

**AFFORDABILITY OF COST OF HEALTHCARE SERVICES AND CARE  
SEEKING BEHAVIOUR AMONG WOMEN OF REPRODUCTIVE AGE  
IN NORTHERN STATES OF NIGERIA**

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***Abstract***

*Healthcare seeking behaviour plays a key role in the health and well-being of women and their infants. Delay in seeking appropriate healthcare can be costly and dangerous. The purpose of this study was to investigate whether affordability of cost of healthcare services determines care seeking behaviour among women of reproductive age in Northern States of Nigeria. The study adopted a correlation research design to investigate 504 respondents drawn from six states in the Northern States of Nigeria. The states (Kogi, Niger, Bauchi, Gombe, Kano and Zamfara) were drawn from the three geo-political zones in Northern States of Nigeria through stratified random sampling technique, while the respondents were sampled from those states through purposive sampling technique. A close-ended questionnaire was used to obtain responses from the respondents and data collected were analyzed using SPSS/Pc statistical package. Pearson's correlation between mean scores of affordability of costs of healthcare services (3.337) and care seeking behaviour among women of reproductive age (3.272) showed r-value of 0.463 (critical value: 0.087) and a P-value of 0.000. The result showed that affordability of cost of healthcare services significantly determines care seeking behaviour among women of reproductive age in northern states of Nigeria. Based on the finding, it was recommended that cost alleviation for women seeking maternal healthcare services should be put in place by the state governments to motivate them to patronize the services. The state governments should endeavour to provide more healthcare delivery services at affordable prices to the women in order to encourage them to adopt positive healthcare seeking behaviour necessary for effective prevention and control of grave maternal diseases.*

*Keywords:* Affordability, cost of healthcare, care seeking behaviour, women, northern states.

## **Introduction**

In addition to other basic needs of man, like shelter, clothing and food, health is a basic need that is very important. Every citizen desires to enjoy optimal health, protection from diseases and proper Medicare for survival, personal growth and development. Women's health involves ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth (Gopalakrishnan et al, 2019; Mani et al, 2020). According to Olayiwola and Deji (2013), healthcare seeking behaviours are set of actions that people take or do not take to ensure they keep well, protect, promote and maintain health. Omachi (2016) defined healthcare seeking behaviour as the actions and habits of individuals, groups or organizations that relate to health maintenance, health restoration and health promotion. Oberoi et al (2016) and Latunji and Akinyemi (2018) defined it as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for purpose of finding an appropriate remedy. Kanbarkar and Chandrika (2017) defined healthcare seeking behaviour as a "sequence or remedial action that individuals undertake to rectify perceived ill health. Traditionally, healthcare seeking behaviour is conceptualized as a sequence of remedial actions taken to rectify perceived ill-health.

Omachi (2016) categorized healthcare seeking behaviours into three broad areas: preventive health behaviours, sick role behaviours, and clinic use. In the explanations of the author, an individual's action to prevent disease is influenced by four central variables: 1) the individual's perceived susceptibility to disease; 2) the individual's perception of illness severity; 3) the individual's rational perception of benefits versus costs; and 4) the individual's cues to action. Similarly, the sick role behaviour has four main components: 1) the individual is not responsible for her state of illness and is not expected to be able to heal without assistance; 2) the individual is excused from performing roles and tasks; 3) there is general recognition that being sick is an undesirable state; and 4) to facilitate recovery, the individual is expected to seek medical assistance and to comply with medical treatment. A woman's healthcare seeking behaviour plays a key role in her health and well-being at any point in time. Thus, positive healthcare seeking behaviour is necessary for effective prevention and control of grave maternal diseases (Gopalakrishnan et al., 2019).

According to Adika et al (2013), appropriate healthcare seeking behaviour requires that a woman recognizes when she is ill, can interpret when an illness needs to be treated outside the home and seeks timely and appropriate medical care. The authors noted that mortality due to maternal related causes has been

attributed to poor healthcare seeking behaviour associated with delay in seeking appropriate care, and not seeking any care. Similarly, Oberoi et al (2016) indicated that desired health care-seeking behaviour is for a woman to respond to an illness episode by seeking first and foremost, help from a trained medical practitioner in a formally recognized healthcare setting. Yet, the researchers noted, factors such as affordability of cost of services, quality of service, availability of services and drugs required, are major factors in the choice of a particular medical establishment. According to Omachi (2016), less than half of those who sought treatment (44.7%) patronized public health facilities (like Public Hospitals, Primary Health Centres and Comprehensive Health Centres) at first consultation; 54.6 percent visited or sourced drugs from pharmacies and patent medicine stores; while about 5.4 percent had traditional healers or spiritualists as first point of consultation.

Also, women/mothers often indicate positive attitude towards the services provided by traditional health practitioners; traditional practitioners are often described as being apathetic to their clients by being flexible, providing services in kind or on credit, unlike biomedical practitioners. This increases women's positive attitudes towards the services given by the traditional health practitioners. Early reporting of illness in health facilities is likely to reduce the degree of complication of such illness and to some extent, will reduce cost of care. Delay in reporting illness in hospital is known to be influenced by ability to pay for care (Omachi, 2016). The multidimensional growth of a woman is primarily dependent on her health and effective care-seeking, and extends beyond the narrow limits of curative care, encompassing the preventive and promotive aspects as well (National Family Health Survey, 2013).

Research indicated that self-care with the use of home remedies or over the counter drugs is a common behaviour among women. For example, in the study of Adika et al (2013) on mothers' healthcare seeking behaviour in Bayelsa, Nigeria, majority of the participants (56%) visited medicine vendor shop at first to buy over the counter drugs and only 13 percent of the participants sought treatment in the hospital or clinic. The researchers noted that a similar earlier study conducted in three rural communities in the South-Western Nigeria revealed that the most common form of first line treatment among women is care from a patent medicine vendor and drug hawker. In the same vein, Omachi (2016) reported that among the healthcare options employed by women in North-western Nigeria, the patent medicine seller (PMS) was the commonest first choice. The patent medicine sellers are often found selling, prescribing and administering drugs for a variety of disease conditions. They offer their services at an affordable cost, making it quite attractive.

Available literature (Latunji & Akinyemi, 2018) indicates that home treatment with the use of herbal concoction is the second most preferred healthcare option among women. The use of herbal mixtures is founded in the belief that herbs are efficacious in the management of diseases. Furthermore, the ingredients are readily available and affordable. But unhygienic preparations and potentially harmful combinations coupled with unconventional prescriptions make the use of herbal concoctions hazardous. The allure for home treatment includes its apparent time saving feature and cheaper cost. However, it is often inadequate, and like in the case of the PMS, could worsen morbidity and lead to delay in accessing appropriate healthcare.

Omachi (2016) reported that prenatal and postpartum care are potentially effective health interventions for preventing morbidity and mortality among women, particularly in places where the general health status of women is poor; but their potentials remain insufficiently exploited especially in developing countries. The immediate cause of deaths among women is the absence, inadequacy or underutilization of the healthcare system. Women should not die in childbirth because the vast majority of maternal deaths can be prevented or reduced if women visited maternal health services facility during pregnancy, childbirth and the first month after delivery. Like any developing country, several factors are involved in healthcare seeking behaviour among women in Nigeria. Some of these factors include availability and affordability of cost of treatment (Oberoi et al., 2016). Cost concerns are an important barrier to seeking emergency obstetric care in developing countries; it is one of the most commonly cited reasons for not seeking treatment. Although public sector maternity care services are officially free, some studies have documented the myriad hidden costs to patients associated with “free” obstetric care (such as hospital fees, corruption and medical supplies), which frequently result in an untenable financial burden to families (Oberoi et al., 2016).

Available literature on determinants of healthcare seeking behaviour among women in developing countries indicate that financial constraint is one of the most important factors influencing healthcare seeking behaviour (example, antenatal care services) among women (Gopalakrishnan et al., 2019). The cost of antenatal care services, including transportation and laboratory tests, is significantly prohibitive for many women/families. Free or subsidized services improve uptake of antenatal care. In line with this notion, Mani et al (2020) reported that women who had trouble getting money for treatment were significantly less likely to receive four or more prenatal care. The authors noted that such women were significantly less likely to use a skilled attendant at delivery. Costs deter poorer women from using delivery services for preventive purposes; increased use of skilled attendants is found in areas where facilities are

free, as compared with women in the catchment area of a fee-charging facility (Khajeh et al., 2019).

Death and illness related to pregnancy and childbirth are significant health problems in northern states of Nigeria, particularly in rural areas (Omachi, 2016). Obstetric complications that lead to morbidity and mortality among women cannot be predicted; therefore, receiving care from a skilled provider (doctor, nurse, or midwife) has been identified as the single most important intervention in safe motherhood programmes. Regrettably, in northern states of Nigeria, self-care with the use of home remedies or over the counter drugs have been documented as some of the issues of care-seeking behaviour among the women (Omachi, 2016). In view of the poor health situation of women in northern states of Nigeria and the need for realistic and effective policy formulation in the healthcare system in the geographical zone, information relating to determinants of healthcare seeking behaviour among women is crucial.

In addition to lack of sufficient maternity care services, poor preventive healthcare seeking behaviour among women in developing countries, including Nigeria, has been recognized as a problem. An important component of efforts to reduce the health risk to mothers and children is to increase the proportion of babies delivered under the supervision of health professionals. Proper medical attention under hygienic conditions during delivery can reduce the risk of complications and infections that may cause death or serious illness either to the mother, baby or both. However, delivery care is still far from commonplace among women in developing countries, including Nigeria. Antenatal, delivery and postnatal care services are among the major interventions recommended by the World Health Organization in 1998 to reduce deaths among women. This recommendation notwithstanding, data from developing countries indicate that healthcare seeking behaviour among women is still poor and many women do not seek these healthcare services. Ononokpono (2013) noted that one in 80 women in Nigeria die as a result of pregnancy-related complications. The situation is even more critical in northern states of Nigeria.

Cost has frequently been shown to be a barrier to service use among women in the geographical zone; it influences the choice of source from which care is sought. Even if women are interested in checkups, there are costs for transportation and related services. Hence, only those who can afford to pay for such expenses usually visit health facilities for care. Millions of the women cannot afford to use preventive healthcare services, such as postnatal services, even when fees are low or services are delivered for free. Omachi (2016) reported that the poorer the women, the more likely it is that they would resort to self-diagnosis and also rely on a family member to diagnose their illness. The financial 'cost' of consultations

at health facilities is usually a major component of affordability. The availability of money to meet both direct and indirect costs of accessing a service constitutes a barrier to the utilization of the services. The foregoing was the basic reasons for conducting this research in order to establish the determinant of healthcare seeking behaviour among women in northern states of Nigeria.

### **Research Question**

To what extent does affordability of cost of healthcare services determine care seeking behaviour among women of reproductive age in Northern States of Nigeria?

### **Hypothesis**

Affordability of cost of healthcare services does not significantly determine care seeking behaviour among women of reproductive age in Northern States of Nigeria.

### **Methodology**

The study adopted a correlation research design and was conducted in northern states of Nigeria. The study population consisted of all women of reproductive age in northern states of Nigeria. The estimated population size was 21,784,065 (National Population Commission, 2019). The total sample used in the study comprised five hundred and four (504) women of reproductive age from the sampled states. This is in accordance with Kibuacha (2021) who noted that professional researchers typically set a sample size of 500 to optimally estimate a single population parameter. However, in order to allow for equal number of samples in each of the states sampled, 4 was added to 500 to make a total sample of 504. Sampling procedure involved stratified random sampling and purposive sampling techniques. In these techniques northern states of Nigeria were stratified into three geo-political zones: North-Central, North-East and North-West. From each of the geo-political zones, two states were sampled randomly through balloting. They include Kogi, Niger (North-Central); Bauchi, Gombe (North-East); and Kano, Zamfara (North-West). For convenience, equal numbers of participants were drawn from the states sampled. And in view of the target population (women of reproductive age), purposive sampling technique was used to sample eighty-four (84) participants from each of the six (6) states sampled.

The research instrument used in this study was a four point Likert scale questionnaire developed by the researcher. In order to ensure face and content validity of the instrument, a draft copy of the researcher-structured questionnaire was submitted to five professionals in Health Education and Community

Medicine for vetting. The comments and suggestions of the jurors were taken into consideration and reflected in the final draft that was distributed to the participants. To collect data for the study, a total of 504 copies of the questionnaire were distributed to women of reproductive age in the six states sampled. The researcher employed the services of two research assistants for the distribution and collection of the questionnaire. In the distribution of questionnaire, purposive sampling technique was used. In this technique the researcher and his research assistants distributed the questionnaire to the participants in both urban and rural areas in the sampled states at their various homes and places of business. They were oriented on the nature and purpose of the study and their consent sought. The participants were required to complete the questionnaire and return them on the spot. The administration of questionnaire was done between June and July, 2024.

The data analysis was based on responses of the four hundred and eighty-eight (488) participants whose questionnaire were correctly completed and returned, a compliance rate of 96.83%. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS for Windows, version 16). Pearson's correlation coefficient was calculated to examine relationship between means scores of affordability of healthcare services and care seeking behaviour among women of reproductive age. Statistical significance was set at  $P \leq 0.05$ .

### Ethical Considerations

Verbal consent was obtained from the participants prior to administration of instrument. Those willing to participate were served with the questionnaire and instructed on how to complete it. Participation was voluntary and confidential.

### Result

**Table1:** Result of Pearson product moment correlation coefficient analysis on whether affordability of cost of healthcare services determines care seeking behaviour among women of reproductive age in Northern States of Nigeria.

Variables	Mean	SD	r - cal	Df	P	r-crit.
Affordability of cost of healthcare services	3.337	0.6419	.463	486	.000	0.087
Care seeking behaviour among women	3.272	0.4266				

$r(486) = 0.087$   $P \leq 0.05$  Significant.

Table 1 shows that the calculated r-value of 0.463 is greater than the critical value of 0.087 at the 0.05 level of significance and P-value of 0.000. This indicates that affordability of cost of healthcare services significantly determines care seeking behaviour among women of reproductive age in northern states of Nigeria. Thus, the null hypothesis is rejected.

## Discussion

The finding of this study showed that affordability of cost of healthcare services significantly determines care seeking behaviour among women of reproductive age in northern states of Nigeria. This finding is in line with National Family Health Survey (2013) which indicated that cost plays a large role, and may be prohibitive for women to seek care. For instance, in Bangladesh homebirth is perceived as low cost and thus common as traditional birth attendants can be reimbursed with cash or an in-kind payment. Ononokpono (2013) and Gopalakrishnan et al (2019) reported that women take into account affordability of cost of services when they make a decision about seeking healthcare. The availability of money to meet both direct and indirect costs of accessing a service may be a barrier to the utilization of the service. The researchers indicated that cost has frequently been shown to be a determinant of care-seeking behaviour among women; it influences the choice of source from which care is sought. Gopalakrishnan et al (2019) indicated that millions of women cannot afford to seek preventive healthcare services, such as postnatal services, even when fees are low or services are delivered for free. This is due to additional, often hidden costs that patients must cover such as transport, drugs and food. The researchers indicated that fees reduce women's frequency of seeking maternal healthcare services and keep millions of them from seeking care even when complications arise. In line with this notion, Mani et al (2020) reported that available literature on determinants of healthcare seeking behaviour among women in developing countries indicate that financial constraints is one of the most important factors influencing healthcare seeking behaviour among women. Women who had trouble getting money for treatment are significantly less likely to attend prenatal care, or receive four or more prenatal care. Similarly, costs deter poor women from using delivery services for preventive purposes (Khajeh et al., 2019).

In the explanations of National Family Health Survey (2013), the multidimensional growth of a woman is primarily dependent on her health and effective care-seeking, and extends beyond the narrow limits of curative care, encompassing the preventive and promotive aspects as well. For effective health outcomes, it is mandatory that women seek and use available healthcare services. However, financial constraints have been shown to be of great importance in influencing healthcare seeking behaviour among women. The economic ability of



a woman and/or her household shapes her desire to seek healthcare; it is commonly known to be highly associated with healthcare seeking behaviour among women, especially in pregnancy and delivery (Latunji & Akinyemi, 2018). The National Family Health Survey (2013) also noted that research has shown that economically disadvantaged women make less use of preventive and screening services. Thus, morbidity and premature mortality are disproportionately concentrated among them. Of equal importance is the prohibitive cost of emergency interventions. Indeed financial constraint tends to inhibit care-seeking or use of healthcare services in several ways. It is more so in developing countries where even minimal charges may make the use of healthcare facilities prohibitive for poor families (Khajeh et al., 2019).

### **Conclusion**

Desired healthcare seeking behaviour is for a woman to respond to an illness episode by seeking first and foremost, help from a trained medical practitioner in a formally recognized healthcare setting. Affordability of costs play a large role, and may be prohibitive for women to seek care. Affordability of costs have frequently been shown to be a barrier to service use among women; it influences the choice of source from which care is sought.

### **Recommendations**

On the basis of the finding of this study, the following recommendations were made:

1. Cost alleviation for women seeking maternal healthcare services should be put in place by the state governments to motivate them to patronize the services.
2. The states governments should endeavour to provide more healthcare delivery services at affordable prices to the women in order to encourage them to adopt positive healthcare seeking behaviour necessary for effective prevention and control of grave maternal diseases.

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