finally, need factors represent both perceived and actual need for health care services which involve those differentials experienced that can hinder or enable the effective utilization of health care services. A major motivation for the development of this model was to offer measures of access to the utilization of health care, through potential access which involves the presence of enabling resources, allowing the individual to seek care if needed. The Anderson's framework also makes a distinction between equitable and inequitable access. According to this framework, equitable access is driven by demographic

characteristics and need whereas, inequitable access is a result of social structure, health beliefs and enabling resources. This model is been criticized for not paying enough attention to culture and social interactions, although Anderson had argued that these variables are included in the predisposing characteristics component of this model.

1.8 Methodology

The study employed the cross-sectional survey method to ascertain the relationship between socioeconomic differentials like education, income, residence, marriage and occupation and utilization of health care services in Calabar Metropolis of Cross River State, Nigeria. The population of study comprised of health workers resident in the study area who work in the private and public hospitals. A sample of 200 respondents were randomly selected and represented 100 respondents each from the two Local Government Area councils that make up the Calabar Metropolis. These are Calabar Municipality and Calabar South. Both quantitative and qualitative instruments were used in generating the study's data. A well-structured closed ended questionnaire was used to elicit responses from respondents and an Interview schedule for the qualitative data. Data were encoded and analyzed using PPMC statistical instrument. Formulated hypotheses were tested using appropriate instruments.

1.9 Results

Two tables are hereby plotted to show the distribution of respondents by educational attainment and income status.

Table 1.9.1: Distribution of Respondents by Educational Attainment.

Level of Education	No. of Respondents	Percentage
No formal Schooling	70	35
Primary School	40	20
Secondary School	60	30
Tertiary School	30	15
Total	**200**	**100**

Source: Fieldwork, 2018

The above table shows that 70 respondents representing 35% had no formal education; 60 respondents representing 30% had Secondary or High School; 40 respondents representing 20% had Primary School and 30 respondents representing 15% had Tertiary education.

Table 1.9.2: Distribution of Respondents by Income status:

Income Status	No. of Respondents	Percentage
N10,000 - N20,000p/a	85	42.5
N21,000 - N30,000	55	27.5
N31,000 - N40,000	40	20
N41,000 and above	20	10
Total	**200**	**100**

Source: Fieldwork, 2018

The above table shows the distribution of respondents by income status. Here, 85 or 42.5% earned between N10,000.00 and N20,000.00 per annum; 55 or 27.5% of the respondents earned between N21,000.00 and N30,000.00 per annum; 40 or 20% earned between N31,000.00 and N40,000.00 per annum and 20 or 10% of respondents earned N41,000.00 and above per annum.

Pearson Product Moment Correlation Co-efficient Analysis Measuring the Relationship between Educational Attainment and Utilization of Health Care Services in Calabar Metropolis

Variables	$\sum x$ $\sum y$	$\sum y$ $\sum y^2$	$\sum xy$	Rxy
Educational attainment (xi)	200	11256		
Utilization of health (yi)	10	30	555	0.70

P<0.05, df=2, Critical r-value = 0.082

Pearson Product Moment Correlation Co-efficient Analysis Measuring the Relationship between Income Level and Health Care Utilization in Calabar Metropolis

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	Rxy
Income level (xi)	200	12250		
Health Care Utilization Services/Facilities (yi)	10	30	590	0.84

P<0.05, df=2, Critical r-value = 0.082

1.10 Discussion of Findings

This study was carried out to examine the socioeconomic differentials of individuals and their utilization of health care services in Calabar Metropolis, Cross River State, Nigeria. To ascertain this relationship, two objectives were formulated to act as the focus of this research. Two hypotheses were as well formulated to guide the study which was tested at the end of the study using PPMC analytic tool at 0.05 level of significance and two degrees of freedom. Hypothesis One which stated that, there is no significant relationship between people's educational attainment and their utilization of health care services in Calabar Metropolis was tested using the Pearson Product Moment Correlation Coefficient (r = 0.70) greater than the critical value (Cr =0.082) at 2degrees of freedom. With this result, the null hypothesis was rejected while the alternate was accepted. This finding was supported by Grossman (1972) when he observed that, education and demand for health care services were positively correlated. To him, the educated are more cautious and conscious of their health and tend to use health care services more than the uneducated in society. Hypothesis Two tested using PPMC stated that, there is no significant relationship between income level of people and health care utilization in Calabar Metropolis and showed the following results: r = 0.84 greater than the critical value of 0.082 at 2degrees of freedom. This finding is supported by Anderson (1968) when he identified the role of economic factors in the utilization of health care services, as family and individual income play a major role in patterns of health care services utilization of individuals and families in society.

1.11 Summary, Conclusion and Recommendations

This study examined the impact of socioeconomic differentials on health care utilization among residents of Calabar Metropolis, Cross River State, Nigeria. It adopted a cross-sectional research design with 200 subjects randomly selected across the two Local Government Areas that make up Calabar Metropolis. Three objectives and two

hypotheses were formulated which guided the course of this research. The hypotheses were tested using appropriate statistical instruments at 0.5 alpha and two degrees of freedom. Conclusion arrived at, at the end of this study was that, socioeconomic differentials among individuals in the study area affected greatly the utilization of health care services, to the extent that, one's income and educational attainment, positively affected how individuals utilized health care services in their domain. Proximity to health care facility also correlates positively with health care utilization. Based on the findings of this study, a major recommendation is that, there should be measures by government to generally improve the socioeconomic status of people in the study area through provision and compulsory education, employment opportunities as well as equitable distribution of income and wealth among people in Calabar Metropolis, Cross River State, Nigeria.

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