Access to Quality Health Services Among Elderly Persons Living in Port Harcourt Metropolis, Rivers State, Nigeria

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Abstract:

A good health services is a necessary provision needed for the life of the elderly. This study examined access to quality health services among elderly persons in urban areas of Port Harcourt metropolis, Rivers State using a cross sectional study. A total of one hundred and fifty respondents were examined using a structured questionnaire. The research questionnaire was designed on a 5-structured scale namely: Access Always-4 Points, Access Sometimes-3 Points, Access often-2 Points, Access Rarely-1. The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the access to quality health and the health services given to the elderly in the urban areas of Port Harcourt, Rivers State. The elderly people in Port Harcourt access quality health services in the order of health services for the elderly were: adult assisted>adult assisted living> adult day care>long term care>nursing homes>hospice care>home care. There was no significant difference (P=0.289) between the levels of access to quality health and various health services urban areas of Port Harcourt, Rivers State. It was also observed that elderly people in Port Harcourt access health services in the order of: Access always>access sometimes>access very often>access rarely. In respect to occupation, the order of access to health services was professional>skilled>semi-skilled>unskilled. There was no significant difference (P=0.968) between the levels of access to health services and various occupations of the elderly in Urban

areas of Port Harcourt, Rivers State. The elderly people in Port Harcourt access quality health services in the order of their income earning levels were high income earners>low income earners>medium income earners. The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the levels of incomes elderly people and their level of access to health care services in urban areas of Port Harcourt, Rivers State. However, there was no significant difference ($P=0.088$) between the levels of access to health services and various level of income of the elderly in Urban areas of Port Harcourt, Rivers State. The elderly people in Port Harcourt access quality health services in the order of health service providers were: doctors>nurses>pharmacists>herbalists. The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the health care providers and their level of access to quality health care services in urban areas of Port Harcourt, Rivers State. However, there was no significant difference ($P=0.782$) between the levels of access to health services and various health care providers' urban areas of Port Harcourt, Rivers State.

Keywords: Access, Quality, Healthcare, Elderly,

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1.0 INTRODUCTION

Health care systems around the world are to promote healthy ageing, to prevent and treat non-communicable diseases and chronic conditions; as well as to expand access to quality long-term and palliative care (WHO, 2018). The access and quality of health services for the elderly people is a great concern for humanity (Dassah*et al.,* 2018). Most developed countries have accepted the chronological age of 65years and above as a definition of elderly persons (World Health Organization, 2018). The quality of health services is an optimal balance between possibilities realized and framework of norms and values. It is the degree to which health services for the individual increase the likelihood of desired health outcome and patient-centred care with current professional knowledge. Therefore, it is important to make health care accessible and quality to the elderly adopting culturally to sensitive models (Angela, 2017).

Ageing is a progressive accumulation through life of random molecular defects that build up tissues and cell. There is mobility impairment, reduced bone mineral density etc. thus accepted that the elderly ranges from 65 years and above (Brain *et al.,* 2018). 60years and above are referred as the older populations and it is further classified as young old 60years to 75years, middle old up to 85years and very old to over 85 years (The United Nations, 2017). The elderly commonly experience dual health burdens caused by communicable diseases such as malaria, HIV/AIDS, hepatitis, tuberculosis, influenzas, as well as non-communicable diseases as diabetes mellitus, cancer, cardiovascular diseases, chronic respiratory diseases, dementia etc. the Majority of the elderly patients are affected because most of them are retired, unemployed and dependent population (Angela, 2017). On the other side, many elderly patients who can afford to pay their medical bills usually receive geriatric medical treatment trip abroad and related cost with the elderly between 65years and older being at the peak. A large proportion travels to India about 40% can be explained by medical reasons on disease management on cardiology, neurology, cancer management etc. (Dennis, 2019).

However, it has been observed that the elderly persons residing in Rivers State have inability to access and no quality of health services rendered to them, there is lack of elderly unit and no geriatric center. The elderly people are server citizens based on their age ranging from 60years and above. Hence it is pertinent to find out what elderly patient needs and experience in health care facility in tertiary hospitals among other health facilities in Rivers State. There is also lack of data that are needed to improve the quality of care delivery among the elderly and possible ways of improving the access and quality of health services to the elderly in the urban areas of Port Harcourt, Rivers. It is on this premise that this research is designed to examine access and quality of health services among elderly patients in Urban Areas of Rivers State.

2.0 MATERIALS AND METHODS

A descriptive design was conducted among one hundred and fifty elderly persons in urban areas of Port Harcourt Metropolis for a period of twelve weeks. A well-structured questionnaire was used to collect data from respondents. A total of one hundred and fifty elderly peoplefrom Nkpolu-Oroworukwo, Rumueme, Rumu-Woji, Rumuoochiri, Elekahia, Rumuokalagbor,Port Harcourt metropolis.The research questions were analyzed using the

descriptive (simple percentages, means, and standard deviation) and inferential statistical analysis. The research questions were analyzed with 5-point weighted mean score thus Never-5 Points, Sometimes-4 Points, Always-3 Points, Often-2 Points, Rarely-1. The score of the weighted mean score will be 3.0 (5+4 + 3 + 2 + 1 = 10 divided by 5 = 3.0). Any item that has more than 3.0 points was considered positive but scores below 3.0 points were taken to be negative. The benchmark considered for the elderly in this study according to WHO as reported by Paul and Karen (2001) was 60 years.

3.0 RESULTS

3.1.1 Distribution of Questionnaire

A total of one hundred and twenty questionnaires were administered to respond while one hundred copies were retrieved due to in appropriate filling. This represents 83.33 percent response rate.

Table 3.1: The Percentage Distribution and Collection of Questionnaires

	Number of Respondents	Number of Questionnaire Administered	Number of Questionnaire Retrieved	Percentage Response (%)
1.	120	120	100	83.33

Source: *Field Survey (2022)*

3.2 Socio-demographic Characteristics of Respondents

Table 3.2.1: Sex Distribution of Respondents

Sex	No of Respondents	Percentage (%)
Male	65	65.00
Female	45	45.00
Total	**100**	**100**

Source: *Field Survey 2022*

From Table 3.1.1 above, 65.00% of the elderly respondents were male while 45.00% were female.

Table 3.2.2: Age Distribution of Respondents

Age in Years	No of Respondents	Percentage (%)
50-60	52	52.00
61-70	30	30.00
>71	18	18.00
Total	**100**	**100**

Source: *Field Survey 2022*

From Table 3.2 above, 52.00% of the elderly respondents were within the ages of 50-60 years. 30.00% were within 61-70 years while 18.00% were above 71 years.

Table 3.2.3: Distribution of Respondents by Religion

Marital Status	No of Respondents	Percentage (%)
Christian	85	85.00
Muslim	5	5.00
Traditional	10	10.00
Total	**100**	**100**

Source: Field Survey 2022

From Table 3.3 above, 85.00% respondents were Christians, 5.00% Muslims and 10.00% traditional worshipers.

Table 3.2.4: Distribution of Respondents by Educational Status

Marital Status	No of Respondents	Percentage (%)
Primary Education	10	3.33
Secondary Education	100	33.33
Tertiary Education	150	50.00
Tertiary	40	13.33
Total	**300**	**100**

Source: Field Survey 2022

Table 3.2.5: Distribution of Respondents by Occupational Status

Marital Status	No of Respondents	Percentage (%)
Single	150	50.00
Married	120	40.00
Divorced	27	9.00
Widowed	3	1.00
Total	**300**	**100**

Source: Field Survey 2022

Table 3.2.6: Distribution of Respondents by Occupational Status

Marital Status	No of Respondents	Percentage (%)
Farmer	128	42.67
Trader	100	33.33
Housewife	10	3.33
Unemployed	30	10.00
Civil Servant	30	10.00
Total	**300**	**100**

Source: Field Survey 2022

3.1.1: Percentage Distribution of Access to Quality Health Services Based on the Type of Health Care Given to Elderly in Urban Areas of Port Harcourt, Rivers State

The results of the study revealed that elderly individuals examined, 4.10% accessed always, 5.30% accesses vary often, access sometimes 6.30% and 0.00 rarely accessed adult assisted living. It was also observed that 67.30% access always, 47.80% access very often, 37.50% access sometimes and 56.30% rarely accessed adult daycare. Also, 10.20% access always, 5.30% access very often, 18.80% access sometimes and 12.50% rarely accessed long term daycare. Furthermore, 10.20% access always, 5.30% access very often, 18.80% access sometimes and 12.50% rarely accessed long term care. 2.00% access always, 5.30% access very often, 6.30% access sometimes and 12.50% rarely accessed nursing homes. 6.10% access always, 26.30% access always, 12.50% access very often, 18.80% accessed some times while and 18.80% rarely access home care. Lastly, 10.20% access very often, 10.50% access sometimes and 0.00% rarely access hospice care respectively. It was also observed that elderly people in Port Harcourt access quality health services in the order of health services for the elderly were: adult assisted>adult assisted living> adult day care>long term care>nursing homes>hospice care>home care. These are represented in Figure 3.1 below:
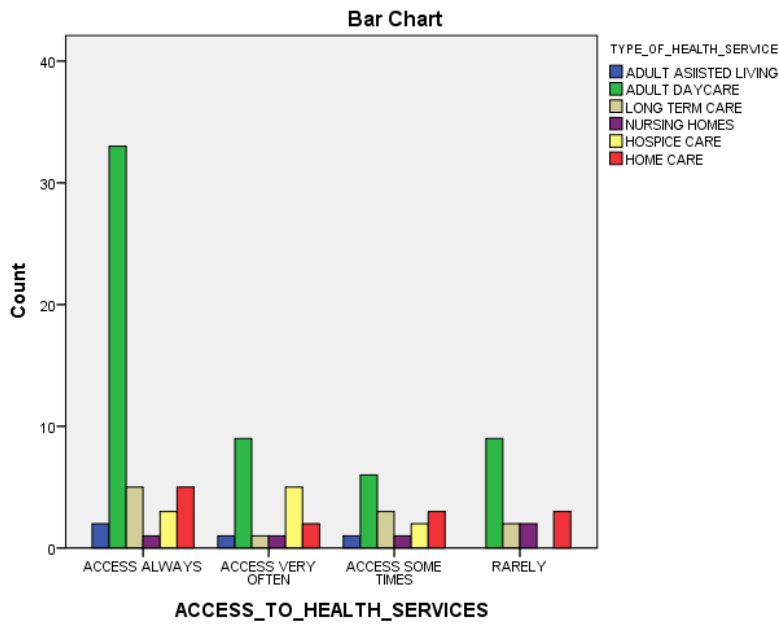
Figure 3.4.1: Percentage Distribution of Access to Health Services Based on Health Care Givers in Urban Areas of Port Harcourt, Rivers State

3.3.2: Relationship between Access to Health Services and Health care Givers in Urban Areas of Port Harcourt, Rivers State

The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the access to quality health and the health services given to the elderly in the urban areas of Port Harcourt, Rivers State. However, there was no significant difference (P=0.289) between the levels of access to quality health and various health services urban areas of Port Harcourt, Rivers State. These are represented in Table 3.1.1 below:

Table 3.4.1: Relationship between Access to Quality Health and Health Care Services to the Elderly in the Urban Areas of Port Harcourt, Rivers State

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.124[a]	15	.374
Likelihood Ratio	16.598	15	.343
Linear-by-Linear Association	2.040	1	.153
N of Valid Cases	100		

a. 18 cells (75.0%) have expected count less than 5. The minimum expected count is .64.

3.2.2: Percentage Distribution of Access to Quality Health Services Based on Occupation of the Elderly in Urban Areas of Port Harcourt, Rivers State

The results of the study revealed that elderly individuals who were professionals (e.g. doctors, lawyers, nurses and engineers) accessed quality health services always (23.5%), access very often (42.1%), access sometimes (43.8%) and access rarely (48.00%). Among the skilled elderly persons examined, 28.6% access always, 31.6% access very often, 37.50% access sometimes and 29.9% access rarely. Of the semi-skilled elderly persons investigated, 12.2% accessed always, 21.1% accessed very often, 12.5% accessed some times and 15.00% accessed rarely. Among the unskilled elderly persons investigated, 8.20% accessed always, 5.3% accessed very often, 6.30% access some times while 8.00% accessed rarely. It was also observed that elderly people in Port Harcourt access health services in the order of: Access always>access sometimes>access very often>access rarely. In respect to occupation, the order of access to health services was professional>skilled>semi-skilled>unskilled.
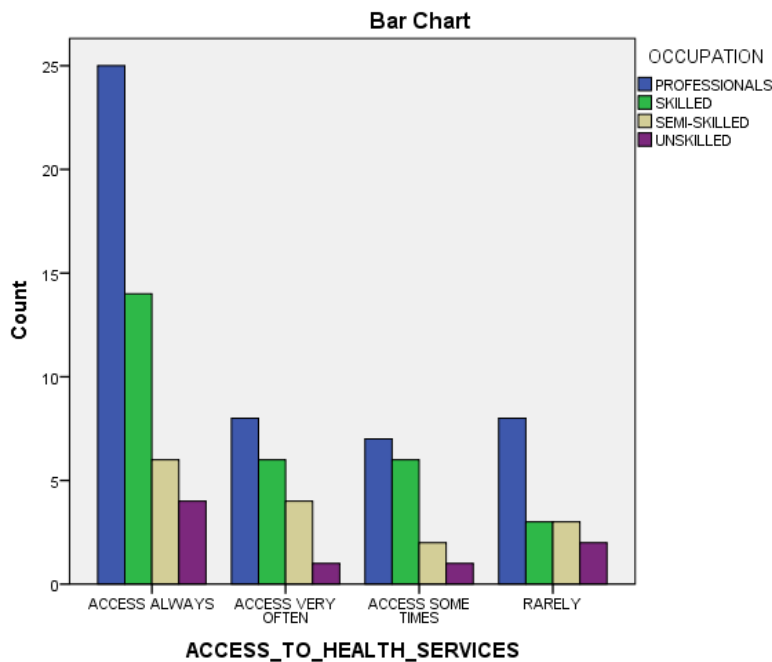

Figure 3.2.2: Percentage Distribution of Access to Health Services Based on Occupation of the Elderly in Urban Areas of Port Harcourt, Rivers State

3.2.3: Relationship between Access to Health Services and Occupation of Elderly in Urban Areas of Port Harcourt, Rivers State

Table 4.2.3 below revealed that there was a strong positive relationship between the occupation of elderly people and their level of access to health care services in urban areas of Port Harcourt, Rivers State. However, there was no significant difference ($P=0.968$) between the levels of access to health services and various occupations of the elderly in Urban areas of Port Harcourt, Rivers State.

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3.2.3: Relationship between Access to Health Services and Occupation of Elderly in Urban Areas of Port Harcourt, Rivers State

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.904a	9	.968
Likelihood Ratio	2.885	9	.969
Linear-by-Linear Association	.283	1	.595
N of Valid Cases	100		

a. 9 cells (56.3%) have expected count less than 5. The minimum expected count is 1.28.

3.3.1: Percentage Distribution of Access to Quality Health Services Based on Income Level of the Elderly in Urban Areas of Port Harcourt, Rivers State

The results of the study revealed that elderly individuals who were low income earners accessed quality health services always (47.1%), access very often (14.70%), access sometimes (17.60%) and access rarely (20.60%). Among the medium income earner elderly persons examined, 56.60% access always, 24.240% access very often, 15.20% access sometimes and 3.00% access rarely. It was also observed that elderly people in Port Harcourt access quality health services in the order of their income earning levels were high income earners>low income earners>medium income earners. The order in which they accessed quality health services was: access always>access very often>access some times and rarely.
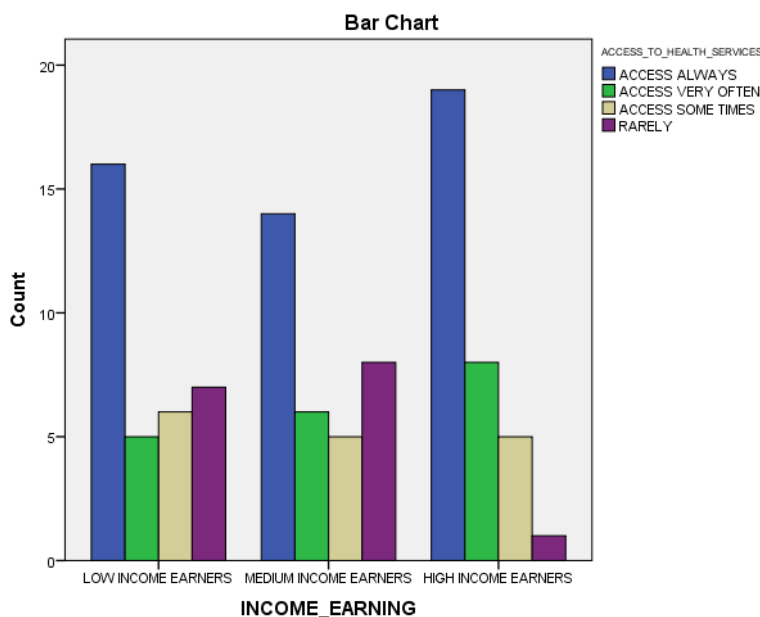

Figure 3.3.1: Percentage Distribution of Access to Health Services Based on Occupation of the Elderly in Urban Areas of Port Harcourt, Rivers State

3.3.2: Relationship between Access to Health Services and Level of Income of Elderly in Urban Areas of Port Harcourt, Rivers State

The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the levels of incomes elderly people and their level of access to health care services in urban areas of Port Harcourt, Rivers State. However, there was no significant difference (P=0.088) between the levels of access to health services and various level of income of the elderly in Urban areas of Port Harcourt, Rivers State. These are represented in Table 4.2.3 below:

Table 3.3.2: Relationship between Access to Health Services and Level of Income of Elderly in Urban Areas of Port Harcourt, Rivers State

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.037[a]	6	.317
Likelihood Ratio	8.545	6	.201
Linear-by-Linear Association	2.937	1	.087
N of Valid Cases	100		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.28.

3.4.1: Percentage Distribution of Access to Quality Health Services Based on Health Care Givers of the Elderly in Urban Areas of Port Harcourt, Rivers State

The results of the study revealed that elderly individuals examined, 51.00% accessed always, 47.40 accesses vary often, access sometimes (56.30%) and access rarely (35.70%) from doctors. It was also observed that 18.40% access always, 21.1% access very often, 31.30% access sometimes and 25.00% access rarely health services from nurses. Also, 24.50% access always, 26.30% access very often, 12.50% access sometimes and 37.50% access rarely access quality health services from pharmacists. Lastly, 6.10% access always, 5.30% access very often, 0.00% access sometimes and 4.00% access rarely health services from herbal health providers respectively. It was also observed that elderly people in Port Harcourt access quality health services in the order of health service providers were: doctors>nurses>pharmacists>herbalists. The order in which they accessed quality health services was: access sometimes>access always>access very often>rarely.
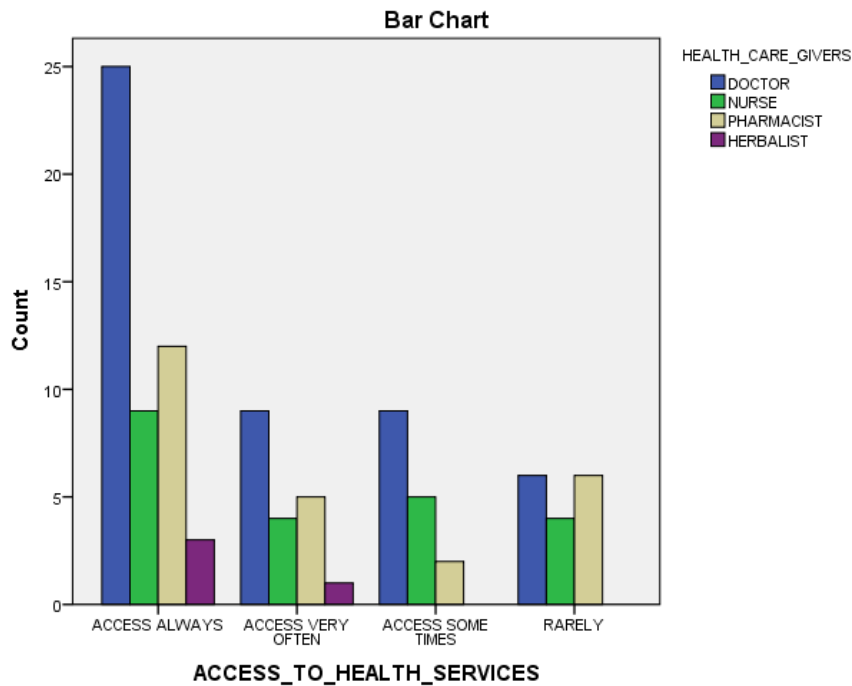
Figure 3.4.1: Percentage Distribution of Access to Health Services Based on Health Care Givers in Urban Areas of Port Harcourt, Rivers State

3.3.2: Relationship between Access to Health Services and Health care Givers in Urban Areas of Port Harcourt, Rivers State

The results of Pearson Chi-Square conducted in this study revealed that was a moderate positive relationship between the health care providers and their level of access to quality health care services in urban areas of Port Harcourt, Rivers State. However, there was no significant difference (P=0.782) between the levels of access to health services and various health care providers urban areas of Port Harcourt, Rivers State. These are represented in Table 4.2.3 below:

Table 3.4.2: Relationship between Access to Health Services and Health Care Givers in Urban Areas of Port Harcourt, Rivers State

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.570[a]	9	.782
Likelihood Ratio	6.831	9	.655
Linear-by-Linear Association	.000	1	.988
N of Valid Cases	100		

a. 10 cells (62.5%) have expected count less than 5. The minimum expected count is .64.

4.0 DISCUSSION OF FINDINGS

The level of growth of the aging population is rising on a global scale, thus it is pertinent to give conscious health attention to the elderly. The results of this study indicated that the level of access to health services among elderly people on the basis of their occupation was professional>skilled>semi-skilled>unskilled. This could be due to their level of awareness, economic strength and health insurance provided at their places of work for them. The results of this study also indicated that various health facilities stemming from government hospitals, private clinics, pharmacies were widely accessed by the elderly examined in this study. This may be attributed to the varieties in their income levels as well as job classes. This is consistent with the results of Jaja (2013) who hinged a similar situation to the difference in health facility used by the upper and lower socio-economic classes. The author also posited that noted that the upper used mostly Government and private hospitals and clinics, the results of this study is also consistent with the findings of Gupta and Dasgupta (2000) whose observed that the high income earners used Government health facilities more than the low income earners. The wide use hospitals by the high income earners and professionals observed in this study is also similar to the study also showed congruence with Case *et al.*(2010) where most of the adults who used a public clinic also saw a private doctor. The study also noted that reason for high level of access to quality health services by professionals could also be hinged on the fact they dwell in areas characterized with adequate distribution of health facilities and their high income grants them the potential of accessing quality health facilities regardless of location and cost. The results of this study also revealed that the elderly of lower income used Government and Private Hospitals and pharmacist used health centres and un-orthodox health facilities. The high level of access to quality health services by the professionals is consistent with the results of Jaja (2013) who hinged this on the fact that good treatment outcome, easy access, nice/kind staff, affordability, proximity etc. This result is also congruent with the results of Nonye*et al.* (2007) who attributed this to confidence of cure at place of treatment was the most important determinant of preference for any health facility. However, the wide acceptance of government hospitals used by the respondents examined could be attributed to the fact that people are generally tilted towards having more benefit for their money and are thus expected to be willing to pay less for services rendered especially in economic poor settings where cost can be a significant factor affecting choice of health facility. However, the wide use of government hospitals and private clinics used by the high income earners in this study could be attributed to the presence of sufficient resources, service quality in the study area.

CONCLUSION

The results of the study revealed that the high income earners had preference for access to quality health services. The professionals had the highest access to quality health services followed by the skilled, semi-skilled and the unskilled. The results also indicated that elderly people in Port Harcourt access quality health services in the order of health services for the elderly were: adult assisted>adult assisted living> adult day care>long term care>nursing homes>hospice care>home care. It was also observed that elderly people in Port Harcourt access quality health services in the order of their income earning levels were high income earners>low income earners>medium income earners. The order in which they accessed

quality health services was: access always>access very often>access some times and rarely. Elderly people in Port Harcourt access quality health services in the order of health service providers were: doctors>nurses>pharmacists>herbalists. The order in which they accessed quality health services was: access sometimes>access always>access very often>rarely.

RECOMMENDATIONS

Based on the results of this study, it is pertinent to recommend that Government should build a Centre or department for the elderly patients in Port Harcourt Rivers State and should be equipped with capable as well as qualified medical specialist to provide geriatric services.

REFERENCES

Angela (2017): Health, healthcare utilization, and satisfaction with service: Barriers and facilitators for older Korean Americans. *Journal of the American Geriatrics Society*, 53, 1613-1617.

Borah PK, Dutta P, Phukan AC, Mahanta J. Health seeking behaviour among the fever cases during and outbreak of malaria in Assam. J Hum Ecol 2004;15:195-7.

Case A, Menendez A, Ardington C. Health seeking behaviour in northern KwaZulu-Natal. Africa Centre for Health and Population Studies; 2005. Available from::www.princeton.edu/rpds/papers/pdfs/case_etal_hsb.pdf Accessed: September 13, 2010.

Gupta I. and Dasgupta P. (2000). Health-seeking behaviour in urban Delhi: an exploratory study. World Health Population 2000;3(2).

Jaja, P.T. (2013). Health-seeking behavior of Port Harcourt city residents: a comparison between the upper and lower socio-economic classes. *Journal of Public Health in Africa,* 4:e9.

Nonye AP, Oseloka EC. Health-seeking behaviour of mentally ill patients in Enugu, Nigeria. South Africa J Pub Health 2009;15:19-22.

Paul, K. and Karen, P. (2001). "Indicators for the Minimum Data Set Project on Ageing: A Critical Review in sub-Saharan Africa" (PDF). *World Health Organization* (report). p. 9. Retrieved 1 December 2021.

Puwar T, Kumpavat B, Trivedi K. Pattern of morbidity and health seeking behavior in a slum area of Ahmedabad City in India. Internet J Health 2009;9(2).

The United Nations (2017): *Healthy aging action plan and implementation program 2015-2017*. Ankara, Turkey: Turkish Public Health Institution, Republic of Turkey Ministry of Health.

United Nations, (2017): UN health statistics 2017—Frequently requested data. Retrieved from http://www.oecd.org/els/health-systems/health-data.htm

WHO, (2018): *Ageing and health: Key facts*. Retrieved from http://www.who.int/en/news-room/fact-sheets/detail/ageing-and-health.

WHO, *Health Manpower Requirements for the Achievement of HFA/2000 through PHC: Report of a WHO Expert Committee.* 2013. Dec 12–16.

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