

Perceived Influence of Individual Demographic Factors on Health Care System Utilisation of Epe Community Members in Lagos State, Nigeria

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Abstract

This study examined how individual demographic factors influences health care system utilisation by members of Epe community. A cross-sectional descriptive survey research design was used, while multi-stage sampling technique was used to select 2,000 male and female respondents in the community. The instrument for data collection was a structured questionnaire titled "Questionnaire on Factors Affecting Health Care System Utilisation" prepared in English and Yoruba ($r = 0.68$). This was complimented with Focus Group Discussions (FGDs). Three hypotheses were tested at 0.05 alpha level. Data were analysed using ANOVA, Chi-square, and LSD Post-hoc test. Results from the analysis revealed that age ($F_{(4,1995)} = 17.19$; $p < 0.05$) is a significant determinant of utilisation of traditional health care in treating children's diseases. Educational background is a significant determinant of utilisation of orthodox ($F_{(6,1992)} = 15.59$; $p < 0.05$) and traditional ($F_{(6,1992)} = 7.08$; $p < 0.05$) health care system in treating children's diseases. Also educational background is a significant determinant of utilisation of orthodox ($F_{(6,1992)} = 10.06$; $p < 0.05$) and traditional ($F_{(6,1992)} = 10.8$; $p < 0.05$) health care systems in treating diseases. Religious background is a significant determinant of utilisation of orthodox health care system in treating children ($F_{(2,1997)} = 508.0$; $p < 0.05$) diseases. Income is a significant determinant of the utilisation of orthodox ($F_{(6,1993)} = 9.13$; $p < 0.05$) in the treatment of children's diseases. Belief is a significant determinant of health care utilisation in treating diseases ($F_{(2,1997)} = 4.85$; $p < 0.05$). In conclusion it was observed that age, educational and religious backgrounds, tribes, income and beliefs are important factors in accessing healthcare of children diseases. It is therefore, recommended that individual demographic factors should be taken into cognizance in the provision of health care services for community members.

Keywords: *Orthodox health care, Traditional healthcare, Spiritual healthcare, Healthcare facilities, Demographic factors, Epe Community Members*

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Background to the Study

Naturally, people like good health nevertheless; the good health is sometimes affected by certain health hazards such as disease. The presence of disease associated with physical, social, mental and financial burden triggers the individual, family members or friends to decide on how, where and what to do for the individual to be healed. Akintonwa (1996), Pedersen and Baruffati (1989) and Leslie (1980) documented that man seeks for help in his poor state of health through any chosen health care system utilisation. Health seeking is any remedial actions that are undertaken by individuals to rectify perceived ill health for the purpose of finding appropriate interventions. Health seeking behaviour is a way in which people behave in relation to their health. It can also be the utilization of healthcare services, which is an endpoint of the process of seeking care (Ward, Mertens and Thomas, 1997).

Utilization of healthcare services is an important determinant of health (Bayo, Albert, Alfonto, Cortina, Corella, 1996). World Health Organization, (1978) recommended the utilization of health care services for the vulnerable and underprivileged populations most as a basic primary healthcare. Nevertheless, Adams, Jabulani, Nkayiyana & Jonathan (2017) reported that a billion of people and more of mainly low and – middle income countries (LMICS) are unable to access needed health care services for a variety of reasons. Shaikh, Hatcher, (2005) stated that utilization of health-care services, public or private, depends on socio economic factors, cultural beliefs and practices, and most importantly the health system itself. Immigration status, distance from health care are also other important determinants that influence health care utilization [Dias, Game, Cortes, et al and Asah, Kerr, Kesity et al 2006) Healthcare according to Obrist, Iteba, Lengeler, Makemba, Mashana, Nathan et al (2007) Gulliford, Figueroa-Munoz, Morgan, et al (2002) should be universally accessible without barriers based on affordability, physical accessibility, or acceptability of services. Buor, (2004) stated that other factors that influence the utilization of healthcare are socio demographic characteristics of patients. Uzochukwu, Obinna and Onwujekwe (2004), stated that the factors that influence the type of treatment the people seek when certain symptoms occur, include their cultural background, educational background, income level/economic status, age, gender, occupation, beliefs, the household's decision making pattern to seek health care, the social network, and the introduction of fees. Other influencing factors as stated by them include the severity of the disease or ailment, the perceived effectiveness of the treatment, availability or distance of the health centre, and the ability of the patient or his relatives to afford the cost of treatment and transportation.

Mechanic (1978) identified two indices that influence an individual's choice of health care as, an individual's perception of the situation at hand and whether he could cope with the situation, whereas he opined that an individual seeks for professional help only when he is certain that he cannot cope with the abnormal situation of his health status. The three major health care systems patronized by people in time of health challenges in the world, Nigeria inclusive are the orthodox (conventional), complementary and alternative medicine (CAM), that is also referred to as traditional (ethno-medicine) and spiritual/faith, (Insel and Roth, 2006, Erinosh, 1998, Jegede, 1998 and Moronkola, 1995). Insel and Roth (2006) stated that orthodox medicine, sometimes referred to as “conventional”, “biomedicine” or

“standard”, is a system of medicine based on the application of scientific methods when the diseases are thought to be caused by identifiable physical factors and characterised by a representative set of symptoms.

Another health care system utilised by people with health challenges is the complementary and alternative medicine (CAM). Complementary and alternative medicine (CAM) are therapies or practices which are part of conventional or mainstream health care and medical practices as taught in most United States medical schools and offered or available in most US health care facilities (Insel and Roth, 2006). Traditional medicine which is of the complementary and alternative medicine (CAM) includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in a combination to maintain well-being, as well as to treat, diagnose or prevent illness. (WHO, 2002). Traditional healer, according to WHO (1978), is a person who is recognised by the community in which he resides, as competent to provide health care by the use of plants, animal and mineral substances, with certain methods based on the social, cultural and religious backgrounds as well as the knowledge, attitude and belief prevalent in the community regarding physical, mental and social well-being and perceived causes of the disease and disability.

The third health care system patronised individual is spiritual or faith health care. Spiritual healing has much to do with faith, trust, strong belief and unquestioning confidence in God that the problem will be solved through the healer. The processes of spiritual healing are singing, dancing, praying, fasting, offering sacrifice, giving alms (charity), drinking of holy water and using of anointing oil, bathing with holy water and in streams, use of Holy Bible, Quran, candles, herbs, shrubs, foods, drinks and animals, (Erinosh, 1998; Okoye 1995, Ojebode and Moronkola, (1995) and Sofowora, (1993).).

The peculiar topography of Epe Community in Lagos state are the presence of a long range of hills and coast. Fishing, farming, teaching and artisan work form the major occupations of Epe community. The population consists of literate and non-literates. Majority of Epe community members are Muslims and Christians, with few worshippers of traditional religion.

Epe community is bounded in the East by the Ijebu- East and Ijebu-South Local Governments of Ogun State along Imobi and Iwopin rivers respectively, where it crosses the Lekki Lagoon from southeast terminating at Aboriji coastal end. It shares boundaries with Ikorodu Local Government in the west at Imota along Ikorodu/Epe road and in the north by Odo-Ogbolu Local Government of Ogun state via Ibefun, Omu and Odo Agboju towns. Epe community also shares boundary with Ibeju Lekki Local Government in the South at Okegun, stretching to Emu across the Lekki Lagoon to Tiye, Imobido, Abejoye deflecting eastward along the same Lagoon to Okun-Ise and Aboriji where it shares boundary with Ogun state at Ode-Omi (Epe Local Government, Epe, Lagos. 2007). The purpose of this study was therefore to ascertain the perceived influence of individual demographic factors on health care system utilisation of Epe community members in Lagos state, Nigeria.

Hypotheses

The following hypotheses were tested:

1. Age will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
2. Sex will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
3. Marital status will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
4. Educational background will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
5. Tribe will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
6. Religious background will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
7. Occupation will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.
8. Income level will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Methods and Procedure

The descriptive survey method was used to collect information for the population for the study. The population for this research comprised all the male and female inhabitants of Epe community members in Lagos State, Nigeria who were eighteen years and above as at the time of data collection.

The sample for this study was two thousand two hundred (2200) inhabitants of Epe community members of Lagos State, Nigeria. Multi-stage and simple random sampling techniques were used. The Multi-stage technique is a procedure that requires the researcher to choose samples in stages until the researcher gets the required sample. The population sample is divided into large units from which a first stage cluster sample is randomly selected. Thereafter second stage is selected from among those cluster samples selected in the first stage. This method of dividing the population into progressively smaller units, continued until the appropriate sample size is achieved. The distributions of questionnaire at sampled areas were as follows;

Table 1.

Sampled Area	Number Administered	Number Used	Number Not Used
Epe Central	800	725	25
Riverine	400	346	54
Agbowa	500	450	50
Eredo	500	479	21
Total	2200	2000	200

The research instruments for this study were questionnaire and focus group discussion. The questionnaire was prepared in English and Yoruba. The questionnaire asked questions on individual factors of the respondents such as age, sex, marital status, educational background, tribe, religious background, occupation and income. Some of the questions were close-ended while others were open-ended. The close-ended questions was on a modified four point Likert scale with rating of (4) for strongly agreed, (3) for agreed, (2) for disagreed and (1) for strongly disagreed. To ensure the validity of the instrument it was presented to the Department of Human Kinetics and Health Education, Department of Health Education and Promotion, College of Medicine (UCH) Ibadan and the Department of Sociology, University of Ibadan for content and construct validity. Comments and suggestions from the experts were used to improve the quality of the instrument. To test for reliability, the questionnaire was administered on fifty respondents in Moloji community who were not within the area of coverage of the study. The same questionnaires were administered to the same set people on the second time. The data were subjected to the Cronbach's Co-efficient alpha upon which a reliability of (r) of 0.68 was obtained.

In order to ensure that a respondent did not fill the questionnaire more than once, the researcher and her research assistants went to different areas of a town/village and administered the questionnaire at the same time only once. Some of the copies of the questionnaire were collected on the spot while the rest were collected after a second time visit. The total numbers of questionnaire copies administered were two thousand two hundred copies (2,200). Out of these numbers, one hundred and forty-nine (149) were discarded due to improper filling while fifty-one (51) were not returned. Two thousand copies of the administered questionnaire that were properly filled were used for the study. The questionnaire was administered to the respondents in their respective homes mostly in the evenings when most of the inhabitants were at home. The data was analysed using descriptive statistics of frequency counts and percentage to present the characteristics of the respondents. The one-way Analysis of Variance (ANOVA) and t-test inferential statistics was used to test hypotheses at 0.05 alpha level.

Results & Discussion

Hypothesis 1: Age will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 2: One Way Analysis of Variance (ANOVA) of Health Care System Utilisation for Treating Children's Diseases Based On The Respondents Age.

S/N	Health-Care systems	Age	N	Mean	Standard deviation	F Ratio	Prob.	Comment
1.	Orthodox Health Care	<30 30- 39 40- 49 50- 59 60+	730 545 360 174 191	8.78 8.82 8.94 8.85 8.31	3.32 3.63 3.66 3.86 3.02	1.117	.347	P> 0.05 Not significant
2	Traditional Health Care	<30 30- 39 40- 49 50- 59 60+	730 545 360 174 191	4.61 4.73 5.18 6.39 6.46	3.32 3.48 3.94 3.63 3.23	17.189	.000	P< 0.05 Significant
3	Spiritual Health Care	<30 30- 39 40- 49 50- 59 60+	730 545 360 174 191	1.46 1.38 1.24 1.62 1.57	2.39 2.28 2.52 3.00 3.08	1.008	.402	P> 0.05 Not significant

The table above shows that there are no significant differences between the respondents' utilisation of orthodox and spiritual health care systems for the treatment of children's diseases and their ages, ($F_{(4,1995)} = 1.117$; $p > 0.05$) and ($F_{(4,1995)} = 1.0008$; $p > 0.05$) respectively. However, there is a significant difference in the respondents' utilisation of traditional health care system for the treatment of children diseases and their ages, ($F_{(4,1995)} = 17.189$; $p < 0.05$). Hypothesis 1, which states that individual factors (age) will not significantly be a determinant of health care system utilisation of Epe community members in Lagos State, Nigeria, is therefore rejected for traditional health care system.

The post hoc result table showed that the source of significance lies between the age ranges of 30 and 40-49, 30 and 50-59, 30-39 and 50-59, 30-39 and 60+, 40-49 and 50-59, and 40-49 and 60+ in the utilisation of traditional health care system in the treatment of children's diseases.

The result of the study on the utilisation of traditional health care system in the treatment of disease collaborates with the study of Applewhite (2003) which stated that Mexican American retain strong attachment to indigenous values including those about health care system.

The findings imply that there is no organised pattern of adherence and decisions in the utilisation of any of the health care centres in this study. This lends credence to the assertions of Lambo (1984) who stated that the use of any type of health care services is a complex phenomenon because of the social structure and health beliefs of the community. Gross and Howard (2001), also corroborated the findings of this study by postulating that the decisions people make depend on their health care behaviour and the individual's quality of life.

Age, in this study, is not found to be a significant factor in the choice of any health care service. Uzochukwu and Onwujekwu (2004), Lambo (1984)) stated that factors such available, accessibility, cost, mode of payment, attitude of health care worker reputation of health providers determines health care utilisation. Therefore, these factors might have affected the made age non-significant.

Hypothesis 2: Sex will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 3: t-test Analysis of Health Care System Utilisation for Treating Children's Diseases Among Male and Female Respondents.

	Health-Care Systems	Male			Female			Obtained t (Value)	Sig.	Comment
		N	X	SD	N	X	SD			
1	Orthodox Health Care	946	8.83	3.33	1054	8.74	3.48	.0627	0.531	P>0.025 Not significant
2	Traditional Health Care	946	5.10	3.60	1054	5.04	3.71	0.276	0.783	P>0.025 Not significant
3	Spiritual Health Care	946	1.41	2.50	1054	1.43	2.50	0-.170	0.865	P>0.025 Not significant

The table above that there is no significant difference in the respondents' utilisation of orthodox, traditional and spiritual health care systems in the treatment of children's diseases and their sex, orthodox, $t = .0627$; $p > 0.025$, traditional, $t = 0.276$; $p > 0.025$, and spiritual, $t = 0-.170$; $p > 0.025$. Therefore, the null Hypothesis 2 that states, individual factors (sex) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria is not rejected.

This finding implies that the utilisation of any of the health care systems is not determined by sex. In support of the study, the demographic data on sex in table 4 shows that female respondents are greater than the males by 108(5.4%). This numerical advantage, however, does not influence the result in the utilisation of any of the health care systems.

The result of this study are not in agreement with Erinsho (1998) and Jegede (1998) who saw diseases and illnesses as a result of natural, supernatural and mystical forces as the respondents in this study did not attribute their utilisation of any of the health care systems to any known source. Taffa and Chepngeno (2005) posited that the perception of the people for seeking or failure to seek health care services outside their home is associated with lack of finance. Jegede (1998) reported that residence, proximity, affordability and accessibility to health care and attitude of health care worker influence health care patronage, hence, health care utilisation is not dependent on sex only.

In the community under study, their cosmopolitan nature and nearness to the Lagos State capital could influence their choice of utilisation of any health care system. Exposure to such influences as the media, and other sources of information on health issues could have made the issue of sex not a significant determinant therefore not rejecting the stated hypothesis.

Hypothesis 3: Marital Status will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 4: One-Way Analysis of Variance (ANOVA) on Health Care System Utilisation for Treating Children's Based On The Respondents' Marital Status.

S/N	Health-Care Systems	Marital Status	N	Mean	SD	F Ratio	Prob.	Comment
1	Orthodox Health Care	Single	398	9.21	3.31	4.348	0.001	P<0.05 Significant
		Single	102	7.85	3.46			
		parent	1267	8.83	3.49			
		Married	106	8.42	2.60			
		Separated	72	7.96	3.59			
		Divorced	55	8.11	2.77			
2	Traditional Health Care	Single	398	4.90	3.61	2.067	0.067	P> 0.05 Not Significant
		Single	102	5.64	3.81			
		parent	1267	4.98	3.617			
		Married	106	5.67	3.64			
		Separated	72	5.60	3.85			
		Divorced	55	5.75	3.11			
3	Spiritual Health Care	Single	398	1.33	2.40	0.424	0.832	P>0.05 Not Significant
		Single	102	1.69	2.53			
		parent	1267	1.42	2.55			
		Married	106	1.53	2.66			
		Separated	72	1.54	2.27			
		Divorced	55	1.31	2.67			

The table above shows the result of the ANOVA statistics of responses based on the marital status of the respondents. The treatment of children's diseases with the orthodox health care system is found to be significant with the marital status of the respondents, ($F_{(5,1994)} = 4.348; P < 0.05$). However, there is no significant differences in the utilisation of traditional and spiritual health care systems and the respondents' marital status, ($F_{(5,1994)} = 2.067; p > 0.05$) and ($F_{(5,1994)} = 0.424; p > 0.05$) respectively. Therefore, Hypothesis 3 that states, individual factors (marital status) will not determine health care system utilisation of Epe community members in Lagos State, Nigeria is rejected for orthodox health care system.

The post hoc result showed that the source of significance in utilisation of orthodox health care system lies between single and single parent, single and separated, single and divorced, single and widow/widower, married and single parents, married and divorce for the treatment of children diseases.

Obianwu (1984) asserted that majority of the people in the rural area depend largely, on traditional medicine for their basic health needs, and Tella (1986) also reported that eighty percent (80%) of Nigerian population who live in the rural areas rely heavily on traditional medicine for their health care needs. These reports are not in agreement with the findings here. The reason might be due to the cosmopolitan nature of the Epe community, which has a mixture of urban and rural dwellers in the hinterlands and coastal areas. More so, the availability of primary health care in every part of the community as indicated by health providers in Epe Local Government headquarters influence the choice of orthodox health care system in treating diseases.

The findings here, shows that the utilisation of orthodox health care system is accepted in the community under study. This may be as a result of their exposure to Western education which can be seen in the analysis of their educational background on table 6 which shows that most of the respondents are educated. This also agreed with Sofowora (1993) that orthodox medicine is based on results of series of experiments as diseases are caused by micro-organisms and noxious agents and that traditional medicine, in its entirety, assume that diseases can emanate from supernatural causes. The respondents in this study preferred the orthodox health care systems to any other health care systems in the treatment of children diseases.

Hypothesis 4: Educational Background will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 5: One-Way Analysis of Variance (ANOVA) on Health Care Utilisation for Treating Children's Diseases Based On The Respondents' Educational Background.

S/N	Health- Care Systems	Educational Background	N	Mean	SD	F Ratio	Prob.	Comment
1	Orthodox Health Care	No formal Ed	250	8.00	3.44	15.594	0.000	P<0.05 Significant
		Primary School	367	7.99	3.17			
		Ed	390	9.28	3.30			
		Some Sec	441	9.68	3.40			
		Complete Sec	342	9.04	3.39			
		OND/NCE	196	7.86	3.41			
		HND/First Degree	13	7.62	2.47			
		Higher Degree						
2	Traditional Health Care	No formal Ed	250	5.43	3.79	7.082	0.000	P<0.05 Significant
		Primary School	367	5.63	3.62			
		Ed	390	4.84	3.59			
		Some Sec	441	4.29	3.38			
		Complete Sec	342	5.04	3.86			
		OND/NCE	196	5.79	3.65			
		HND/first Degree	13	6.31	3.17			
		Higher Degree						
3	Spiritual Health Care	No formal Ed	250	1.53	2.82	0.376	0.895	P>0.05 Not Significant
		Primary School	367	1.52	2.54			
		Ed	390	1.33	2.41			
		Some Sec	441	1.39	2.42			
		Complete Sec	342	1.44	2.66			
		OND/NCE	196	1.34	2.26			
		HND/first Degree	13	1.92	2.72			
		Higher Degree						

The table above shows significant differences in the respondents utilisation of orthodox and traditional health care systems in the treatment of children diseases and their educational background, ($F_{(6,1992)} = 15.594$; $p < 0.05$) and ($F_{(6,1992)} = 7.082$ $p < 0.05$) respectively. But there was no significant difference in the utilisation of spiritual health care system in the treatment of children's diseases and the educational background of the respondents, ($F_{(6,1992)} = 0.376$; $p > 0.05$). Hypothesis 4 which states that individual factors (educational background) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria is hereby rejected for orthodox and traditional health care systems.

This finding might be as a result of the outcome of statistical data of the educational background of the respondents which showed that out of 2000 respondents, 1750 (87.5%) are literate. This agrees with various authors on the influence of level of education on an

individual choice of health care system and the belief on causative agent irrespective of educational level. Guthrie, Whiller, Anderson and O'Toole, (2007) stated that school enhances peoples knowledge on modern health care systems, and this heightened demand for such services. Young (1966) reported that educational attainment is related to the frequent use of western type of health care in the rural areas. Kadushi (1964) in his study reported a high correlation between the education of the population and their use of modern medicine. On the contrary, Jegede, (1998), Odejide, Sanda, Olatawura and Oyeneye (1979) reported that the perceived causative agent of disease

Hypothesis 5: Religious background will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 6: One-Way Analysis of Variance (ANOVA) on Health Care Utilisation for Treating Children's Diseases Based On The Respondents' Religious Background.

S/N	Health-Care Systems	Religious Background	N	Mean	SD	F Ratio	Prob.	Comment
1	Orthodox Health Care	Christian	857	8.71	3.30	5.082	0.006	P<0.05 Significant
		Islam	975	8.70	3.50			
		Traditional	168	9.58	3.40			
2	Traditional Health Care	Christian	857	5.19	3.60	1.876	0.153	P>0.05 Not Significant
		Islam	975	5.06	3.65			
		Traditional	168	4.59	4.02			
3	Spiritual Health Care	Christian	857	1.42	2.52	2.188	0.112	P>0.05 Not Significant
		Islam	975	1.36	2.50			
		Traditional	168	1.80	2.64			

The table above shows a significant difference in the respondents utilisation of the orthodox health care system in the treatment of children diseases and their religious background, ($F_{(2,1997)}=5.082$; $P<0.05$). But there were no significant differences in the respondents utilisation of traditional and spiritual health care systems in the treatment of children's diseases and their religious backgrounds, ($F_{(2,1997)} = 1.876$; $p>0.05$) and ($F_{(2,1997)} = 2.188$; $p>0.05$). The null hypothesis 5, which states that, individual factors (religious background) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria, is hereby rejected for orthodox health care system.

The post hoc statistical analysis indicated that the source of significance lies between Christianity and traditional/other religion and Islam and traditional/other religion for the treatment of children's diseases. The analysis shows that many the respondents are Christians and Muslims. Therefore, their religious belief which most time do not agree with the traditional belief on the causes of disease by supernatural force, witches and wizards must have influenced their choice of orthodox health care system where diseases are known to be caused by micro-organisms (Erinosho, 1998, Jegede, 1998 and Sofowora, 1993).

Hypothesis 6:Tribe will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 7: One-Way Analysis of Variance (ANOVA) on Health Care Utilisation for Treating Children's Diseases Based On The Respondents' Tribe.

S/N	Health-Care Systems	Tribe	N	Mean	SD	F Ratio	Prob.	Comment
1	Orthodox Health Care	Yoruba	1583	8.72	3.43	10.783	0.000	P<0.05 Significant
		Ibo	84	7.36	2.87			
		Hausa	168	9.84	3.51			
		Others	165	8.90	3.07			
2	Traditional Health Care	Yoruba	1583	5.10	3.68	8.299	0.000	P<0.05 Significant
		Ibo	84	6.42	3.53			
		Hausa	168	4.11	3.14			
		Others	165	5.141	3.84			
3	Spiritual Health Care	Yoruba	1583	1.42	2.51	6.054	0.000	P<0.05 Significant
		Ibo	84	2.23	3.19			
		Hausa	168	1.65	2.64			
		Others	165	0.87	1.89			

Table 7 above shows that there were significant differences in the utilisation of the three health care systems: orthodox, traditional and spiritual by the respondents in the treatment of children's diseases and their tribes: orthodox health care system, ($F_{(3,1996)} = 10.783$; $p < 0.05$) traditional health care system, ($F_{(3,1996)} = 8.299$; $p < 0.05$) and the spiritual health care system, ($F_{(3,1996)} = 6.054$; $P < 0.05$) respectively. Therefore, the null hypothesis 6 which states, individual factors (tribe) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria is rejected for the three health care systems. This indicates that the tribe of the respondents significantly determine their utilisation of these facilities in the community in the treatment of children's diseases.

The post hoc result revealed that the source of significance lies between Yoruba and Ibo, Yoruba and Hausa, Ibo and Hausa, Ibo and others and Hausa and others for the treatment of children's diseases when using orthodox health care system. Also, significant difference lies between Yoruba and Ibo, Yoruba and Hausa, Ibo and Hausa, Ibo and others and Hausa and others for the treatment of children's diseases when using spiritual health care system. The result equally indicated that the significant difference is between Yoruba and Ibo, Yoruba and others, Ibo and others and Hausa and others for the treatment of children's diseases when using traditional health care system.

The finding of this study in the utilisation of all the health care systems may be attributed to the availability and accessibility of Epe community and their belief in causative agents of

diseases and the kind of treatment to be used. This finding is collaborated with the reports of Uzochukwu and Onwujekwe (2004), Jegede, (1998), Erinosh, (1998) and Sofowora, (1993) that the decisions people make as to where to seek health care services depend on many factors, which include the possible availability and accessibility, competent health care provider in the immediate community, the reputation of the provider and the perceived cause and nature of the disease. Furthermore, Hausmann-Muela, Ribera and Nyamongo (2003) reported that convulsion was not recognised as a possible severe manifestation of malaria, refer attributed to some supernatural agents, thereby requiring treatment by traditional healers.

The implications of this finding agree with the assertions of the mentioned authors. Adults take the decisions when the children are sick and the type of health care system for their treatment, whereas the adult's decisions are voluntary and by mutual consent.

Hypothesis 7: Occupation will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 8: One Way Analysis of Variance (ANOVA) on Health Care System Utilisation for Treating Children's Diseases Based On The Respondents' Occupation.

S/N	Health-Care Systems	Occupation	N	Mean	SD	F Ratio	Prob.	Comment
	Orthodox Health Care	Unemployed	323	8.37	3.25	13.258	0.000	P<0.05 Significant
		Farming/Fishing	341	9.86	3.51			
		Trading	493	8.68	3.43			
		Civil servant	533	8.29	3.15			
		Artisan	310	9.04	3.58			
	Traditional Health Care	Unemployed	323	5.31	3.64	10.176	0.000	P<0.05 Significant
		Farming/Fishing	341	4.39	3.86			
		Trading	493	5.06	3.46			
		Civil servant	533	5.75	3.72			
		Artisan	310	4.64	3.45			
3.	Spiritual Health Care	Unemployed	323	1.51	2.98	0.215	0.930	P>0.05 Not Significant
Farming/Fishing	341	1.38	2.38					
Trading	493	1.47	2.51					
Civil servant	533	1.39	2.38					
Artisan	310	1.38	2.39					

Table 8 reveal that there were significant differences in the utilisation of orthodox health care system, ($F_{(4,1995)} = 13.258$; $p < 0.05$) and traditional health care system ($F_{(4,1995)} = 10.176$; $p < 0.05$) in the treatment of the respondents' children and their occupation. However, there was no significant difference in the utilisation of spiritual health care system in treating children

diseases and the respondents occupation ($F_{(4,1995)} = 0.215; p < 0.05$). The null hypotheses 7, which states, individual factors (occupation) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria is hereby rejected for orthodox and traditional health care systems.

The post hoc showed that the significant difference lies between the following occupations: unemployed and farming/fishing, unemployed and artisan, farming/fishing and trading, civil servant and artisan, trading and civil servant, farming/fishing and civil for the treatment of children diseases when using orthodox health care systems. The result equally indicated that the significant difference lies between the following occupations: unemployed and farming/fishing, unemployed and artisan, farming/fishing and trading, farming/fishing and civil servant, farming/fishing and civil servants, trading and civil servant, trading and artisan and civil servant and artisan for the treatment of children diseases when using traditional health care system.

The study showed that occupation is an important factor that influences health care system utilization in the treatment of children. In support of the findings, the study of Jegede (1998) reported that occupation of mothers has great influence in modern health care services. He stated that mothers who engage in certain occupations such as trading, civil service did not have time to take their children to hospital. Hausmann-Muela, Ribera and Nyamongo (2003) collaborated the findings of Jegede (1998), by reporting that household chores, childcare and agricultural work take the time of women to attend modern health care facilities. Wisconsin (2001) opined that residents in a household who were gainfully employed were most likely to visit modern health care services. Jegede (1998) posited that there is significant relationship between the occupation of mothers and the utilisation of modern health services in his study of Akinyele and Ika communities. The nearness of the health care system is also a significant factor to nursing mothers.

Hypothesis 8: Income Level will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria.

Table 9: One Way Analysis of Variance (ANOVA) on Health Care System Utilisation for Treating Children Diseases Based On The Respondents' Income Level.

S/N	Health-Care Systems	Income Status	N	Mean	SD	F Ratio	Prob	Comment
A 1.	<u>CHILDREN</u> Orthodox Health Care	Not employed	522	8.89	3.25	9.128	0.000	P<0.05 Significant
		N7,500.00	371	8.81	3.87			
		N8000.00-	397	8.37	2.93			
		No,000.00	260	8.09	3.09			
		N11,000.00-	187	8.71	3.75			
		N13,000.00	171	9.42	3.47			
		N14,000.00-	92	10.74	3.37			
		N16,000.00						
		N17,000.00-						
		N19,000.00						
N20,000.00 +								
2.	Traditional Health Care	Not employed	522	4.88	3.41	6.326	0.000	P<0.05 Significant
		N7,500.00	371	5.05	4.09			
		N8000.00-	397	5.61	3.64			
		No,000.00	260	5.69	3.04			
		N11,000.00-	187	5.07	4.03			
		N13,000.00	171	4.26	3.61			
		N14,000.00-	92	3.78	3.65			
		N16,000.00						
		N17,000.00-						
		N19,000.00						
N20,000.00 +								
3.	Spiritual Health Care	Not employed	522	1.44	2.46	1.485	0.179	P>0.05 Not Significant
		N7,500.00	371	1.37	2.56			
		N8000.00-	397	1.21	2.44			
		No,000.00	260	1.47	2.54			
		N11,000.00-	187	1.56	2.44			
		N13,000.00	171	1.45	2.29			
		N14,000.00-	92	2.02	3.37			
		N16,000.00						
		N17,000.00-						
		N19,000.00						
N20,000.00 +								

Table 9 shows that there were significant differences in the utilisation of orthodox and traditional health care systems by the respondents in the treatment of children's diseases and their respondents income level, ($F_{(6,1993)} = 9.128$; $p < 0.05$) and ($F_{(6,1993)} = 6.326$; $p < 0.05$) respectively. Utilisation of spiritual health care system in the treatment of children diseases is not significant to the respondents income level, ($F_{(6,1993)} = 1.485$; $P > 0.05$). Therefore, the

hypotheses that states, individual factors (income level) will not significantly determine health care system utilisation of Epe community members in Lagos State, Nigeria is hereby rejected for orthodox and traditional health care system.

The implications of this study indicate that income level is important in the utilisation of orthodox and traditional health care systems in the treatment of children diseases. The presences of primary health care within the reach of the community alongside with little medical fee encouraged the use of orthodox health care since it is affordable, available and accessible. Equally, the affordability, accessibility and availability of traditional health care motivate people to utilise it to treat children diseases. These characteristics associated with primary health care and traditional health care are some of the reasons reported by Uzochukwu and Onwujekwe, (2004), Jegede, (1998) and Okafor, (1984) that influenced health care system utilization. Income level whether monthly or annual plays a significant role in the usage of traditional health care system in treating adult diseases. This finding is also in line with the study of Uzochukwu and Onwujekwe, (2004) who reported that wealthier population groups have a higher probability of seeking care at the health centers, hospitals and private clinics, while economic difficulties made the poor to patronise traditional medicine because of their low charges.

Furthermore, this finding is collaborated by the study of Nunez-Urquiza and Hernandez (1996) who indicated that socio-economic status (SES) is one of the factors responsible in the choice of traditional birth attendant (TBA) during prenatal and delivery cases. The study showed that in 1994, the TBAs charged US \$200.00 for health care delivery during prenatal and delivery while modern doctors charge US \$500.00 or more. Hausmann-Muela, Ribera and Nyamongo, (2003) reported that direct and indirect treatment costs are one of the obstacles at realising adequate health seeking behaviour of the poor. Direct costs includes obtaining prompt and adequate treatment, treatment compliance and access to preventive measures in the provision of mosquito-nets while the indirect costs involves transport, special food and under-the-counter-fees; these could limit access to treatment or make patients miss medical appointments and therapies.

Conclusion

In view of the findings of the study, all the variables directly with the exception of age, sex, educational and religious background had tremendous influence on the health care system utilisation of Epe community members in Lagos State, Nigeria.

The major findings of this study are summarised below:

Individual demographic factors (age, marital status, educational background, and religions backgrounds, tribe, occupation and income) are significant factors in patronage of health care system. Probing further, the post-hoc shows where the source of the significance, in the ANOVA, shows the significance lies between the utilisation of traditional health care system in treating children's diseases. In addition, the probe revealed that educational and religions backgrounds influence the use of orthodox and traditional health care systems in children diseases. Equally, occupation is a significant determinant of orthodox and spiritual

health care systems in the treatment of adult diseases. In addition, income is a significant determinant in the utilisation of orthodox and traditional health care system in the treatment of children diseases.

The use of health care system is the right of every body irrespective of age, sex, race or social class. Therefore, quality health care services should be made available and accessible to everyone. Moreover, government and other stakeholders in the society should make health education available to people so as disabuse their minds from the issue of witchcraft and sin against God and the deity as the causes of certain diseases e.g. epilepsy and convulsion and thereby be convinced to use appropriate health care services.

Recommendations

The following recommendations are made:

1. The government should thoroughly monitor and regulate the activities of the traditional health care providers to help safeguard the lives of the people who patronise them.
2. The government should also monitor and regulate the activities and excesses of the orthodox health care providers in order to ensure that the people's health needs are met through provision of quality health care services
3. The government and non-governmental agencies should empower the citizens especially the women economically. This will enable them to seek quality health care.
4. Health education and health promotion should be made available to Epe community members to disabuse their perception of witchcraft or sin against god or deity as the cause of certain diseases especially epilepsy, convulsion, infertility, menstrual disorder, stroke and thereafter use appropriate healthcare services.
5. Health education should be included into schools academic programmes with the need to include health care utilisation as one of the measures to safeguard the life of the citizens.

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