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RESEARCH ARTICLE

A COMPARATIVE STUDY OF THE PERCEPTIONS OF RURAL DWELLERS TOWARDS HEALTH CARE DELIVERY

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Abstract

The present study aimed to comparatively analyze healthcare delivery perception among rural dwellers based on education (formal/informal) and gender. The study adopted a cross-sectional survey design. A total of two hundred rural dwellers comprising males and females participated in the study. Perception towards health care delivery was measured with a self-developed instrument with demographic information. An independent t-test analysis found no statistically significant relationship between education and perception towards health care delivery. However, the result revealed a significant relationship between gender and perception towards health care delivery. Females were found to show a more positive attitude towards health care delivery than their male counterparts. The findings and conclusions are discussed.

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Introduction: -

One primary concern of every nation is establishing a reliable health care delivery system for the people (Abiodun, 2014). Perhaps, health represents an essential determinant of human contribution to development and nation-building (Health Reform of Nigeria, 2012). Therefore, it is evident that any country's development achievement is predicated upon the healthcare delivery strategy system's effectiveness. Thus, an improved health sector means that a nation's efforts in the provision of effective healthcare are yielding expected results (Mathew, 2009). Access to healthcare services involves the quality of care, physical accessibility, availability of the correct type of care for those in need, and financial affordability (Nigeria Health Watch, 2019). Imouokhome and Osumbor (2012) referred to health care delivery as an approach to delivering health services to prevent and treat disease for its citizens.

In Nigeria, the Federal, State, and Local Governments are saddled with providing health care to their citizenry. However, the Federal Ministry of Health is the overall health policy formulating body (Onotai & Nwankwo, 2012). Simultaneously, the local government councils are constitutionally responsible for providing primary health care and primary health care facilities, primarily in rural areas (Ojeifo, 2002). Research has indicated that the bulk of the primary health care needs are in the rural areas (Oyedi, 2012), which means that rural dwellers are intended to seek health care services without going to the city. However, there is widespread poor community perception of health irrespective of community type (Onyeneho et al., 2016).

Efforts to enhance healthcare delivery in Nigeria are yet to provide a solution to the reported increase in health-related mortalities, especially in rural areas. It has been noted that the shortage of health workers is a significant challenge in Nigeria, with regards to rural areas, where a significant amount of the population lives (Ebuehi

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&Campbell, 2010). The health care challenges in rural areas include not only lack of personnel but poor instruments and means of work(Nnabuihe, Lizzy, & Odunze, 2015). This situation alone can affect the rural dwellers' general perception of the efficacy of health care delivery. The need to have a health delivery program designed to mobilize the rural citizenry to participate actively and cooperate in rural health development becomes imperative. (Nnabuihe, Lizzy, & Odunze, 2015).

The Present Study

Over the years, efforts had been made by the government and other health-promoting agencies to provide an adequate health care system, especially among the rural dwellers. An effective health care delivery scheme is still far from reality in the rural communities in Nigeria. Several factors have been implicated in the failure of an effective health delivery system, especially in rural areas of Nigeria, including, among other things, how people perceive health care. The Nigeria Health Watch (2019) noted the cases where the rural dwellers ignore critical warning signs and diseases of public health importance, usually leading to preventable deaths. Thus, health delivery service is inadequate and the people perceive health delivery is essential to knowledge.

Perception has come up as a prominent determinant of the utilization of health services. (Onyeneho et al., 2016). Therefore, no matter the funding and other efforts to increase health care delivery without first shaping the people's perception will yield low results. This study, therefore, aims to comparatively ascertain the perception of rural dwellers towards health care delivery. To achieve universal health for the people, all stakeholders must understand the people's perception of health service to ensure successful interventions (Onyeneho et al.,2016), thus, justifying the present study. The main objective of the study is to (i) compare gender differences in perception towards health care delivery (ii) compare differences in the type of education (formal/informal) in perception towards health care delivery. Similarly, it is hypothesized that:

(H₁) Female will show more positive perception towards health care delivery than the male.

(H₂) Participants who have formal education will show a more positive perception towards health care delivery than those with informal education.

Method: -

The design of the current study is a survey. Participants were drawn from rural communities in the Enugu state of Nigeria. The samples included two hundred (n = 200) males and females within the age range of 30-60. The participants completed an open-ended questionnaire developed by the researchers and designed to ascertain the respondent's perception of healthcare delivery in the location. The instrument was tested for reliability through a pilot study on participants outside the study population. .98 reliability coefficient was recorded on the instrument.

Result: -

Table 1: -Table showing the Mean and Standard Deviation of participant's score on the difference between types of education and perception of health care delivery.

Gender	N	Mean	SD
Formal	92	1.54	0.50
Informal	108	1.46	0.50

The above table shows the mean and standard deviation of the score on differences in educational type and perception towards health care delivery. The result indicates that the those with formal education scored slightly high on the mean (M = 1.54, SD = 0.50) than those with informal education (M = 1.46, SD = 0.50).

Table 2: -Table showing the Mean and Standard Deviation of participant's score on gender differences and perception of health care delivery.

Gender	N	Mean	SD
Female	113	1.79	0.40
Male	87	1.12	0.33

The above table shows the mean and standard deviation of the score on the difference between males and females in the perception of health care delivery. The score showed that the female participants scored high on the mean (M = 1.79, SD = 0.40) than the male with (M = 1.12, SD = 0.33).

Table 3: -Table showing the t-test result comparing formal and informal education on perception towards health care delivery.

Type of Education	N	Mean	SD	t	df	Sig
Formal	91	1.54	0.50	1.147	198	253
Informal	109	1.46	0.50			

A t-test was conducted to compare perception towards health care delivery on formal and informal type of education. There was no significance in the scores for formal education (M= 1.54, SD= 0.50) and informal education (M= 1.46, SD= 0.50) groups at $t(198) = 1.147, p = 253$. Meaning that there is no difference between those with formal education and informal education in the perception of health care delivery. Thus, the assumption that individuals who have formal education will score high on perception towards health care delivery did not stand.

Table 4: -Table showing the t-test result comparing the male and female perception of health care delivery.

Location	N	Mean	SD	t	df	Sig
Female	113	1.79	0.41	12.508	198	.000
Male	87	1.12	0.33			

Table 4 above shows the t-test analysis results to compare female's and males' perceptions of health care delivery. The result indicated a statistically significant difference in the score for female (M = 1,79, SD = 0.40) and male (M = 87, SD = 0.33) groups at $t(198) = 12.508, p = .000$. This indicates that the female participants scored high on perception towards health care delivery compared to their male counterparts. In other words, the expectation that females in rural communities will show a more positive perception towards health care delivery was upheld.

Discussion: -

The current study's objective was to compare the perception of the rural dwellers towards health care delivery based on gender and type of education. The result showed that the first hypothesis was rejected. There was no statistically significant difference between the type of education and perception of health care delivery among the rural dwellers. The result indicates that how the rural dwellers perceive health care does not depend on whether one has formal or informal educational training. Thus, this revelation indicates that poor health care seeking behavior observed among the rural dweller is not associated with literacy nor illiteracy. It could be that the belief system rather than educational type is more responsible for the low perception of the rural dwellers towards health care delivery.

Similarly, the assumption that the females will have a more positive perception towards health care delivery when compared to the male was proved. This suggests that females are more willing than males to seek health care services in rural communities. The result supports previous studies indicating that women were more likely to feel it was their responsibility to seek advice on disease prevention than men (Deeks et al., 2009; Tenenbaum et al., 2017). Their findings showed that women consulted primary healthcare first more often than men. Women's decisions to seek care are influenced by the perception that women would access culturally appropriate, safe, and secure health care services (Schooley et al., 2009). Additionally, women pay more attention to health programs and issues relating to health care than men.

Conclusion: -

The current study aimed to comparatively analyze the association between formal and informal types of education and gender on the perception towards health care delivery among rural dwellers. The independence t-test analysis revealed that the reported poor perception of health care delivery in the rural area is not associated with a formal or informal type of education. Simultaneously, gender was implicated in the observed low perception towards health care services and accessibility. Similarly, it was observed that community perceptions, attitudes, and beliefs were severe constraints to adequate health care delivery. In recommendation, the study supports the idea that gender differences in healthcare-seeking behavior should be kept in mind while selecting program strategies. (Kaur, Sodhi, Kaur, & Singh, 2013). Also, the literacy level should be ignored in enlightenment programs relating to health care attitude change.

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