Sokoto Journal of Geographical Studies (SJGS)

Volume 2, Issue 1, July, 2025 Edition

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Prof. I. M. Dankani

Editor-in-Chief

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ACCESS AND UTILIZATION OF HEALTHCARE SERVICES IN WUSHISHI LOCAL GOVERNMENT AREA OF NIGER STATE, NIGERIA

Ishaq, A. B.[1], Mukhtar, F.[2], Usman, M. N.[3], Waziri, A. M.[4], Ahmed, Y.[5] & Abdulkarim, I. A.[6]

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Abstract

This study examined the access to and utilization of healthcare services in the Wushishi Local Government Area of Niger State. The need for this study arises from the observed decline in vital health indicators across the state. Data were collected from both the primary and secondary sources. Primary data were gathered through questionnaires and focus group discussions (FGDs), whereas secondary data were obtained from the Niger State Ministry of Health and the National Population Commission. The Sabon Gari (urban) and Maito (rural) wards were purposively selected for this study. Four hundred questionnaires were distributed, and two FGDs were conducted separately with male and female participants in each ward, using availability sampling. The findings revealed that all four types of healthcare providers-traditional, religious, modern public, and modern private-were present and accepted by residents. However, traditional and religious healthcare services are more accessible and affordable, making them the first choice for many, particularly chronic, orthopedic, and mental health conditions. By contrast, modern public and private healthcare facilities are mostly used for surgical procedures, communicable diseases, maternity care, and common illnesses. Modern private facilities are preferred because of their better quality of care, prompt service, easy access to healthcare personnel, and treatment-before-payment options, unlike the modern public sector, which faces numerous service delivery challenges. The study recommends that the government improve healthcare infrastructure by providing modern medical equipment, employing adequate healthcare personnel, ensuring affordable treatment, reducing patient wait times, and operating healthcare facilities 24h daily to improve accessibility and service delivery in both urban and rural communities.

Keywords: *Access, Healthcare Service Providers, Healthcare Services and Utilization*.

Introduction

Health plays a vital role in human well-being, encompassing physical, mental, and social aspects rather than just the absence of illness (WHO, 2023). The World Health Organization (WHO) defines health as complete physical, mental, and social well-being. Attaining optimal health involves achieving the highest levels of mental, emotional, and physical stability. It is a valuable resource that enables individuals to lead productive lives while contributing to economic growth (Federal Ministry of Health, 2016). Every citizen has the right to good health, recognised globally as a fundamental human right (WHO, 2019). Health is crucial for a country's development and quality of life. A nation's economic activities rely heavily on its people's health. Therefore, prioritizing public health is essential for sustained economic and social development.

Healthcare services are crucial for protecting, promoting, and maintaining individual health and preventing health breakdowns (WHO, 2019). Access to healthcare facilities is essential for economic development and prosperity, allowing people to use health services when and where needed. In the utilization of these healthcare services, various parameters such as physical

distance, race, ability to pay, and social distance can influence the use of healthcare services. The language used by doctors, their ability to communicate effectively with patients, and the attitudes of medical staff play significant roles in healthcare utilization (Melinda and Michael 2010). Waiting times are sometimes used to measure accessibility, with some people waiting hours in medical reception rooms and others waiting days in developing countries after walking many miles with sick children (Melinda and Michael, 2010).

The utilization pattern of healthcare services is fundamental in defining national health status. It is assumed that increased access to and use of health services will improve the population's health status, and that it is paramount for people to utilize the healthcare services provided. The healthcare system in Nigeria has shown spatial variation in terms of availability and quality of facilities concerning needs due to different local and regional factors that impact the quality or quantity in one location (FMOH, 2016). However, the level of state and local government involvement and investment in healthcare programs and education is crucial in addressing this issue (FMOH, 2016). Utilization patterns help to identify current preferences among people who have already decided to seek care. Good utilization of healthcare services improves the health status of the population (Adam and Awunor, 2014).

Studies have shown that the mere presence of healthcare facilities does not guarantee their utilization, as various socio-economic factors can impact access and subsequent utilization. The limited utilization of healthcare facilities can be attributed to inadequate service quality and staff attitudes, distance travel, age, gender discrepancies, educational attainment, income levels, perceived high service costs, and insufficient availability of services, as evidenced by studies conducted by Sheshe and Adamu (2019), Mazzilli and Davis (2008), Tawose (2015), Galanis *et al.* (2013), Dalal and Dawad (2009), and Okwaraji *et al.* (2012). Socio-cultural and religious factors are among the greatest determinants of healthcare utilization (Anderson *et al.* (2006), Chukwani *et al.* (2004).

The work of Shamaki and Buang (2014) on sociocultural practices in maternal health among women in Sokoto State, Nigeria, found that tradition-inspired practices and norms such as unattended labour and delivery, low level of education, hot-bath (Wankan jego) during new birth, use of herbs, forced marriage, early marriage, child spacing, female genital mutilation, and traditional gender discrimination play a significant role in maternal health and are believed to account for the high maternal mortality rates in the state. Hence, this study recommends that instead of investing in the provision of more modern health facilities that are grossly underutilized, commensurate efforts should be made to tackle traditional beliefs and practices among women in the state.

Lack of community participation and ownership of health care at the grassroots level is also a barrier to access and utilization of healthcare facilities. The characteristics of the facilities and services provided may constitute one of the major barriers to utilization in primary health care services. Shortages of essential drugs and basic equipment are generally characteristic of all health facilities nationwide. This deficiency in critical infrastructure tends to undermine service delivery and, hence, utilization of PHC (Health Reform Foundation of Nigeria, 2009). The barriers to the use of health care services are therefore multiple, multi-dimensional, and complex, and will require a thorough understanding and appreciation of the local peculiarities of the people before they can be properly understood (Health Reform Foundation of Nigeria, 2009).

Therefore, our study investigated healthcare access and utilization in Wushishi, Niger State, Nigeria. We comprehensively analyzed the availability, accessibility, affordability, and acceptability of care across various providers, namely traditional, religious, modern public, and modern private. Our research findings enabled us to discern usage patterns for specific ailments that have become increasingly relevant, given the declining health indicators in the state. The

significance of our study lies in its potential to inform and guide efforts to improve healthcare outcomes in this area.

Materials and Methods

Description of Study Area

This study was conducted in the Wushishi Local Government Area (LGA) of Niger State, situated in the north-central geopolitical zone of Nigeria. Geographically, it is positioned between 9°43'N and 6°04'E (Niger State Government, 2015).

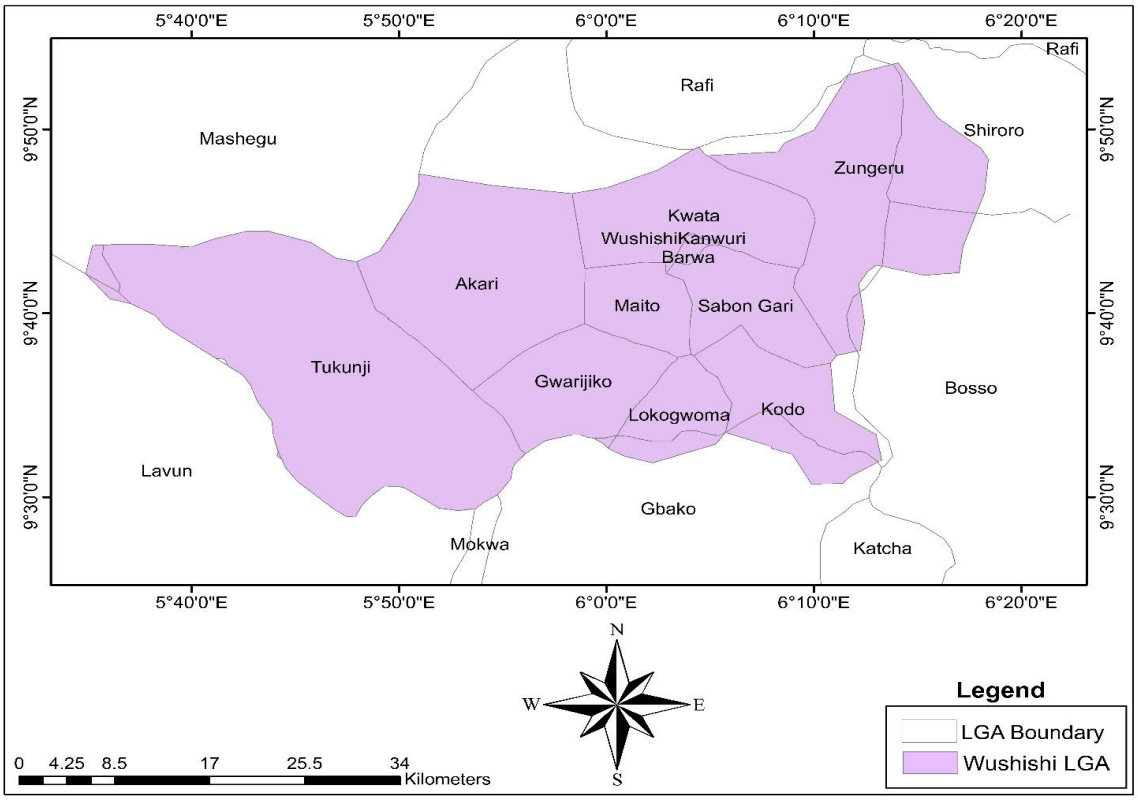

Figure 1: Wushishi Local Government Area
Source: Department of Geography BUK (2020)

Data Collection and Sources

The data collected consisted of essential information on the socio-demographic characteristics of the respondents (age, sex, religion, educational status, and monthly income), accessibility (availability, affordability, accessibility, and acceptability), and utilization (frequency of visits to healthcare facilities and healthcare facilities preferences). The primary data sources used in this study were questionnaires and focus group discussions.

The secondary data collected comprise crucial information such as numbers, types, and ownership of the health facilities, as well as the population of the Wushishi LGA. The data sources used to gather this information included health records from the Niger State Ministry of Health, National Population Commission (NPC) publications, and published and unpublished information obtained from books, journals, seminar papers, and student projects.

Table 1: Healthcare Facilities in Wushishi LGA by Ownership

Type of Health Facility	Public	Private	Total
General Hospital	1	0	1
Primary Health Centre	10	2	12
Health Clinic	15	3	18
Maternity Home	0	4	4
Health Post	7	0	7
Total	**33**	**9**	**42**

Source: Niger State Ministry of Health (2021)

Sample and Sampling Procedure

The study was conducted in the Wushishi LGA of Niger State, with rigorous selection of one urban and one rural ward. Sabon Gari, the administrative headquarters of the Wushishi LGA, was selected as the urban area. In contrast, Maito was selected as a rural area. This was done to include both homogeneous and heterogeneous populations from both rural and urban settings. This approach also accommodates the various cultural and socioeconomic settings of LGAs, ensuring a comprehensive and robust study.

Table 2: Wards in Wushishi LGA

Wards in Wushishi LGA	Wards in Wushishi LGA	Wards in Wushishi LGA
1. Akare	5. Kodo	9. Sabon Gari
2. Barwa	6. Kwata	10. Tukunji/Yamigi
3. Gwarjiko	7. Lokogoma	11. Zungeru
4. Kanwuri	8. Maito	

Source: National Population Commission (2006).

The population of the Wushishi local government area is projected to 2021, using an exponential growth model with a growth rate of 3% per year. The formula used to determine the population size was as follows:

$PP = P_0 (1+r/100)\ t$ …….. (1)

Where PP = Projected Population, P_1 = Population at present time, P_0 = Initial Population, r = annual rate of growth, and t = difference between the projection year and previous census.

Source: Adopted from Adamu and Sani (2017).

Yamane (1961) used the sample size of a given population determination formula to calculate the number of questionnaires to be administered. The formula used is as follows:

$$\text{Finite population } (n_2) = \frac{N}{1+ N (e)^2} \quad \text{…….. (2)}$$

where n= sample size, e = level of significance (0.05 degrees of freedom), and N= Population Size.

$$(n_2) = \frac{128688}{1+128688\ (0.05)^2} = \frac{128688}{321.72} = 400$$

The number of questionnaires in each ward of the LGA was determined by dividing the total number of questionnaires by the number of selected wards. This ensured an equal representation between the two wards.

Table 3: Selected wards and Questionnaires administered

Selected LGA	Selected Wards	Questionnaires to be Administered
Wushishi	Sabon Gari	200
	Maito	200
Total		**400**

Source: Author's Computation (2020)

Availability sampling was used to administer the questionnaires. Two focus group discussions were conducted in each of the two wards: one in a rural area (Maito) and one in an urban area (Sabon Gari). To limit the dominance and influence of one group over the other, each focus group discussion (FGD) was conducted with eight married participants of both sexes, who shared similar demographic characteristics.

Data Analysis

This presentation includes frequency distribution tables that demonstrate the availability, accessibility, affordability, and acceptability of healthcare facilities. The tables also indicate the providers and services that are most popularly patronized. Detailed qualitative information was provided through a narrative analysis to further explain the findings presented in the frequency tables.

Results And Discussions

The Four A's of Access to Care

The Four A' access to care (availability, affordability, accessibility, and acceptability) are crucial factors in healthcare decision-making, determining which facilities and services an individual can access and afford. A study of various healthcare providers in the area found that all four types (traditional, religious, modern public, and modern private) were available and acceptable, with 99% of the respondents reporting that they accepted patients regardless of their age, sex, or social class (Table 4).

However, there was a significant disparity in healthcare affordability and accessibility between the two study areas and the four healthcare providers. It is noteworthy that traditional and religious healthcare services exhibit a higher accessibility and affordability rate in Maito, a rural area, compared with Sabon Gari, which serves as the administrative headquarters of the Wushishi LGA (Table 4). It is also pertinent to mention that modern private healthcare services demonstrate a superior 60% affordability and 94% access rate compared with modern public healthcare services, with 44% affordability and 44% access.

The reason for the high affordability and accessibility of traditional and religious healthcare services is that providers are not charged for treatment. Instead, they ask for *Sadaka* (a small donation), which usually does not exceed ₦50. Providers also live in the community, making them easily accessible, and there are no long queues for treatment.

Table 4: The Four A's of Access to Care

Access to Care	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional (Available)	50.0	0.0	50.0	0.0	100.0
Traditional (Affordable)	42.5	7.5	47.0	3.0	100.0
Traditional (Accessible)	45.5	4.5	48.5	1.5	100.0
Traditional (Acceptable)	48.5	1.5	50.0	0.0	100.0
Religious (Available)	50.0	0.0	50.0	0.0	100.0
Religious (Affordable)	38.0	12.0	46.5	3.5	100.0
Religious (Accessible)	44.5	5.5	45.0	5.0	100.0
Religious (Acceptable)	49.5	0.5	45.0	5.0	100.0
Modern Public (Available)	50.0	0.0	50.0	0.0	100.0
Modern Public (Affordable)	25.5	24.5	18.5	31.5	100.0
Modern Public (Accessible)	20.0	30.0	24.0	26.0	100.0
Modern Public (Acceptable)	47.0	3.0	48.5	1.5	100.0
Modern Private (Available)	50.0	0.0	50.0	0.0	100.0
Modern Private (Affordable)	31.5	18.5	28.5	21.5	100.0
Modern Private (Accessible)	46.0	4.0	47.5	2.5	100.0
Modern Private (Acceptable)	50.0	0.0	50.0	0.0	100.0

Source: Field Work (2021)

However, the state of public healthcare facilities in Maito is a cause for concern, as only three primary healthcare centres serve the ward. The government runs two, while the remaining is privately owned. The scarcity of healthcare providers is evident, with each public centre staffed by only a single community health extension worker (CHEW) who closes early, from 4 p.m. to 5 p.m., and the CHEW resides outside the area. The only private clinic in the area faces shortcomings in terms of skilled personnel and equipment, which forces residents to resort to either traditional or religious healthcare services or travel all the way to Sabon Gari to access the general hospital in the Wushishi LGA as their only viable alternative. It's worth mentioning that both of the two available Community Health Extension Workers (CHEWs) do not reside in Maito. One commutes from as far as Zungeru daily and the other stays in Sabon Gari. This situation leaves residents without access to emergency services during the night and makes them dependent on the three remaining healthcare service providers for assistance.

Interestingly, in Sabon Gari, private hospitals are considered cheaper and more efficient than public hospitals, contrary to other places where public healthcare is subsidized and is seen as a public good. Regarding the above statement, one of the FGD respondents said,

"*Money is not our problem but good services, even though the money might look expensive when your loved ones are sick you have to look for the money to treat him/her, good healthcare services are all that we are after and the private hospital does provide that for us, and that is why we patronize them more than the public".*

Another respondent added that when seeking treatment at a private hospital in Sabon Gari:

"They treat you before you pay for the services rendered while at the general hospital Wushishi; if you do not pay for them in advance, they will not touch your patient. Sometimes, they compel us to buy drugs at hospitals at higher prices than when buying outside. There is unprofessional

conduct, as sometimes sweepers are made to remove drips and administer injections to patients. This, among other excruciating factors, made us rate the private hospital more even at the expense of the cost since one can have customer satisfaction".

Health Status, Treatment Measures and Place of Treatment in the Last Six Month

Table 5 shows the health data for the preceding six months, encompassing details on illnesses, medical interventions, and the place of treatment. Regarding whether they had been sick in the last six months, most respondents agreed that they had one sickness or the other within that period, with 50% and 49.5% for Sabon Gari and Maito, respectively.

Table 5: Health Status, Treatment Measures and Place of Treatment in the Last Six Month

	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Sickness in the last six months	50.0	0.0	49.5	0.5	100.0
What was the sickness					
Malaria	29.5	20.5	28.0	22.0	100.0
Fever	12.5	37.5	13.0	37.0	100.0
Typhoid	6.5	43.5	7.5	42.5	100.0
Diarrhoea	3.5	46.5	0.0	50.0	100.0
Cancer	3.0	47	1.5	48.5	100.0
Jinn (Iska)	10	40.0	3.5	46.5	100.0
Child Birth	2.5	47.5	0.0	50.0	100.0
Sickle Cell	1.0	49.0	1.5	48.5	100.0
Ulcer	3.5	46.5	2.0	48.0	100.0
Others	5.5	44.5	3.0	47.0	100.0
Place of Treatment					
Pharmacy	2.0	48.0	2.5	47.5	100.0
Traditional Healer	5.0	45.0	12.5	37.5	100.0
Religious Healer	0.0	50.0	3.0	47.0	100.0
Modern Public Hospital	18.0	32.0	19.0	31.0	100.0
Modern Private Hospital	25.0	25.0	13.0	37.0	100.0

Source: Field Work (2021)

In terms of the type of sickness, the majority of the sickness in Sabon Gari and Maito are malaria, at 29.5% and 28%, followed by fever at 12.5% and 13%, typhoid with 6.5 and 7.5, and sickle cell and childbirth of 2.5% each for the two areas, respectively. This shows that there are variations in terms of disease occurrence in the last six months within the study area. Water-related illnesses have become more prevalent in both areas within the previous six months, with Maito having more cases than Sabon Gari. For those who sought treatment, all respondents in Sabon Gari and Maito agreed that they sought treatment. However, the inhabitants of Sabon Gari and Maito mostly visit modern private hospitals to receive treatment for these diseases (25% and 13%, respectively), followed by the modern public (18% and 19%, respectively), traditional (5% and 12.5%, respectively), and religious healthcare service providers (3%). These results are similar to those of Kurfi (2011), who found that most of the predominant health problems in the community were fever, diarrhea, vomiting, and cough. In addition, less than 23 percent (22.8%) of the household heads utilized PHC facilities, while (77.2%) utilized other alternative services.

Place of Treatment for Various Illnesses

The utilization of multiple healthcare facilities is expected. The choice and preference of an individual in a particular HCF are reflected in the level of patronage of healthcare facilities in different areas. In addition, seeking healthcare services from more than one source explains the trend of differences in people's behavioral patterns. Therefore, people seek medical care according to the ailment being experienced, cost of treatment, and beliefs about the causes of such diseases. Table 6 indicates that the majority of respondents opt for traditional healthcare centers when seeking treatment for chronic diseases such as kidney, diabetes, cancer, and stroke, as well as for orthopedic services, with 35.5% and 48.0% of respondents for Sabon Gari and Maito, respectively (Table 6).

Table 6: Place of Treatment for Various illnesses

Place	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional (Chronic/Non-communicable)	14.0	36	21.5	28.5	100.0
Traditional (Surgical)	2.5	47.5	2.5	47.5	100.0
Traditional (Orthopedic)	23.0	27.0	25.0	25.0	100.0
Traditional (Communicable Disease)	4.0	46.0	6.5	43.5	100.0
Traditional (Maternity)	9.5	40.5	6.0	44.0	100.0
Traditional (Common Illnesses)	10.5	39.5	24.5	25.5	100.0
Traditional (Mental Disorder)	21.0	29.0	24.0	26.0	100.0
Religious (Chronic/Non-communicable)	9.0	41.0	9.0	41.0	100.0
Religious (Surgical)	6.5	43.5	1.0	99.0	100.0
Religious (Orthopedic)	16.0	34.0	10.5	39.5	100.0
Religious (Communicable Disease)	6.5	43.5	2.5	47.5	100.0
Religious (Maternity)	7.5	42.5	7.0	43.0	100.0
Religious (Common Illnesses)	7.5	42.5	6.5	43.5	100.0
Religious (Mental Disorder)	24.5	25.5	25.5	24.5	100.0
Modern Public (Chronic/Non-communicable)	14.0	36.0	8.0	42.0	100.0
Modern Public (Surgical)	19.5	30.5	15.0	35.0	100.0
Modern Public (Orthopedic)	4.5	45.5	2.5	47.5	100.0
Modern Public (Communicable Disease)	22.0	38.0	22.0	38.0	100.0
Modern Public (Maternity)	32.5	17.5	30.5	19.5	100.0
Modern Public (Common Illnesses)	31.5	18.5	41.5	9.5	100.0
Modern Public (Mental Disorder)	0.5	49.5	2.0	48.0	100.0
Modern Private (Chronic/Non-communicable)	10	40.0	9.0	41.0	100.0
Modern Private (Surgical)	15.0	35.0	13.0	37.0	100.0
Modern Private (Orthopedic)	3.0	47.0	2.5	47.5	100.0
Modern Private (Communicable Disease)	23.5	26.5	14.5	35.5	100.0
Modern Private (Maternity)	25.0	25.0	17.0	33.0	100.0
Modern Private (Common Illnesses)	31.5	18.5	37.5	12.5	100.0
Modern Private (Mental Disorder)	0.0	50.0	1.0	49.0	100.0

Source: Field Work (2021)

Regarding healthcare services related to mental disorders, such as jinns, depression, spiritual problems, and madness, religious healthcare services are the most favored, with 50% of people in both areas choosing them. On the other hand, with regard to surgical procedures; communicable diseases such as cholera, diarrhea, hepatitis, and flu; maternity services including birth and antenatal care (ANC); and common illnesses such as malaria, typhoid, and fever, the majority of people tend to seek care from the modern public healthcare sector. Specifically, they preferred the modern public sector with percentages of 34.5%, 44.0%, 63.0%, and 73.0%, respectively. The modern private sector was the next choice, with percentages of 28.0%, 38.0%, 42.0%, and 69.0%, respectively.

This descriptive analysis shows that there is a conscious attempt made by people (patients) when seeking medical services (treatment), and these depend on many factors, including cultural beliefs, the nature of the illness, cost, access to healthcare personnel, and treatment efficacy, among others. This result is similar to that of Sheshe and Adamu (2019) whose study found out that over half of the population surveyed had been sick and sought treatment, of these between 70% and 80% used orthodox healthcare services over traditional services with more preferring orthodox if they had the choice.

Reasons for Utilizing Various Healthcare Services

Table 7 shows the participants' responses on why they patronized certain healthcare providers and services over others. Most respondents, for instance, utilized traditional healthcare services because they treat certain illnesses better and are affordable, with 49.5% and 56.5% for Sabon Gari and Maito, respectively. According to them, illnesses such as cancer, diabetes, stroke, orthopaedics, *jinns*, and spiritual problems, among others, are better treated using traditional healthcare services. This is attributed to the traditional belief that conditions such as cancer, for instance, are aggravated by injections and tend to worsen the illness. Consequently, when someone is diagnosed with cancer, they typically seek the services of traditional healers. The participants in the Focused Group Discussion (FGD) elaborated on this perspective:

"*Even when you take a patient to the hospital with the orthopedic or spiritual problem (jinns or iska), the health personnel will tell you that it is above their powers that you should go back home and continue with other alternative treatment. There are other instances where the hospital will also treat a patient for some time for illnesses such as diabetes and stroke; once the situation is not improving, they will advise the patient or his people to try the traditional method instead. In addition, the treatment is cheap and affordable, as the traditional healer can charge one as low as* ₦*50 as Sadaka for cancer treatment. They often tell the patient to pay whatever they can afford".*

Regarding the utilization of religious healthcare services, the majority of people opt for them because their faith in the healing power of prayers, which they believe can effectively address all their health problems and illnesses. This preference was observed with 16.0% in Sabon Gari and 17.5% in Maito (Table 7). In response to this question, one of the participants in the Focused Group Discussion (FGD) offered an explanation,

"When all the other treatment of the service providers seems not to be working, the only option is to go to the Mallam for help. This is because some of these challenges are spiritual, and only Mallam can remedy these problems with the help of prayers and rubutu to seek divine intervention. The treatment is also affordable, similar to traditional healthcare services, except that the traditional is cheaper than religious services".

Table 7 Reasons for Utilizing Various Healthcare Services

Reasons	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional (It Treats Certain Illnesses)	31.0	29.0	38.0	12.0	100.0
Traditional (Good Service Delivery)	11.0	49.0	2.0	48.0	100.0
Traditional (Easy Access to HCF)	13.0	37.0	11.5	38.5	100.0
Traditional (Treatment Before Payment)	0.5	49.5	0.0	50.0	100.0
Traditional (It is Affordable)	18.5	31.5	18.5	31.5	100.0
Traditional (It Treat All Illnesses)	1.0	49.0	0.0	50.0	100.0
Traditional (Availability of Various Services)	0.5	49.5	0.5	49.5	100.0
Religious (It Treats Certain Illnesses)	10.5	39.5	14.0	36.0	100.0
Religious (Good Service Delivery)	4.0	46.0	0.5	49.5	100.0
Religious (Easy Access to HCF)	8.0	42.0	7.5	42.5	100.0
Religious (Treatment Before Payment)	1.5	48.5	0.0	50.0	100.0
Religious (It is Affordable)	12.5	37.5	10.5	39.5	100.0
Religious (It Treats All Illnesses)	16.0	34.0	17.5	32.5	100.0
Religious (Availability of Various Services)	0.0	50.0	0.5	49.5	100.0
Modern Public (It Treats Certain Illnesses)	11.0	39.0	6.0	44.0	100.0
Modern Public (Good Service Delivery)	10.5	39.5	24.0	26.0	100.0
Modern Public (Easy Access to HCF)	2.0	48.0	2.5	47.5	100.0
Modern Public (Treatment Before Payment)	0.5	49.5	0.0	50.0	100.0
Modern Public (It is Affordable)	24.5	25.5	17.0	32.0	100.0
Modern Public (It Treats All Illnesses)	1.0	49.0	0.0	50.0	100.0
Modern Public (Availability of Various S.)	34.0	16.0	30.0	20.0	100.0
Modern Private (It Treats Certain Illnesses)	1.5	48.5	1.5	48.5	100.0
Modern Private (Good Service Delivery)	37.5	12.5	36.0	14.0	100.0
Modern Private (Easy Access to HP)	35.0	15.0	31.5	18.5	100.0
Modern Private (Treatment Before Payment)	11.0	39.0	0.5	49.5	100.0
Modern Private (It is Affordable)	5.5	44.5	1.5	48.5	100.0
Modern Private (Availability of Various S.)	3.0	47.0	5.0	45.0	100.0
Modern Private (When Public HCF is Closed)	0.0	50.0	10.0	40.0	100.0

Source: Field Work (2021)

The primary reason why most individuals choose to utilize modern public healthcare services is their affordability and the broader range of services they offer compared with other healthcare service providers. This preference was evidenced by the percentages of 58.5% in Sabon Gari and 47% in Maito, as indicated in Table 7. However, it is crucial to clarify that a high affordability ranking does not necessarily mean that the services are inherently cheaper than others. Instead, this reflects the fact that a larger number of respondents prefer and repeatedly choose these services over others. One of the participants in the Focused Group Discussion (FGD) provided an explanation for this trend,

"They have availability of various healthcare services ranging from family planning, scanning, ANC, surgical rooms; we are also issued with government approved birth certificate for newborn baby, the presence of qualified doctors and equipment, and also they can treat most of our common diseases such as malaria and typhoid. These reasons make most people visit public

health facilities". He added that private healthcare facilities should be the choice whenever you are looking for good service delivery with easy access to treatment and drugs".

It is important to highlight that respondents in Sabon Gari, where there is the availability of a general hospital, private hospital, and medical doctors, expressed more frequent complaints regarding insufficient service quality and negative staff attitudes towards patients compared to Maito. In contrast, Maito, which relies on two public healthcare centers staffed by two Community Health Extension Workers (CHEWs) and operates for limited hours, experiences fewer complaints. The reason for this difference is that healthcare personnel in Maito are known for their kindness and dedication to carrying out their duties. However, there is room for improvement in terms of enhancing their skills, particularly in procedures such as blood transfusion, despite the necessary equipment for storing blood. Additionally, their early closing times and lack of residence within the community contribute to challenges in providing healthcare.

The preference for modern private healthcare services among most individuals is driven by factors such as good service delivery, easy access to healthcare professionals, treatment options before making payments, and availability of services after public health facilities have closed. In the case of Maito, these factors were the primary reasons why people chose to utilize private healthcare facilities, as evidenced by the high percentages of 83.5% in Sabon Gari and 78% in Maito, as shown in Table 7. These reasons were eloquently expressed by one of the participants in the Focused Group Discussion (FGD), and here is what he had to say:

"The private hospitals here are God sent, the environment is neat and clean, they take good care of your patient, sometimes you are given a discount in terms of cost if you are a regular customer, and they treat you first in many instances before giving you the cost of your treatment". In addition, in Sabon Gari, we sometimes had more patients in private hospitals than in public, even to the detriment of the cost.

The reason behind the preference for private healthcare services, despite their potentially higher costs, is rooted in the belief that public hospitals, despite their lower fees, often fail to deliver satisfactory services. Therefore, many people consider private healthcare, despite the expense, to be a better value for money because of the consistently high-quality services they offer. In Maito, in addition to the previously mentioned reasons, people also turn to private hospitals when the public clinics close for the day around 4 p.m. to 5 p.m. because they have no other viable alternatives available at that time.

Preferred Place of Treatment

Table 8 shows that 61% of the respondents preferred to be treated in a modern private hospital for both areas. In comparison, a modern public hospital follows with 37%, a traditional healer comes next with 1.5%, and other treatment places have the least with 0.5%. It's worth highlighting that when respondents are given the opportunity to choose which healthcare services they would prefer if they have the financial means, the majority opt for modern private healthcare services. This decision is influenced by the reputation of modern private healthcare services for providing good services, offering easy access to healthcare personnel, and delivering prompt responses in attending to patients. This is in contrast to the various problems mentioned earlier that affect the modern public healthcare system. It will also interest one to note that none of the respondents chose religious healthcare services as the preferred destination to receive treatment; this shows that the respondents visiting them initially have no other alternative regarding availability and cost.

Table 8 Preferred Place of Treatment

Place	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional	1.5	48.5	0.0	50.0	100.0
Modern Public	13.0	37.0	24.0	26.0	100.0
Modern Private	35.0	15.0	26.0	24.0	100.0
Others	0.5	49.5	0.0	50.0	100.0

Source: Field Work (2021)

Time Taken to Healthcare Services

Table 9 shows that the majority of the respondents in the study area live close to and utilize modern public healthcare services, travelling a distance of fewer than 30 minutes on foot 73.5% for Sabon Gari and Maito, followed by modern private with 69%, religious with 54.5% and traditional with 49% respectively. It is important to note that all four service providers for both study areas are within the communities. In most cases, people travel less than 30 minutes on foot to reach out to these healthcare services, except when the illness is severe, and they must travel out of their communities to receive such treatment. For example, in Maito, any person.

Table 9: Time Taken to Healthcare Services

Time	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional (Less than 30 Minutes)	21.0	29.0	28.0	22.0	100.0
Traditional (Btw 30 minutes and 1 hour)	11.0	39.0	14.5	35.5	100.0
Traditional (Btw 1 and 1 ½ hours)	3.0	47.0	2.0	48.0	100.0
Traditional (Btw 1 ½ and 2 hours)	2.5	47.5	1.0	49.0	100.0
Traditional (More than 2 hours)	2.0	48.0	4.0	46.0	100.0
Religious (Less than 30 Minutes)	22.0	28.0	32.5	17.5	100.0
Religious (Btw 30 minutes and 1 hour)	3.0	47.0	3.0	47.0	100.0
Religious (Btw 1 and 1 ½ hours)	0.5	49.5	0.0	50.0	100.0
Religious (Btw 1 ½ and 2 hours)	0.5	49.5	0.0	50.0	100.0
Modern Public (Less than 30 Minutes)	37.5	12.5	36.0	14.0	100.0
Modern Public (Btw 30 minutes and 1 hour)	3.5	46.5	10.0	40.0	100.0
Modern Public (Btw 1 and 1 ½ hours)	2.5	47.5	0.0	50.0	100.0
Modern Private (Less than 30 Minutes)	29.0	21.0	40.0	10.0	100.0
Modern Private (Btw 30 minutes and 1 hour)	6.0	44.0	6.0	44.0	100.0
Modern Private (Btw 1 and 1 ½ hours)	2.0	48.0	0.5	49.5	100.0

Source: Field Work (2021)

who is suffering from low blood count, in need of surgical services, or has any bone-related problem and needs to be treated in modern public facilities, has to travel to Sabon Gari and, in some instances, even to Minna for medical services.

Level of Satisfaction Offered by Healthcare Service Providers

The treatment of patients at a health facility is an essential dimension of a patient's assessment of the quality of care. If the facility has a reputation for unfriendly staff, rude service providers, and humiliating treatment, patients may delay their decision to seek medical care until the seriousness of their condition necessitates overcoming all barriers, or may seek alternative medicines. Therefore, this study considers the perception of people on the level of satisfaction derived from the treatment of patients by medical personnel across the four service providers in the study area. Table 10 reveals that 81.8% of the residents in both Sabon Gari and Maito believe that the quality of treatment provided by traditional healthcare personnel is good, and they express satisfaction with it. Following modern private healthcare with 80.3% satisfaction, religious healthcare services are rated at 62.1%. The lowest level of satisfaction with healthcare services was reported for modern public healthcare (59.6%).

Table 10: Level of Satisfaction Offered by Healthcare Service Providers

Satisfaction	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional	34.3	15.7	47.5	2.5	100.0
Religious	28.8	21.2	33.3	16.7	100.0
Modern Public	31.8	18.2	27.8	22.2	100.0
Modern Private	37.4	12.6	42.9	7.1	100.0

Source: Field Work (2021)

The data clearly indicate that modern public healthcare services receive a low rating for good service delivery. This can be attributed to the numerous challenges faced by public healthcare facilities, including long waiting times, high treatment costs, insufficient healthcare personnel and equipment, and unfavorable staff attitudes towards patients, among other issues. These challenges collectively contributed to the lower satisfaction levels reported by respondents for modern public healthcare services.

Challenges Faced by Respondents When Receiving Treatment

The challenges in utilizing any of the four service providers are numerous and diverse. However, there are some overlaps and variations among them, as some challenges are peculiar to some service providers and are absent in others. Table 11 shows that the significant challenges that traditional and religious service providers are faced with in Sabon Gari and Maito, including tests, are not conducted at 75% and 57%, followed by not open for 24 hours at 29.5% and 27%, personnel not available at 30.5% and 18.5%, and lack of accurate drug measurement at 18.5% and 4%, respectively. The explanation for this is that the traditional and religious service providers do not have a standard test procedure to follow to identify with certainty the health condition of the patient, and due to lack of these, they might end up treating a patient with the wrong treatment. The primary method employed by traditional and religious health care providers is observation. However, relying solely on observation means that, by the time symptoms become visible on a patient's body, the condition may have progressed to an advanced stage, making it more challenging to manage effectively. Another notable challenge faced by traditional and religious health care providers is their limited operating hours. Unlike modern public and private facilities that often operate 24h a day, these providers typically close their services at night. This limitation can deprive patients access to emergency healthcare during late-night hours, especially when such services are critically needed. They are also only sometimes available, as some are engaged in other activities such as business and farming, and some are also civil servants. Only a few work full-time, and at other times, they are searching for further

explanations of efficient medicines for their patients. In addition, they do not have accurate measurements of drugs, and sometimes this leads to overdose, which, in the long run, may cause several complications for patients.

Table 11: Challenges Faced by Respondents when Receiving Treatment

Challenges	Sabon Gari		Maito		Total
	YES	NO	YES	NO	
	%	%	%	%	%
Traditional (Long Waiting Time)	6.0	44.0	4.0	46.0	100.0
Traditional (Expensive Treatment)	3.0	47.0	3.0	47.0	100.0
Traditional (Inadequate HCF)	0.0	50.0	1.0	49.0	100.0
Traditional (No accurate drug measurement)	5.0	45.0	13.5	36.5	100.0
Traditional (Not Open For 24hours)	10.5	39.5	19.0	31.0	100.0
Traditional (Poor Services)	0.0	50.0	0.5	49.5	100.0
Traditional (Test Are Not Conducted)	32.0	18.0	43.0	7.0	100.0
Traditional (HCF Not Available)	11.0	39.0	19.5	30.5	100.0
Religious (Long Waiting Time)	1.5	48.5	0.0	50.0	100.0
Religious (Expensive Treatment)	3.0	47.0	0.0	50.0	100.0
Religious (No accurate drug measurement)	1.5	48.5	0.5	49.5	100.0
Religious (Not Open For 24hours)	9.0	41.0	18.0	32.0	100.0
Religious (Test Are Not Conducted)	26.5	23.5	30.5	19.5	100.0
Religious (HCF Not Available)	6.0	44.0	12.5	37.5	100.0
Modern Public (Long Waiting Time)	39.0	11.0	6.0	44.0	100.0
Modern Public (Expensive Treatment)	32.0	18.0	14.0	36.0	100.0
Modern Public (Inadequate HCF)	22.0	28.0	27.5	22.5	100.0
Modern Public (Inadequate Equipment)	21.5	28.5	34.5	15.5	100.0
Modern Public (Not Open For 24hours)	0.0	50.0	44.0	6.0	100.0
Modern Public (Bad Attitude To Patients)	32.5	17.5	20.0	30.0	100.0
Modern Public (Unprofessional Conduct)	9.0	41.0	3.0	47.0	100.0
Modern Public (Poor Services)	6.5	43.5	6.5	43.5	100.0
Modern Public (Test Are Not Conducted)	0.0	50.0	1.0	49.0	100.0
Modern Public (HCF Not Available)	0.0	50.0	0.5	49.5	100.0
Modern Private (Long Waiting Time)	0.5	49.5	0.0	50.0	100.0
Modern Private (Expensive Treatment)	4.0	46.0	5.5	44.5	100.0
Modern Private (Inadequate HCF)	34.5	15.5	37.0	13.0	100.0
Modern Private (Inadequate Equipment)	34.5	15.5	46.0	4.0	100.0
Modern Private (Unprofessional Conduct)	0.0	50.0	0.5	49.5	100.0
Modern Private (Poor Services)	0.0	50.0	1.0	49.0	100.0
Modern Private (HCF Not Available)	1.0	49.0	0.0	50.0	100.0

Source: Field Work (2021)

In terms of the modern public, the significant challenges for both study areas include inadequate equipment (56%), followed by the wrong attitude of staff (52.5%), inadequate healthcare personnel (49.5%), cost of treatment (46%), long waiting times (45%), and not open for 24 hours (44%). It is important to note that in terms of not being open for 24h, it is only in Maito that the

health facilities close, as evidenced by the responses in Table 11. Variations also exist between Sabon Gari and Maito, as some challenges are more evident in one area.

For the modern private sector, the challenges are minimal, as only three variables have highly significant responses, and these challenges for both study areas include inadequate equipment (80.5%), inadequate healthcare personnel (71.5%), and expensive treatment costs (9.5%). It is important to note that when ranked in the order of magnitude, modern public healthcare services have more problems bedeviling them than the other healthcare service providers put together, is why there are more preferences in choosing other healthcare providers when the respondents ask to determine their desire for treatment when giving a choice. This result is similar to those of Katung et al. (2001) and Sule et al. (2008), who found that low health facility utilization is often a reflection of poor quality of services and poor attitude of staff.

Conclusion and Recommendations

All four types of healthcare providers; traditional, religious, modern public, and modern private are available and accepted by Sabon and Maito. Traditional and religious services are more accessible and affordable, with traditional care used mainly for chronic and orthopedic issues and religious care for mental disorders. Modern public and private facilities are preferred for surgical, communicable, and common illnesses, with modern private facilities favoring quality service and efficiency. The study recommends improved equipment, more staff, affordable services, reduced wait times, and 24-hour facility operations.

Conflict of Interest

The authors affirm that they do not have any competing interests.

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