Modelling the Factors Associated with Ophthalmic Health Seeking Behaviour and Health Service Utilization among Patients Attending National Eye Centre, Kaduna

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Background: Health is a fundamental human right, with the highest attainable health standards considered a critical global social goal. Poor health significantly impacts households economically, exacerbating poverty, increasing debt, and reducing essential consumption due to productivity losses and out-of-pocket (OOP) healthcare expenses.[1,2] Inflation, an economic phenomenon affecting various sectors, including healthcare, influences healthcare utilization patterns.[3] In recent years, inflation has surged, affecting healthcare prices

and overall health spending. Healthseeking behaviour is the activity undertaken by individuals who perceive to have a health problem for the purpose of finding an appropriate remedy. Visual impairment is a significant public health concern globally, affecting at least 2.2 billion people.[4] The utilization of eye care services is influenced by their availability, affordability, and accessibility.[5,6] This study aims to model the factors associated with ophthalmic health-seeking behaviour and health service utilization among patients attending the National Eye Centre, Kaduna (NECK).

Methods: The study was a hospital-based, cross-sectional study carried out at NECK. Ethical approval was obtained from the National Eye Centre's research and ethics committee and informed consent obtained from study participants. Participants were patients aged 18 years and older attending the hospital. A sample size of 186 was determined, and systematic random sampling was employed to select the study participants. Data was collected using a semi structured, interviewer-administered questionnaire. The data included socio-demographic information, economic factors: health insurance status, transportation costs, and out-of-pocket expenses; knowledge about common eye conditions, awareness of available eye care services, and sources of information; health seeking behaviour: frequency of eye check-ups, reasons for seeking or not seeking care, and history of previous eye conditions; service utilization: type of services utilized, waiting time, satisfaction with services, and barriers to accessing care.

Results: The mean age was 36.5±15.8 years, and the male-to-female ratio was 1:1.45. Eighteen (9.7%) participants had no formal education. Reasons for delay in seeking eye care included financial constraints (33.9%), lack of time (12.5%), distance (23.2%), fear (2.7%) and lack of awareness (22.3%). The participants' monthly income varied, majority earned between N20,000-N50,000 per month, Only 20 (10.8%) earned above N100,000.00 in a month (Figure 1). Only 50 (26.9%) had insurance. Age, occupation and marital status were statistically significantly associated with health-seeking behaviour and service utilization (Table 1). Majority (84.0%) of the participants had knowledge on the importance of eye check but only 28.0% went for check-up regularly, 37.6% went occasionally and 34.4% went rarely or had never gone. Financial constraints, lack of time, distance, fear and lack of awareness are the contributory factors.

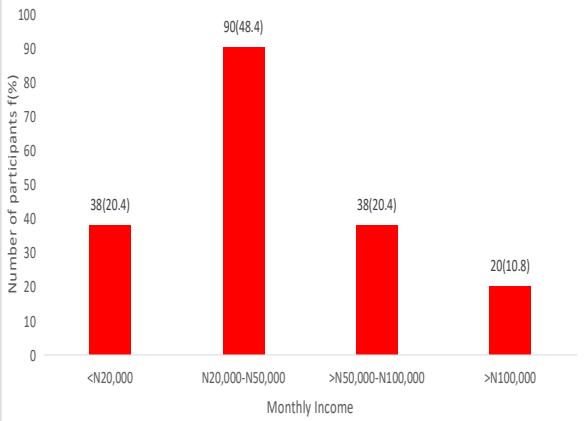

Figure 1. Distribution of participants by monthly income

Discussion: Younger individuals were less likely to seek eye check-ups. This age-related trend is consistent with previous literature.[7] The study suggests that women are less proactive in seeking healthcare services than men. Additionally, marital status and occupation were significant factors. The study also found that only about a quarter of the participants had insurance, which is a critical factor in accessing healthcare services. Knowledge alone is not enough to ensure optimal health-seeking behaviour. This discrepancy between knowledge and behaviour highlights the influence of barriers.

Conclusion: Majority of the study participants had a relatively high level of knowledge about eye health, although significant barriers that hindered optimal health-seeking behaviour and service utilization were noticed. Socio-demographic factors played a significant role

Table 1: Relationship between demographic factors and ophthalmic health seeking behaviour and service utilization

Demographic factors	Health seeking behaviour and service utilization			χ^2	p-value
	Good (N/%)	Bad (N/%)	Total (100%)		
Age group (years)				55.637	0.001
18-29	39(47.6)	43(52.4)	82(100.0)		
30-39	33(91.7)	3(8.3)	36(100.0)		
40-49	5(25.0)	15(75.0)	20(100.0)		
50-59	31(100.0)	0(0.0)	31(100.0)		
60 +	14(82.4)	3(17.6)	17(100.0)		
Total	122(65.6)	64(34.4)	186(100.0)		
Gender				8.254	0.004
Male	59(77.6)	17(22.4)	76(100.0)		
Female	63(57.3)	47(42.7)	110(100.0)		
Total	122(65.6)	64(34.4)	186(100.0)		
Occupation				17.938	0.001
Student	40(50.0)	40(50.0)	80(100.0)		
Unemployed	12(80.0)	3(20.0)	15(100.0)		
Employed	23(71.9)	9(28.1)	32(100.0)		
Self-employed	37(75.5)	12(24.5)	49(100.0)		
Retired	10(100.0)	0(0.0)	10(100.0)		
Total	122(65.6)	64(34.4)	186(100.0)		
Marital status				38.247	0.001
Single	35(44.9)	43(55.1)	78(100.0)		
Married	81(87.1)	12(12.9)	93(100.0)		
Widowed	6(40.0)	9(60.0)	15(100.0)		
Total	122(65.6)	64(34.4)	186(100.0)		
Education level				4.033	0.279[f]
No formal education	12(66.7)	6(33.3)	18(100.0)		
Primary	2(66.7)	1(33.3)	3(100.0)		
Secondary	32(78.0)	9(22.0)	41(100.0)		
Tertiary	76(61.3)	48(38.7)	124(100.0)		
Total	122(65.6)	64(34.4)	186(100.0)		

in shaping individuals' engagement with eye care services.

References

1. Aregbesola BS, Khan SM. Out-of-pocket payments, catastrophic health expenditure and poverty among households in Nigeria 2010. Int J Health policy Manag. 2018;7(9):798-806.
2. world Health Organisation. Global monitoring report on financial protection in health 2019. Geneva: WHO; 2019.
3. Adebayo EF, Uthman OA, Wiysonge CS, Stern EA, Lamount KT, Ataguba JE et al. A systematic review of factors that affect uptake of community-based health insurance in low-income countries, BMC Health Serv Res. 2015; 15:543
4. World Health Organization. World report on vision. World Health Organization; 2019.
5. Dandona R, Dandona L. Socio-economic status and blindness. Br J Ophthalmol. 2001;85(12):1484-1488.
6. Pizzarello L, Abiose A, Ffytche T, Duerksen R, Thulasiraj R. Vision 2020: The right to sight: A global initiative to eliminate avoidable blindness. Arch Ophthalmol. 2004; 122(4):615-620
7. Michaud PA, Blum RW, Benaroyo L, Zermatten J, Baltag V. Assessing an Adolescent's Capacity for Autonomous Decision-Making in Clinical Care. J Adolesc Health. 2015; 57(4):361-366.