



Factors Associated with Healthcare Services Utilization Among Adults in Rural Communities of Benue State

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Abstract

This research looked at the variables that affect adults in rural Benue State communities' use of health care. To accomplish the study's goal, five research questions and five hypotheses were developed. The study's design was a questionnaire. In Benue State's rural settlements, 4,253,641 adults made up the study's population. A multistage sampling process was used to determine a sample size of 612 people. A self-structured questionnaire served as the data-collecting tool. Reliability coefficients for the questionnaire were 0.82 for knowledge of healthcare services, 0.91 for attitudes of healthcare personnel, 0.79 for distance to facilities, 0.78 for treatment costs, and 0.75 for cultural beliefs, in that order. The statistical software for social sciences was used for data analysis. The study questions and demographic data were analyzed using percentage and mean (x) scores, and the hypotheses were tested at the 0.05 level of significance using ANOVA. The study's conclusions showed that individuals had a high degree of healthcare service awareness (2.63). Utilization of healthcare services was also greatly influenced by variables such as the attitude of healthcare providers, accessibility to medical facilities, cost of care, and cultural attitudes. However, sociodemographic factors including location, age, marital status, and educational attainment are linked to the use of health services (>2.50), however, religion was not linked to the use of health care services (<2.50). It was concluded that the level of awareness and utilization of healthcare services among adults was high. Based on the findings, though the level of awareness found in this study was high, few of the respondents were also found not to be aware therefore, health professionals should sustain their efforts to promote awareness of healthcare services through different mass media.

Keywords: Associated, Adult, Benue, Factors, Healthcare, Utilization

Introduction

Negative feedback on health care has been most prevalent in Nigeria, according to both patients and the general public. These critical remarks cover a wide variety of issues, including subpar service delivery, delays in receiving treatment, care discontinuities, staff indifference to patients' attitudes, bureaucratic issues, and challenging processes. The public's trust in healthcare has been damaged by these disparaging remarks, which have also made government institutions less appealing to those seeking medical treatment. According to Awusi et al. (2019), health care is the maintenance and restoration of health via the prevention and treatment of illness, particularly by qualified and licensed professionals in the fields of public health, clinical psychology, medicine, and dentistry. Auxiliary healthcare workers, medical professionals, and organizations that provide healthcare to the underprivileged are all considered health services. Patients, families, communities, and populations are served by health services. Emergency, primary, palliative, long-term, hospital, diagnostic, rehabilitative, high-quality, and patient-focused care are all covered. To successfully provide health services, a variety of care models and providers are required.

A key component of providing health care services is knowledge or understanding. According to Johnson (2010), awareness has proven to be beneficial in several areas, including drug education, accident prevention and emergency services, family life education, immunization, maternity services, child health, nutrition, environmental health, and school health services. There are many categories of healthcare services, including basic, secondary, and tertiary healthcare. On the other side, primary health care refers to necessary medical treatment that is founded on workable, ethically sound, and technologically and socially acceptable approaches, making universal health care available to

every person and family in a community (WHO, 2008). According to Abdulraheem et al. (2012), primary healthcare-based health services encompass the following: ensuring a sufficient supply of food; promoting appropriate nutrition; providing care for mothers and children; family planning; immunizing against major infectious diseases; preventing and controlling locally endemic and epidemic diseases; providing essential drugs and supplies; and educating people about prevalent health issues and how to prevent and control them. However, according to Fasoranti and Adeyeye (2015), the success of the different components of healthcare services depends on how broadly accepted they are by those who are aware of them.

While awareness may not always translate into improved behaviour or favourable health outcomes, it may help enhance the use of healthcare services and help people reach their desired health outcomes. Healthcare services are affecting national and international health planning in addition to local health planning, claims Dixit and Bandhani (2019). At both the local and national levels, health care must be adjusted to changing circumstances. Any nation that builds a strong foundation for health care services meets the needs of its most disadvantaged and vulnerable citizens while also empowering its most underutilized resource, rural men and women. Nonetheless, it has been shown that some traits and expertise are unavoidable in impacting how and where rural residents use health care services. Socioeconomic considerations, the perception of the quality of treatment, and the availability and accessibility of healthcare services are additional factors linked to the consumption of healthcare (Jammeh & Sundby, 2011; Wolderufael, 2012; Wakama, 2014; Muhammad & Suleman, 2020). The underutilization of healthcare facilities in developing nations has been linked to several issues, including distance poor service quality and attitude from providers. These characteristics have also been linked to accessibility and usage of health care services. According to Peltzer (2019), the underutilization of health services in the public sector is often seen as a global phenomenon in developing nations, and the client's perception of the quality of care and their trust in the healthcare provider has an impact on the usage of health services. Individual healthcare use has been recommended as the most important strategy to lower the risk of newborn morbidity and death. According to the World Health Organization (2014), significant rates of maternal death occur in poorer nations due to inadequate use of health care services.

Chiang (2013) also pointed out that one of the main obstacles to using basic health care is travel time and distance to medical facilities. Even though there are readily available healthcare facilities close to where people live, work, and attend school, Odetola (2015) noted that patients, particularly pregnant women, have been seen to travel great distances to get high-quality treatment. However, it is difficult for labouring or pregnant women to seek aid promptly due to a shortage of transportation. According to Line (2017), there is little doubt that factors such as closeness, accessibility to transportation, the facility's physical distance, and travel time affect people's decisions to seek medical attention and use health services. The measurement or description of how people utilize health care services to prevent and cure health issues, promote and maintain health and well-being, or get information about their health status and prognosis is known as health care usage. Utilization is, in reality, a key component of every healthcare delivery system's planning, as shown by historical and current global circumstances. When healthcare facility accessibility first began to take shape in 2000, the World Health Organization issued a warning, stating that its objectives, supporting initiatives, administration, and execution might all be rendered meaningless if they are not directed toward optimal usage. Formal usage review processes are required by hospitals and allied health institutions in the United States of America for them to participate in health plans. Each institution applying for accreditation must also undergo some type of utilization review procedure. The comprehensive National Health Scheme (NHS) in the United Kingdom is designed to promote fairness and encourage all members to seek out the utilization of services. The health industry in South Africa benefited from desegregation even during the "apartheid era" by rebuilding health services based on the values of fairness, acceptability, accessibility, affordability, and effectiveness (Oladipo, 2014). In Benue State Nigeria, not many studies have been recorded on factors associated with healthcare utilization and healthcare providers that ought to provide quality health to meet the health needs of the patients seem not to recognise patient-centred healthcare as the primary goal of healthcare delivery system. This has led to problems with the quality of healthcare in terms of accessibility, affordability and utilization of health facilities. Even in places where such facilities are in their good state with qualified health care personnel, patients are seen resorting to different means of health care, seeking health care from local medicine shops, quacks and self-medications by low socio-economic groups, and many have cited some factors to be responsible, such as the level knowledge or awareness of the benefit of utilization of health care services, cost of care, attitude of health caregivers, cultural beliefs and distance of health care facilities. Recent research studies have shown that not much work has been done hence the need for concerted efforts to fill the research gap. Thus, this study examined factors associated with the utilization of health care services among adults in rural communities in Benue State, Nigeria. The study provided answers to the following questions:

1. What is the influence of awareness on the utilization of healthcare services among adults in the study area?
2. What is the influence of health workers' attitudes on the utilization of health care services among adults in the study area?
3. What is the influence of distance to health facilities on the utilization of health care services among adults in the study area?
4. What is the influence of the cost of treatment on the utilization of healthcare services among adults in the study area?
5. What is the influence of cultural beliefs on the utilization of healthcare services among adults in the study area?

Hypotheses

The following null hypothesis postulated where tested at a 0.05 level of significance:

1. There is no significant relationship between the utilization of health care services and awareness of adults residing in rural communities in Benue State.
2. There is no significant relationship between the utilization of health care services and health worker's attitudes in rural communities in Benue State.
3. There is no significant relationship between the utilization of healthcare services and the distance to healthcare facilities in rural communities in Benue State.
4. There is no significant relationship between the utilization of health care services and the cost of treatment in rural communities in Benue State.
5. There is no significant relationship between the utilization of health care services and cultural beliefs in rural communities in Benue State.

Methodology

The descriptive cross-sectional survey design was adopted with a population consisting of 4,253,641 adults in Rural communities in Benue State. The sample size for the study was 598 which was selected using a multi-stage sampling procedure comprising cluster sampling technique, simple random sampling technique and purposive sampling techniques. At stage I: cluster sampling was used to group the study area into three clusters Benue North-West, Benue North East and Benue South Senatorial District respectively. In stage 2, the researcher listed and selected 3 Local Government Areas (LGAs) from each of the senatorial Districts of Benue State through simple random sampling techniques. In Stage 3, the researcher chooses two communities—a total of 18 communities—from each of the chosen LGAs using a basic random sample procedure using a non-replacement method. To pick 34 adults from each of the villages that were chosen, the researcher used the purposive sampling approach in the end, resulting in a total of 598 respondents. Only individuals who were suitable for the research were included via the use of the purposeful sampling approach. The "Health Care Services Utilization Questionnaire (HCSUQ)" was the structured questionnaire used to gather the data, and it had a 0.82 reliability coefficient. The Statistical Product for Service Solution (SPSS V-22) was used to analyze the data using percentage, mean, and Spearman rank-order correlation at the 0.05 level of significance.

Results

The results of the study are shown below:

Table 1.: Descriptive Analysis of Influence of awareness on utilization of health care services

s/n	Collective bargaining relates to the politics of minimum wage payment in Nigeria	SA	A	D	SD	Mean	STD
		N	N	N	N		
		%	%	%	%		
1	You are aware of health care services going on in your community	40	142	21	150	3.13	1.04
		42.5	40.2	5.9	11.3		
2	Traditional birth attendances save the life of patients more than health care providers	164	131	31	27	3.22	1.04
		46.5	37.1	8.8	7.6		
3	One should visit a health facility when not feeling well	35	12	133	173	3.21	1.03
		3.4	9.9	37.7	49.0		
4	It is safer to deliver in the hospital with adequate care of newborn	33	36	162	122	3.06	1.02
		9.3	10.2	45.9	34.6		
5	Health care patronage in health facilities minimizes complications of cases	21	24	109	199	3.37	0.96
		9.4	6.8	30.9	56.4		
Grand Mean						3.19	1.02

Criterion mean = 2.50

The impact of awareness on the use of healthcare services in the research region is shown in Table 1. The grand mean of 3.19 ± 1.02 is higher than the criteria mean of 2.50, suggesting that knowledge had a significant impact on the use of medical services in the research region. The community's knowledge of how safe it is to deliver in the hospital with adequate care of newborn is the least (3.06 ± 1.02) while health care patronage in health care facilities shows the highest mean of 3.37 ± 0.96 .

Table 2: Descriptive Analysis of Control of Health Workers' Attitude on the Utilization of health care services in the study area?

s/n	health workers' attitude on the utilization of health care services in the study area	SA N %	A N %	D N %	SD N %	Mean	STD
6	The attitude of workers discourages my patronage of the facility	163 46.2	151 42.8	13 3.7	26 7.4	3.27	.903
7	I prefer health care services in the hospital because there are qualified health personnel with good behaviour	128 36.3	186 52.7	20 6.7	19 5.4	3.19	1.04
8	Healthcare workers are friendly and caring during service delivery	148 41.9	150 42.5	31 8.8	24 6.8	3.19	1.04
9	Healthcare worker's approach to patients in the health facilities is cordial and professional	69 19.5	105 29.7	129 36.5	50 14.2	2.61	1.51
10	Good relationship between health care workers and patients can move people to ignore cultural barriers to the utilization of health care service	222 62.9	97 27.5	15 4.2	19 6.59	3.48	0.85
						3.14	1.26

Source: Field Work, 2023.

The impact of health professionals' attitudes on the use of medical services in the research region is shown in Table 2. The usage of health care services in the research region was shown to be significantly influenced by the attitude of health professionals, as evidenced by the grand mean of 3.14 ± 1.26 being more than the criteria mean of 2.50. Healthcare providers and patients who get along well have the lowest mean (2.61 ± 1.51), while health workers' relationship with patient facilities shows the highest mean of 3.48 ± 0.85 .

Table 3: Descriptive Analysis of the influence of distance to facilities on the utilization of health care services in the study area

	influence of distance to facilities on the utilization of health care services in the study area	SA N %	A N %	D N %	SD N %	Mean	STD
1	The distance from my residence to the health facility makes the use of the facility not easy for me	115 32.6	116 32.9	77 21.8	45 12.7	2.85	1.51
2	I find it difficult to utilize the health care facility because of the high cost of transportation to the health care facility	127 35.9	148 41.9	41 11.6	37 10.5	3.14	1.09
3	The cost of transportation to the healthcare facility is not much	154 43.6	124 35.1	45 12.7	30 8.5	3.14	1.04
4	Most clients do not use the health facility because it is too far from the place of residence	199 56.4	102 28.9	22 6.2	30 8.5	3.33	0.92
5	I prefer health care services because of distance to facility is accessible	153 43.3	121 34.3	50 14.2	29 8.2	3.12	1.14
						3.12	1.04

Source: Field Work, 2023.

The impact of facility distances on healthcare service usage in the research region is shown in Table 3. The usage of health care services in the research region was shown to be significantly influenced by the distance to facilities, as evidenced by the grand mean = 3.12 ± 1.04 being more than the criteria mean = 2.50. The least mean is shown in the distance from my residence to the health facility makes the use of the facility not easy for me (2.85 ± 1.51), while most clients do not use the health facility because it is too far from the place of residence shows the highest mean (3.33 ± 0.92)

Table 4: Descriptive Analysis of the influence of cost of treatment on the utilization of health care services in the area of study

	influence of cost of treatment on the utilization of health care services in the area of study	SA N %	A N %	D N %	SD N %	Mean	STD
6	The charges and cost of health care services make some patients not use the health care facilities	178 50.4	106 30.0	55 15.6	14 3.9	3.27	0.84
7	It is cheaper to go for health care services in the hospital than other places	181 51.3	83 23.5	54 15.3	35 9.9	3.16	0.94
8	Sometimes there is free drugs and treatments in the health facilities	128 36.3	132 37.4	38 10.8	55 15.5	2.94	1.23
9	The price of health is subsidized in the health facility	135 38.2	121 34.3	37 10.5	60 16.9	2.93	1.24
10	Most healthcare workers exploit patients in the course of service delivery	127 35.9	140 39.7	48 13.6	38 10.8	3.13	1.04
						3.08	1.06

Source: Field Work, 2023.

The impact of treatment costs on the use of medical services in the research region is shown in Table 4. The research area's consumption of health care services was significantly influenced by treatment costs, as shown by the grand mean of 3.13 ± 1.04 being more than the criteria mean of 2.50. The result showed that, having the price of health subsidized in the health facility has the least mean (2.93 ± 1.24), while having the charges and cost of health care services to make some patients not use the health care facilities has the highest (3.27 ± 0.84).

Table 5: Descriptive Analysis of the influence of cultural beliefs on the utilization of health care services in the study area

	Influence of cultural beliefs on the utilization of health care services in the study area	SA N %	A N %	D N %	SD N %	\bar{X}	STD
1	Some cultures discourage access to health care services for women, especially during pregnancy	155 43.9	116 32.9	54 15.3	28 7.9	3.13	1.06
2	Patients should receive health care services traditionally as stipulated by their culture	149 42.2	109 30.9	62 17.6	33 9.3	3.06	1.15
3	Healthcare services rendered according to cultural norms are held favourably more than services obtained in health facilities	129 36.5	100 28.3	68 19.3	56 15.9	2.86	1.42
4	Healthcare care services conflict with stipulated cultural practices	141 39.9	98 27.7	59 16.7	55 15.6	2.92	1.27
5	Healthcare workers do not keep secret, share clients informations which is contrary to our cultural belief	145 41.1	134 37.9	37 10.5	37 10.5	3.09	1.03
						3.01	1.18

Field work, 2023

The impact of cultural attitudes on the use of healthcare services in the research region is shown in Table 5. The research area's healthcare use was significantly influenced by cultural attitudes, as seen by the grand mean of 3.01 ± 1.18 being higher than the criteria mean of 2.50. The healthcare services rendered according to cultural norms are held favourably more than services obtained in health facilities had the least mean (2.86 ± 1.42), while the highest mean was some cultures discourage access to health care services for women, especially during pregnancy (3.13 ± 1.06).

Test of Hypotheses

Table 6: Summary of Spearman’s rank Correlation on the utilization of health care services and awareness of adults residing in rural communities in Benue State.

Correlations			Utilization of healthcare services	Awareness
Spearman's rho	Utilization of healthcare services	Correlation	1.000	.308**
		Coefficient		
		Sig. (2-tailed)	.	.000
	Awareness	Correlation	.308**	1.000
		Coefficient		
		Sig. (2-tailed)	.000	.
		N	598	598

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS, 22. 0

The Spearman's correlation coefficient ($\rho = 0.308^{**}$) and probability value (PV) = 0.000 < 0.05 (significant level) are shown in Table 6. This demonstrates that there is no discernible difference between adults living in rural Benue State's communities' knowledge and their use of health care services. Therefore, we adopt the null hypothesis, which inevitably indicates that rural populations in Benue State have low levels of knowledge about healthcare service consumption.

Table 7: Summary of Spearman's rank Correlation between the utilization of health care services and attitude of healthcare workers

Correlations				Utilization of health services	Attitude of health workers
Spearman's rho	Utilization of health services	Correlation Coefficient	1.000	.839**	
		Sig. (2-tailed)	.	.000	
		N	598	598	
	Attitude of health workers	Correlation Coefficient	.839**	1.000	
		Sig. (2-tailed)	.000	.	
		N	598	598	

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS, 22. 0

The Spearman's correlation coefficient ($\rho = 0.839^{**}$) and probability value (PV) = 0.000 < 0.05 (significant level) are shown in Table 7. This demonstrates that the attitude of healthcare professionals and the use of health services are significantly positively correlated. As a result, we reject the null hypothesis, which states that there are no significant differences in Benue State's health care professionals' attitudes or service usage.

Table 8: Summary of Spearman’s rank Correlation on the effect of utilization of health care services and distances to health facility

Correlations			Arbitration	Minimum Implementation	Wage
Spearman's rho	Arbitration	Correlation Coefficient	1.000	.493**	
		Sig. (2-tailed)	.	.067	
		N	598	353	
	Minimum Wage Implementation	Correlation Coefficient	.493**	1.000	
		Sig. (2-tailed)	.067	.	
		N	598	598	

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS, 22. 0

The Spearman's correlation coefficient ($\rho = 0.493^{**}$) and probability value (PV) = 0.067 < 0.05 (significant level) are shown in Table 8. This demonstrates that the impact of using healthcare services and travel times to medical facilities are positively and significantly correlated. Thus, we agree with the null hypothesis, which states that the distance to medical facilities is not much impacted by the use of such services.

Table 9: Summary of Spearman’s rank Correlation on the significant difference in the utilization of health care services and cost of treatment in Benue State.

Correlations			Utilization of health services	cost of treatment in Benue State
Spearman's rho	Utilization of health services	Correlation Coefficient	1.000	.447**
		Sig. (2-tailed)	.	.058
		N	598	598
	cost of treatment in Benue State	Correlation Coefficient	.447**	1.000
		Sig. (2-tailed)	.058	.
		N	598	598

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS, 22. 0

The Spearman's correlation coefficient ($\rho = 0.447^{**}$) and probability value (PV) = 0.058 < 0.05 (significant level) are shown in Table 9. This demonstrates that there is a notable disparity in Benue State's use of healthcare services and treatment costs. We, therefore, agree with the null hypothesis, which states that there is no discernible variation in Benue State's use of healthcare services or treatment costs

Table 10: Summary of Spearman’s rank Correlation on the utilization of health care services and cost of treatment in Benue State.

Correlations			Utilization of healthcare services	Cost of treatment
Spearman's rho	utilization of health care services and cost of treatment in Benue State.	Correlation Coefficient	1.000	.447**
		Sig. (2-tailed)	.	.058
		N	598	598
	Cost of treatment	Correlation Coefficient	.447**	1.000
		Sig. (2-tailed)	.058	.
		N	598	598

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS, 22. 0

The Spearman's correlation coefficient ($\rho = 0.447^{**}$) and probability value (PV) = 0.058 < 0.05 (significant level) are shown in Table 10. This demonstrates that in Benue State, there is a positive and substantial correlation between the use of healthcare services and treatment costs. Therefore, we agree with the null hypothesis, which states that healthcare service use has no discernible impact on treatment costs in Benue State.

Discussion

Table 1's research results demonstrated a high degree of awareness (3.19, SD 1.02). This is hardly unexpected given how little information reaches Benue State's remote hinterland areas. The poor knowledge among adults in this research may be caused by this. This conclusion is consistent with that of Idris et al. (2013), who demonstrated that a relatively small percentage of research participants were aware of health care services. The results of this study corroborated those of a study conducted in Lahore by Akhta et al. (2018), which revealed that over half of the respondents knew a

good deal about healthcare services. These results were also expected because primary health care is the closest medical facility to most people, especially those living in rural areas. The results of this research, however, contradict those of Idris et al. (2013), which indicates that a small percentage of study participants were aware of health care facilities. This variance may result from variations in the study population, research location, and sample size. Table 3's findings demonstrated that employee attitudes had a significant impact on the study area's use of health care services (ground mean 2.70 > criteria mean 2.55). Since the results were predicted, they should not have come as a surprise. One possible explanation is that the healthcare professionals in the research region had positive attitudes toward their patients. The results of this investigation are consistent with those of Panezai et al. (2017), who demonstrated that staff attitudes are among the variables influencing the use of healthcare services. The present study's results are consistent with those of Ibebuike et al. (2017), who demonstrated that low staffing levels and limited access to healthcare services are among the frequently occurring variables influencing healthcare service consumption.

The results of this investigation align with those of Sule et al. (2018), who proposed that inadequate service quality and unprofessional staff behavior are the primary causes of the underutilization of health care services in developing nations. The study also supported the findings of Mohammad-Hossein et al. (2017), who stated that patient use of medical services at Tabriz University was influenced by doctors' therapeutic abilities, polite demeanour, respect for patients' feelings, and careful examination of the patient. Also the study is in agreement with Ahenkan and Aduo-Adjei (2017) who reported that attitude of health care workers and other variables are significant predictors that influenced the utilization of health care services in university hospitals in Ghana. The finding is however contrary to the report of Bernard and Fisher (2005) who reported that workers' attitudes do not have a significant influence on the utilization of health care services at Mwananyama Hospital in Dares Salaam, Tanzania. These studies were conducted in East Asia and East Africa with smaller sizes, while this study was conducted in West Africa with larger sample sizes. This would be the reason for the differences in the results.

The result in Table 4 showed that distance had a high influence on the utilization of health care services in the study area, as the grand mean = 3.13 ± 1.04 was greater than the criterion mean = 2.5. This finding is expected because this study showed that psychical accessibility to health care services is a major factor which influences the utilization of health care services among respondents. The findings of this study are also in line with that of Chiang et al. (2013) who noted that distance and transportation to health facilities is a major barrier to the use of basic health care service among the people. Also in agreement are the findings of Muhammad and Maimuna (2014) in his study on the factors predicting patients, satisfaction with universities health care clinics services using a simple random sample technique to select 500 students from one of the universities in Jordan who reported utilization of health care services were influenced by student's location (distance) from medical services centre of the clinic and it has a positive relationship with student's satisfaction. The study is at variance with the study of Odetola (2015) who reported that there was negative relationship between utilization and location (distance). This study makes use of a descriptive survey and a sample size of 450 and was conducted in sub-Sahara Africa. This study was conducted in Europe and South Asia. However, sample size and location could explain some of the reasons for the differences in results.

The result in Table 5 showed that the cost of treatment had a high influence on the utilization of health care services in the study area 3.01 ± 1.18 . The finding corroborates that of Akute, (2013) who specified that the cost of treatment can influence utilization among respondents, the finding of this study in tandem with that of Odetola (2011) who reported that cost, determines the utilization of health care facility by women. However, the cost of any healthcare institution is contingent upon an individual's socioeconomic situation. The results of this research are consistent with those of Odetola (2015), who found that individuals will be able to receive health services appropriately when they are offered to those who have the same economic power as those who use them. Because of the intervening effects of time and cost, an individual's income level affects use. This result is not unexpected since money is known to be a factor that influences the use of any health care services; if the cost of a health service exceeds the subjects' means, it may prevent them from using the services that are accessible to them. The study's conclusions are consistent with those of Rasha and Mansoura (2007), who demonstrated that money was a significant factor influencing women's use of health care. The finding is also keeping with that of Muhammad et al. (2013) which showed that one of the commonest reasons why respondents do not utilize primary health care services was high cost of services.

The findings of this study in Table 4.6 showed that cultural beliefs had a high influence on the utilization of health care services. This finding might be attributed to the fact that the cultural beliefs of an individual have a way of shaping and determining several aspects of his/her life. The result of the study is in line with that of Abubakar et al (2014),

Sina and Adekeye (2019), Tsawe and Susuman (2014) who in their study confirmed that cultural beliefs influence utilization of health care services at 0.05 level of significance in their studies, samples of women age 20-29 years and women of child bearing age were used. However, the findings of Yarney (2014) are in disagreement with the findings of this study using a sample of women drawn from rural districts of Ghana found an inverse relationship between cultural belief and utilization of maternal health services. The p-value obtained was 0.001 for all variables indicating statistically, no significant relationship between all cultural factors studied and utilization of health care services. The variation in the results may be attributed to many factors such as samples size (smaller) and location of study which may have influences the outcome.

Conclusion

Based on the findings of the study it was concluded that the low awareness, attitude of health care workers, distance to health care facilities, cost of treatment, and cultural beliefs influenced the utilization of health care services among adults in rural communities in Benue State. The utilization of healthcare services among adults in rural communities is multifaceted.

Recommendations

Based on the findings of the study the following recommendations were made.

1. Though the level of awareness found in this study was low, few were also found to have adequate knowledge therefore government, community leaders and health care professionals should sustain their effort to promote awareness of health care services through different mass media and local means that will get to the people in the rural areas.
2. Public health practitioners should embark on community-based interventions, proper counseling to clear every misconception about healthcare services arising from lack of information which influences its utilization.
3. The government through her health foundations should provide free Healthcare services
4. in other to improve the utilization of health care services.
5. Health professionals should maintain a positive attitude (friendly approachable and politeness) to their clients as the attitude of health care givers influenced the choice of utilization of health care services.
6. The government need to improve accessibility to healthcare facilities by building additional healthcare facilities where distance will be closer to the people.

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