

COMPARATIVE STUDY ON THE ATTITUDE OF LITERATE AND ILLITERATE MOTHERS IN PATRONISING GOVERNMENT PRIMARY HEALTH CARE SERVICES IN LAGOS STATE

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Abstract

This study examined the attitude of both literate and illiterate mothers in patronising government primary health care services in Lagos State. Two research questions guided the study. The descriptive survey research design was adopted. 1094 respondents were sampled for this study. A 10-item "Questionnaire on Attitude of Literate and Illiterate Mothers in Patronising Government Primary Health Care Services" (QALIMPGPHCS) ($r = 0.72$) was the instrument used for data collection. Completed and retrieved 1061 copies of questionnaire were analyzed using mean score statistics. Results showed that the available government primary health care services in Lagos State are fairly used by both literate and illiterate mothers; literate mothers do not patronise government primary health care because they believed it has poorly functioning package. Therefore, the study recommended that health providers should endeavour to enlighten both literate and illiterate mothers on the usage of available government primary health care services so as to enhance their patronage; also good functioning facilities should be provided at the government primary health care to enhance literate mothers' patronage.

Key Words: Attitude, Literate and Illiterate Mothers, Patronage, Government Primary Health Care Services

Introduction

Man's pursuit for optimal level of health is culturally universal across societies. This could be explained by the fact that good health is essential both for man's survival and his ability to meet set goals and ardent desires on planet earth. For man to live and function to his fullest capacities, use of health facilities is critical. That is why societies have over the years, developed patterns of health services to care for their people. Nonetheless, quality of population's health; how fairly health facilities are distributed across the social spectrum and people's accessibility or use of such facilities have remained problematic especially among the poor.

Administrators of health care delivery services often concentrate on improving the quality of staff skills, protocols of treatment, availability of supplies and environment of health facilities. Yet, while these interventions are important, they do not always address many of the obstacles to accessing services faced by the population. Often, health services of a reasonable quality may exist, but few use them due to circumstances beyond their control. Equally important are concerns about physical and financial accessibility of services, knowledge of what services exist, education about how to best utilize self and practitioner-provided services and cultural norms of treatment.

Primary Health Care (PHC) is the essential health care based on practical, scientifically sound and socially acceptable methods and technology (Omoleke, 2005). It is made universally accessible to individuals and families in the communities through their full participation, and at a cost that the communities and the country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. The main goal of PHC is the provision of better health for all and it plays a central role in health care systems worldwide, as it offers families cost-effective services close to their abode, thereby eliminating costly trips to hospitals and specialists. Therefore, a strong PHC system is central to improving the health of all, while it reduces health inequalities among different groups. It covers a wide range of health and preventive services which include health education, counseling, disease prevention and screening received in the community from a general medical practitioner or practising nurse. The services are coordinated in a way that more specialised services can be provided when needed. Adler and Estrove (2006) visit to a health facility is determined by three factors:

- a. Predisposing factors such as age, gender, race/ethnic group and social services.
- b. Enabling factors which include conditions that facilitate or inhibit the use of health services such as insurance coverage, income, distance to the health centre etc.
- c. Need or health status variables which may include perceived need and urgency, level of distress and presence of psychiatric co-mortality. Their argument implies that when all the aforementioned factors are inadequate, it results to poor utilization of health facilities.

On the other hand, Wagstaff (2000) outlined three barriers to use of health facilities which include; delay in the decision to seek care, delay in getting to the facility and the delay in obtaining appropriate care at the facility. According to him, the first two delays constitute demand barriers (use barriers). The delay in the decision to seek care may be due to lack of information and education, or non availability of resources at the time of need. Similarly, delay in getting to the facility is likely due to financial handicap or due to ignorance of appropriate transport means to the facility.

In Nigeria, health service is on the concurrent list whereby the three tiers of government, namely federal, state and local government levels incur expenditure. The utilization of health services have remained low by illiterate mothers in Nigeria although there has been increasing public expenditure on the provision of modern health care. This suggests that a myriad of complex and potentially confusing choices interplay before the decision to go for treatment and consequent arrival at a facility. Often times, those considerations are strong enough to divert interest to other treatment options even when the condition could be best managed in public health facilities. It means therefore that provision of accessible and cost effective health services to patients requires thorough understanding of factors associated with the use of health services (Joweth, 1999; Wagstaff, 2000).

In Lagos State, the use of health facilities tends to be more developed in high income groups than among their low and medium income counterparts. Adler and Estrove (2006) noted that "the more socio-economically advantaged individuals are, the better their health. On the other hand, the poor are more likely to be ill, but are less able to access health care services". Similarly,

as physical environment varies in characteristics from place to place, it has implications for the pattern of use of health facilities by residents. Indeed, facility use behaviour of residents in Lagos State may be shaped by a number of factors which include the size of household finances (income) and structural issues like bad roads, poor transportation systems and distant location of health facilities (based on political considerations other than on equity). All these may result in non use or in delay in use and consequent complication of ailment.

Furthermore, low level of education limits information about health. High level of illiteracy among mothers in Lagos State contributes to low life expectancy because the individual do not recognize early symptoms of illness nor seek prompt medical advice. Illiteracy leads to low appreciation of the benefits of use of health services. According to reports from UNDP (2000), "illiteracy is not only related to poverty; it also has implications for malnutrition, high infant and child mortality". It has been suggested, for example, that the probability of death among illiterate mothers is two times as high as those born to literate mothers.

There is also a strong correlation between education and life expectancy at birth (UNDP, 2005). In Nigeria the education of a mother, affects the type of antenatal care provider, neonatal, post neonatal, infant, child and under five mortality rates and type of person providing assistance during delivery (Onyeabochukwu, 2007). What this means is that uneducated persons tends to have more health problems and therefore experience the need to access primary health care services. They also tend to have a lower capacity to access existing health care services. It is against the foregoing background that this study tends to compare the attitude of literate and illiterate mothers in patronising government primary health care services in Lagos State.

Statement of the Problem

Goals IV, V and VI which are to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other disease respectively were part of the Millennium Development Goals (MDGs) which the World strived to achieve by 2015 as set out by United Nations. But these goals cannot be achieved without adequate use of the Primary Health Care Services which is the entry point for the treatment of most of the diseases that attack people at the grassroots level. It is against the foregoing background that this study tends to provide answer to the question which says: What is the attitude of literate and illiterate mothers in patronising government primary health care services in Lagos State. This is the problem of the study.

Objectives of the Study

The objectives of this study are to:

- i. identify how available government primary health services in Lagos State are used by both literate and illiterate mothers; and
- ii. find out the perception of both literate and illiterate mothers about forms of differential access to usage of government primary health services in Lagos State.

Research Questions

The following research questions are postulated to guide this study.

1. How are the available government primary health services in Lagos State used by both literate and illiterate mothers?

2. What is the perception of both literate and illiterate mothers about forms of differential access to usage of government primary health services in Lagos State?

Primary Health Care Services in Nigeria

The Nigerian government is committed to quality and accessible public health services through provision of primary health care (PHC) in rural areas as well as provision of preventive and curative services. PHC is provided by local government authority through health centers and health posts and they are staffed by nurses, midwives, community health officers, health technicians, community health extension workers and by physicians (doctors) especially in the southern part of the country.

The services provided at these PHCs include: prevention and treatment of communicable diseases, immunization, maternal and child health services, family planning, public health education, environmental health and the collection of statistical data on health and health related events. The health care delivery at the LGA is headed politically by a supervisory councilor and technically and administratively by a PHC coordinator and assisted by a deputy coordinator.

The PHC co-coordinator reports to the supervisory councilor who in turn reports to the LGA chairman (Adeyemo, 2005; Federal Ministry of Health, 2004). The different components of the LGA PHC are manned by personnel of diverse specialty. The LGA is running her primary health care services delivery in compliance with the principles/framework of the National Health Policy (National Health Policy, 2004). The LGA is divided into various health districts/wards so as to enhance maximum benefit of the principle of decentralization of the health sector whereby people are involved, participate and mobilized in the PHC processes.

Methodology

The descriptive survey research design was used for this study. Population comprised 1094 mothers and medical practitioners in the twelve government primary health care centres from the two selected Local Government Areas in Lagos State. Purposive sampling technique was used to select the entire 1094 respondents as sample size. A 10-item "Questionnaire on Attitude of Literate and Illiterate Mothers in Patronising Government Primary Health Care Services" (QALIMPGPHCS) with $r = 0.72$ was used for data collection. 1,061 completed copies of questionnaire were analyzed using mean statistics. Criterion mean was 2.5. All items whose values are below 2.5 were rejected and items equal or above 2.5 were accepted.

Data Analysis

The analysis of data is presented below.

Research Question One: How are the available government primary health services in Lagos State used by both literate and illiterate mothers?

Table 1: Mean Scores Analysis Showing How the Available Government Primary Health Services in Lagos State are Used by both Literate and Illiterate Mothers

S/N	Statement	Responses						
		SA (4)	A (3)	D (2)	SD (1)	Total N=1061	X Mean	R
1.	The available government primary health services are used very well by both literate and illiterate mothers	426 (1704)	635 (1905)	-	-	1061 (3609)	3.4	Accepted
2.	The available government primary health services are moderately used by both literate and illiterate mothers	301 (1204)	393 (1179)	259 (518)	108 (108)	1061 (3009)	2.8	Accepted
3.	The available government primary health services are very inaccessible to illiterate mothers	365 (1452)	436 (1308)	202 (404)	60 (60)	1061 (3224)	3.0	Accepted
4.	The available government primary health services are accessible only to the rich mothers	109 (1436)	799 (2397)	103 (206)	50 (50)	1061 (3089)	2.9	Accepted
5.	Literate mothers finds it difficult patronising government primary health care centres	304 (1216)	735 (2205)	30 (60)	9 (9)	1061 (3490)	3.3	Accepted
Grand mean (x)		3.1						

The above table 1 shows the weighted mean scores obtained from the respondents on how the available government primary health services in Lagos State are used by both literate and illiterate others. Items 1,2,3,4, and 5 with weighted values of 3.4, 2.8, 3.0, 2.9 and 3.3, respectively in conjunction with the 3.1 grand mean implies that the available government primary health services in Lagos State are fairly used by both literate and illiterate mothers.

Research Question Two: What is the perception of both literate and illiterate mothers about forms of differential access to usage of government primary health services in Lagos State?

Table 4.2: Mean Scores Analysis Showing the Perception of both Literate and Illiterate Mothers About Forms of Differential Access to Usage of Government Primary Health Services in Lagos State

S/No	Statement	Responses						
		SA (4)	A (3)	D (2)	SD (1)	Total N=1061	X Mean	R
	(RQ₂). What is the perception of both literate and illiterate mothers about forms of differential access to usage of government primary health services in Lagos State?							
6.	The rich mothers have greater access to government primary health centres than the poor mothers	497 (1988)	527 (1581)	19 (38)	11 (11)	1061 (3618)	3.4	Accepted
7.	The urban resident mothers have greater access to government primary health centres than rural resident mothers	207 (828)	847 (2541)	5 (10)	2 (2)	1061 (3381)	3.2	Accepted
8.	The literate mothers have greater access to health services than the illiterate mothers	228 (912)	812 (2436)	15 (30)	6 (6)	1061 (3384)	3.2	Accepted
9.	Literate mothers do not patronise government primary health care because they believed it has poorly functioning package	260 (1040)	17 (51)	716 (1432)	68 (68)	1061 (2591)	2.4	Rejected
10.	Illiterate mothers are the major clients of government primary health care centres	368 (1472)	682 (2046)	10 (20)	1 (1)	1061 (3539)	3.3	Accepted
	Grand mean (x)	3.1						

Table 2 above shows that item 6 has a weighted mean score of 3.4 which implies that rich mothers have greater access to government primary health centres than the poor mothers. Item 7, also has a weighted mean score of 3.2 indicating that urban resident mothers have greater access to government primary health centres than rural resident mothers. However, item 8, with a weighted mean score of 3.2 literate mothers have greater access to health services than the illiterate mothers. Item 9, with a weighted mean score of 2.4, implies that literate mothers do not patronise government primary health care because they believed it has poorly functioning package. Item 10, with weighted mean score of 3.3 shows that illiterate mothers are the major clients of government primary health care centres. A grand mean of 3.1 recorded revealed that literate mothers do not patronise government primary health care because they believed it has poorly functioning package.

Discussion of Findings

Research question one, which sought to identify how available government primary health services in Lagos State are used by both literate and illiterate mothers, shows that the available government primary health services in Lagos State are fairly used by both literate and illiterate mothers. This finding is in line with Ransome-Kuti (1990) who posited that the proper utilization of health facilities by individual, families and communities is enhanced if they are easily accessible. The finding also affirms Morley (2003) who said to enhance the utilization of the health services by people, it is most important that they recognize the need for such services. This need will only be felt if they start to value health as a worthwhile. For this, they need adequate, relevant, scientific information and education about health, disease and hazardous environments. Also, the finding confirms Wagstaff (2000) who revealed that provision of accessible and cost effective health services to patients requires thorough understanding of factors associated with the use of health services.

Research question two, which sought to find out the perception of both literate and illiterate mothers about forms of differential access to usage of government primary health services in Lagos State, shows that literate mothers do not patronise government primary health care because they believed it has poorly functioning package. This finding corroborates Adeyemo (2005) and Omoleke (2005) whose studies revealed that access to many parts of the communities where PHCs are situated is a function of natural topographical and weather conditions; inadequate finance; over dependence of the LGA on Federal, State and international agencies for support, low level of community involvement, general misuse and abuse of the scarce resources by some political and administrative leadership and high leadership turnover at LGAs. The finding also supports Sule, Ijadunola, Onayade, Fatusi, Soetan, & Connell (2008) who said despite the availability of PHC services, some rural dwellers in Nigeria tend to underuse the services due to perceptions of poor quality and inadequacy of available services.

Conclusion

Based on the findings of this study, it was concluded that the available government primary health services in Lagos State are fairly used by both literate and illiterate mothers maybe due to its accessibility or otherwise. Also Literate mothers do not patronise government primary health care because they believed it has poorly functioning package.

Recommendations

Based on the findings and conclusion of this study, the following recommendations were made:

1. Health providers should endeavour to enlighten both literate and illiterate mothers on the usage of available government primary health services so as to enhance their patronage.
2. Good functioning facilities should be provided at the government primary health care so as to enhance literate mothers' patronage.
3. Efforts should be put in place to improve the quality and use of primary health care by focusing not only on providing better resources, but also on low-cost and cost-effective measures that address the process of service delivery.

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