SOCIO-CULTURAL DETERMINANTS OF PRIMARY HEALTH CARE SERVICES UTILIZATION AMONG CHILDBEARING WOMEN IN BAYELSA STATE

By

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Abstract
This study investigated the socio-cultural determinants of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State. Four research questions as well as four responding hypotheses guided the study. The study adopted descriptive survey design. A sample of 1,875 women were selected through multistage sampling procedure. The instrument used for data collection was a self–structured 20 item questionnaire titled Socio-cultural Determinants of Health Care Services Utilization Questionnaire (SDHCSUQ). The reliability of instrument was established using Pearson Product Moment Correlation (PPMC) which yielded a coefficient value of 0.81. Mean, standard deviation and ANOVA was used to analyze the data. The findings of the study revealed that level of education and culture are significant determinants of primary health care services utilization among childbearing women in Bayelsa State. Based on the findings of the study, it was recommended among others that there should be mass sensitization of women on available maternal health care services at primary health care facilities. Moreso, women empowerment programs should be introduced by the government to boost the women's financial status and enable them take independent decision concerning their health issues.

Keywords: Level of Education, Culture and Primary Health Care (PHC) Services Utilization

Introduction
Primary Health Care (PHC) is the entry point of individuals, the family, and the community with the national health care delivery system thereby bringing health services as close as possible to where people live and work, and it provides the platform for continuity of care where the need arise (WHO, 2018). Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (Gupta & Ghai, 2007). According to the Ministry of Health (2014), stated that common services provided at primary health care level include; outpatient medical treatment, medical follow-ups after discharge from hospitals, immunization, health screening and education, diagnostic and pharmaceutical services, and referral services. Ministry of Health (2017) further

stressed that primary health care workers render services such as management of upper respiratory tract infections, diabetes and keep the population health through the provision of preventive measures as health screening. Moronkola and Obiechina (2010) also explained that the services rendered by the primary health care were designed to meet the health needs of the community through the use of available health facilities with health manpower carrying out their professional duties.

Primary Health Care (PHC) services are intended to be qualitative, affordable, accessible and available to everyone especially to people residing in the rural areas with a view to improve the health status of people globally. Primary Health Care (PHC) services utilization is a key factor for planning and management. Utilization herein, refers to the extent to which a given group uses a particular service within a specific period (Babalola & Fatusi, 2009). Abugu, Eze and Nwanneka (2018) explained that utilization is the use of something for practical purposes. Utilization in this present study refers to the use of available maternal primary health care services by women of childbearing age to improve their health status thereby reducing maternal mortality rate. Adam and Awunor (2014) explained that good utilization of health services improves the health status of the population.

There are debates that the utilization of Primary Health Care (PHC) services may be influenced by socio-cultural factors such as educational level and culture. The educational level of the person could influence how healthy the person will be. Education gives an individual the knowledge to make good decision about his or her health. People with more education are likely to participate in activities that will promote their health like exercise, eat balance diet, and know when to see the doctor for regular checkup (Family Doctors, 2018). They know better behaviours that will endanger their live for example, involving in smoking, drinking excessively, and aggressive behaviours. People with more education are likely to live longer. Chinyere, Cajetan, Nwimo and Onwunaka (2015) asserted that women with formal education utilize Primary Health Care (PHC) services more than their counterparts with no formal education. Odetola (2018) explained that the level of education influence the choice of health care service as well as the utilization of such service among women.

Culture is another variable that may determine the utilization of primary health care services. Culture include the set of beliefs, moral values, traditions, languages and laws (or rules of behaviour) held in common by a nation, a community, or other defined group of people (IGI Global, 2019). Mayhew (2018) defined culture as the patterns of ideas, customs and behaviours shared by a particular people or society. Lowe, Chen and Huang (2016) asserted that culture is a significant determinant of primary health care services among woman and that the high rate of maternal mortality experienced women in Gambia, was as a result of some cultural practices in rural areas which limit the resources available to pregnant women, thus resulting in adverse health

consequences. In support of this, Dapaah (2019) explained that maternal health care services utilization is influenced by cultural factors such as religion, traditional belief system, education and marital status.

The overall aim of availability of Primary Health Care (PHC) facilities in communities is to bring health services to the grassroots with a view to tackle and resolve health challenges through the provision of preventive, curative, promotive and rehabilitative health services by trained and qualified manpower. The researcher observed that the Primary Health Care (PHC) services are often under-utilized as can be noticed from the poor health seeking behaviour of women in Bayelsa State. Ante-natal mothers preferred to be attended by traditional birth attendants (TBAs) and deliver at such places. Women either access the hospitals directly or resort to crude methods of treatment like consulting massagers; herbalists or church leaders to find solution to their health conditions that could have been resolved medically. The implication of this act is that cases are reported late at both the Primary Health Care (PHC) clinics and in the hospitals thereby resulting to continued increase in maternal mortality rates in the communities.

The researcher has also observed that these poor maternal indices may be as a result of the women of child bearing age not utilizing available health care services in Bayelsa State. Therefore, the researcher is interested in investigating the socio-cultural determinants of primary health care services utilization among women in Bayelsa State.

Aim and Objectives of the Study

The study investigated socio-cultural determinants of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State of Nigeria. Specifically the study achieved the following;
1. Find out whether education is a determinant of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State
2. Establish whether culture is a determinant of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State.

Research Questions

The following research questions guided the study;
1. How is education a determinant of services Primary Health Care (PHC) services utilization among women of childbearing age in Bayelsa State?
2. How is culture a determinant of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State?

Hypotheses

The following null hypotheses guided the study;
1. Education is not a significant determinant of PHC services utilization among women in Bayelsa State.
2. Culture is not significant determinant of PHC services utilization among women in Bayelsa State.

Methodology

The study adopted the descriptive survey research design, using the cross-sectional approach. The sample size for the study consists of 1,875 women of child bearing age in all the 8 local Government Areas (LGAs) of Bayelsa State. Multistage sampling procedure was used to select the respondents from the two hundred and eleven (211) health facility-based communities distributed across the eight LGAs of the State (National Primary Health Care Development Agency (NPHCDA), 2018). Each LGA was considered as a stratum. A self developed questionnaire titled Socio-cultural Determinants of Health Care Services Utilization Questionnaire (SDHCSUQ) was used for data collection. The reliability of the instrument was done using Pearson Product Moment Correlation which yielded a reliability coefficient of 0.72. Mean, standard deviation and ANOVA were used to analyze the data.

Result Presentation

Research Question 1: How is education a determinant of services Primary Health Care (PHC) services utilization among women of childbearing age in Bayelsa State?

Hypothesis 1: Education is not a significant determinant of PHC services utilization among women in Bayelsa State.

Table 1: ANOVA of level of education as determinant of the utilization of PHC services among childbearing women in Bayelsa State

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	33953.402	3	11317.801	107.736	.000
Within Groups	157156.595	1496	105.051		
Total	191109.997	1499			

In table 1, the ANOVA of level of education as determinant of the utilization of PHC services among childbearing women in Bayelsa State. The sum of squares between groups is 33953.402, degree of freedom, 3 and mean square is 11317.801. The sum of square within groups is 157156.595, degree of freedom, 1496 and mean sum of square is 105.051.

Total sum of square and degree of freedom are 191109.997 and 1499. The F-value of the ANOVA is 107.736 at P=0.000. Since P (0.000) < 0.05 alpha level, hence the null hypothesis is rejected. This implies that, level of education is a significant determinant of the utilization of PHC services among women in Bayelsa State.

Research Question 1: How is culture a determinant of Primary Health Care (PHC) services utilization among childbearing women in Bayelsa State?

Hypothesis 2: Culture is not significant determinant of PHC services utilization among women in Bayelsa State.

Table 2: Mean and Standard deviation of culture as determinant of the utilization of PHC services among childbearing women in Bayelsa State

S/N	Items on culture on PHCS Utilization	Mean (X)	Standard Deviation	Remarks
	Responses			
1	Belief can stop me to use MHS	3.06	0.80	High
2	Our tradition disturbs me to use MHS	2.67	0.76	High
3	My religion can prevent my use of MHS	1.48	0.76	Low
	Overall Mean (X)	**2.40**	**0.77**	**Low**

Table 2 shows the mean and standard deviation of culture as determinant of the level of utilization of PHC services among childbearing women in Bayelsa State. Overall mean and standard deviation of responses on culture as level of PHCS utilization are 2.40 and 0.77 which indicates a low utilization. Therefore, this implies that culture is a significant determinant of primary health care services among childbearing women in Bayelsa State.

Summary of Findings
The findings of the study are summaries as follows;
1. Level of education is a significant determinant of the utilization of PHC services among women in Bayelsa State.
2. Culture is a significant determinant of primary health care services among childbearing women in Bayelsa State.

Discussion of Findings
Level of Education and Primary Health Care Services Utilization
The findings of the study revealed that level of education is a significant determinant of the utilization of PHC

services among women in Bayelsa State. Based on this, the null hypothesis was rejected. The findings of the present study is in agreement with an earlier study by Chinyere, Cajetan, Nwimo and Onwunaka (2015) found out that women with formal education utilize primary health care services more than their counterparts with no formal education. Odetola (2018) who found out that level of education is a significant determinant of primary health care services utilization and that level of education influences the choice of health care service among women.

Culture and Primary Health Care Services Utilization
The findings of the study revealed that culture is a significant determinant of primary health care services among childbearing women in Bayelsa State. The null hypothesis was rejected indicating that culture significantly determines the extent to which primary health care services are utilized by childbearing women in Bayelsa State. The findings of the present study agrees with an earlier study by Lowe, Chen and Huang (2016) found out that culture is a significant determinant of primary health care services among

woman and that the high rate of maternal mortality experienced by women was as a result of some cultural practices in rural areas which limit the resources available to pregnant women, thus resulting in adverse health consequences. Dapaah (2019) also found out that maternal health care services utilization is influenced by cultural factors such as religion, traditional belief system, education and marital status.

Conclusion and Recommendations

Based on the findings of this study, it was concluded that level of education and culture significantly determines the utilization of Primary Health Care (PHC) services among childbearing women in Bayelsa State. It was in the light of this that the following recommendations are made;

1. There should be mass sensitization of women in the Primary Health Care facilities as regards available maternal and child health services at the health facility in other to improve access and satisfactory usage of such services.

2. There should be constant supportive supervision of Primary Health Care activities in the facilities in to identify problems that might militate against the effective utilization of available maternal health services and address essential areas that will need improvement.

3. Women empowerment programs should be introduced by the government to boost the women's financial status and enable them take independent decision concerning their health issues.

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