

SOCIO-ECONOMIC DETERMINANTS OF HEALTHCARE ACCESSIBILITY IN ASA LOCAL GOVERNMENT AREA, KWARA STATE

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Abstract

Access to healthcare services is crucial for enhancing individual well-being and fostering societal development. However, persistent disparities in healthcare access are evident, particularly in regions like Asa Local Government Area in Kwara State, Nigeria, where socio-economic factors significantly shape healthcare utilization patterns. This study explores the impact of income level, education level, and employment status on healthcare access among residents in Asa LGA. Employing a descriptive research design, data were gathered from 150 respondents across five towns in Asa LGA. The analysis revealed significant associations between income level, educational attainment, and employment status with healthcare access (χ^2 cal. 24.0 > t – val. 7.815, df = 3 for income level; (χ^2 cal. 17.13 > t – val. 7.815 for education level; (χ^2 cal. 12.33 > t – val. 7.815 for employment status @ 0.05 level of significance). These findings indicate that income level, educational attainment, and employment status significantly determines healthcare accessibility in Asa LGA, Kwara State. Consequently, the study recommends the implementation of income-based subsidy programmes, the reinforcement of education and health literacy initiatives, and the fostering of employment opportunities. By addressing socio-economic determinants of healthcare access, policymakers and healthcare stakeholders can collaboratively strive towards advancing health equity and enhancing health outcomes for all residents of Asa LGA and similar communities across Nigeria.

Keywords: Education level, Employment status, Healthcare access and Income level

INTRODUCTION

. Healthcare services encompass a wide range of medical and support services aimed at maintaining, improving, or restoring health and wellness. These services include preventive care, diagnosis, treatment, rehabilitation, and palliative care, addressing both physical and mental health needs. Access to healthcare services is a fundamental human right and a cornerstone of public health. It serves as a vital determinant of individual well-being, social equity, and overall societal development (World Health Organization, 2017). However, in many regions around the world,

including Asa Local Government Area (L.G.A) in Kwara State, Nigeria, disparities in healthcare access persist, driven by a complex interplay of socio-economic factors, systemic challenges, and structural inequalities. Understanding the multifaceted dynamics of healthcare access is crucial for devising effective interventions and policies aimed at improving health outcomes and promoting health equity within communities.

Asa L.G.A, nestled within the heart of Kwara State, embodies a microcosm of the broader healthcare access landscape in Nigeria. Like many other regions in the country, Asa L.G.A grapples with a myriad of challenges that impede equitable access to healthcare services for its residents. These challenges range from inadequate healthcare infrastructure and human resources shortages to financial constraints, geographical accessibility barriers, and limited health education and awareness. As a result, many individuals within Asa LGA face difficulties in accessing timely, affordable, and quality healthcare, perpetuating cycles of poor health outcomes and socio-economic disparities. Levac, Colquhoun and O'Brien (2021) opined that the greatest impediment to healthcare accessibility in the country is the high prevalence of poverty, pointing out that cost can prevent individuals in need who live a stone-throw away from hospitals from accessing healthcare because they cannot afford it.

Against this backdrop, this study seeks to delve into the intricate dynamics of healthcare access in Asa LGA, with a specific focus on the influence of socio-economic factors. By conducting a comprehensive analysis of how income level, education level, employment status, and other socio-economic determinants intersect with healthcare access patterns, this research endeavours to shed light on the root causes of healthcare disparities within the LGA. Moreover, by employing a quantitative approach, this study aims to provide empirical evidence that can inform evidence-based interventions and policy reforms aimed at enhancing healthcare access and promoting health equity in Asa LGA and similar settings across Nigeria.

Income level is a critical socio-economic determinant that significantly influences healthcare accessibility and utilization patterns among individuals and communities. According to Adebowale et al. (2020), income level reflects an individual's or household's financial resources, which play a crucial role in determining the ability to afford healthcare services and associated costs. In the context of Asa Local Government Area (LGA), Kwara State, Nigeria, disparities in

income levels contribute to differential access to healthcare services, exacerbating health inequities within the community.

Individuals with higher income levels often have greater financial means to access healthcare services promptly and afford necessary treatments, medications, and preventive measures. This is supported by research findings from Okeke and Olaniyan (2019), who conducted a study in Nigeria and found that higher income individuals were more likely to utilize healthcare services compared to those with lower incomes. Additionally, higher income individuals may have access to private healthcare facilities, which may offer better quality services and shorter waiting times compared to public healthcare facilities (Johnson et al., 2018).

Conversely, individuals with lower income levels face significant barriers to healthcare access due to financial constraints. Studies have shown that individuals from low-income households are more likely to delay seeking medical care, skip necessary treatments, or forgo preventive services due to cost concerns (Smith & Williams, 2021; Ahmed et al., 2021). Moreover, out-of-pocket healthcare expenses can impose a heavy financial burden on low-income households, leading to catastrophic health expenditures and further exacerbating poverty levels (Brown & Johnson, 2017).

In Asa LGA, where income disparities are prevalent, addressing the impact of income level on healthcare access is crucial for promoting health equity and reducing health disparities. Interventions aimed at improving healthcare access should consider strategies to mitigate financial barriers, such as implementing health insurance schemes, subsidizing healthcare costs for low-income individuals, and expanding access to affordable healthcare services in underserved areas (Ahmed et al., 2020). By addressing income-related disparities in healthcare access, policymakers and healthcare stakeholders can work towards ensuring equitable access to quality healthcare services for all residents of Asa LGA.

Education level is a fundamental socio-economic determinant that significantly influences healthcare access and utilization among individuals and communities. Research conducted by Ahmed and Yusuf (2018) emphasizes that education level plays a pivotal role in shaping health literacy, knowledge of preventive healthcare practices, and health-seeking behaviours. In the context of Asa Local Government Area (LGA), Kwara State, Nigeria, variations in education levels

contribute to disparities in healthcare access, thereby influencing health outcomes within the community.

Individuals with higher levels of education often exhibit better health-seeking behaviours, adherence to medical advice, and utilization of preventive healthcare services (Ojo & Adebawale, 2019). Studies have shown that educated individuals are more likely to recognize early signs of illness, seek timely medical care, and actively engage in disease prevention and health promotion activities (Ahmed et al., 2021). Additionally, higher education levels are associated with increased health literacy, enabling individuals to make informed decisions about their health and navigate the healthcare system effectively (Johnson et al., 2017).

However, individuals with lower levels of education may face barriers to healthcare access due to limited health literacy, lack of awareness about available healthcare services, and misconceptions about health and illness (Brown & Adams, 2016). Research findings from Olaniyan et al. (2021) indicate that individuals with lower education levels are more likely to delay seeking medical care, have lower rates of healthcare utilization, and experience poorer health outcomes compared to their more educated counterparts.

In Asa LGA, where education disparities exist, addressing the influence of education level on healthcare access is paramount for promoting health equity and reducing health disparities. Interventions aimed at improving healthcare access should include strategies to enhance health literacy, promote health education and awareness, and provide targeted support for individuals with lower education levels (Williams & Okeke, 2022). By addressing education-related disparities in healthcare access, policymakers and healthcare stakeholders can work towards ensuring equitable access to quality healthcare services for all residents of Asa LGA.

Employment status is a crucial socio-economic determinant that significantly influences healthcare access and utilization patterns among individuals and communities. Research conducted by Johnson and Brown (2019) underscores that employment status not only reflects financial stability but also affects access to employer-sponsored health insurance and benefits. In the context of Asa Local Government Area (LGA), Kwara State, Nigeria, variations in employment status contribute to disparities in healthcare access, thereby influencing health outcomes within the community.

Individuals who are employed often have access to employer-sponsored health insurance plans and benefits, which facilitate timely access to healthcare services and reduce out-of-pocket expenses (Ahmed et al., 2020). Studies have shown that employed individuals are more likely to utilize healthcare services, undergo preventive screenings, and receive necessary medical treatments compared to unemployed or underemployed individuals (Ojo & Williams, 2021). Additionally, stable employment provides financial security, enabling individuals to afford healthcare services and cover associated costs without facing significant financial barriers.

Conversely, individuals who are unemployed or underemployed may face challenges in accessing healthcare services due to financial constraints and lack of health insurance coverage (Joseph et al., 2017). Research findings from Brown and Yusuf (2020) indicate that unemployed individuals are more likely to delay seeking medical care, experience higher rates of unmet healthcare needs, and have poorer health outcomes compared to their employed counterparts.

In Asa LGA, where employment disparities exist, addressing the influence of employment status on healthcare access is essential for promoting health equity and reducing health disparities. Interventions aimed at improving healthcare access should consider strategies to support unemployed and underemployed individuals, such as expanding access to subsidized healthcare services, providing job training and employment opportunities, and implementing social protection programs (Joseph et al., 2017; Ahmed et al., 2021). By addressing employment-related disparities in healthcare access, policymakers and healthcare stakeholders can work towards ensuring equitable access to quality healthcare services for all residents of Asa LGA.

Socio-economic factors such as income level, education level, and employment status exert significant influence on healthcare access and utilization patterns within communities, including Asa Local Government Area (LGA) in Kwara State, Nigeria. Disparities in these socio-economic determinants contribute to differential access to healthcare services, perpetuating health inequities and exacerbating disparities in health outcomes. Addressing these disparities requires a multifaceted approach that encompasses policy reforms, targeted interventions, and community empowerment initiatives.

By delving into the intricate dynamics of healthcare access in Asa LGA and examining the influence of socio-economic factors, this study aims to contribute to the body of knowledge on

health systems and public health. Through empirical evidence and data-driven insights, policymakers, healthcare stakeholders, and community leaders can develop evidence-based interventions and policy reforms to enhance healthcare access, promote health equity, and improve health outcomes for all residents of Asa LGA and similar communities across Nigeria.

Furthermore, by addressing socio-economic disparities in healthcare access, we can move closer towards achieving the Sustainable Development Goal of Universal Health Coverage, ensuring that all individuals have access to affordable, quality healthcare services when needed. Ultimately, fostering equitable healthcare access is not only a moral imperative but also a fundamental step towards building healthier, more resilient communities and advancing the well-being of society as a whole.

Statement of the Problem

Access to quality healthcare is a fundamental human right and a key determinant of individual well-being and societal development. However, disparities in healthcare access persist, particularly in regions like Asa Local Government Area (LGA), Kwara State, Nigeria, where socio-economic factors significantly impact healthcare utilization patterns. Despite efforts to improve healthcare infrastructure and services, challenges related to income level, education level, and employment status continue to hinder equitable access to healthcare for residents of Asa LGA.

Income level serves as a critical determinant of healthcare access, influencing individuals' ability to afford healthcare services and associated costs (Adebowale et al., 2020). Education level, another socio-economic factor, shapes health literacy, health-seeking behaviours, and knowledge of preventive healthcare practices (Ahmed & Yusuf, 2018). Additionally, employment status affects access to employer-sponsored health insurance and benefits, with implications for healthcare utilization and financial stability (Johnson & Brown, 2019).

Despite the recognition of these socio-economic determinants, limited empirical evidence exists on their specific impact on healthcare access within Asa LGA. Existing studies often focus on broader national or regional contexts and may not capture the nuances of healthcare access within the local community. Furthermore, few studies have comprehensively examined the interplay between income level, education level, and employment status in shaping healthcare access patterns in Asa LGA.

Research Hypotheses

The following hypotheses were tested in the study:

1. Income level will not significantly determine healthcare accessibility among residents of Asa Local Government Area, Kwara State.
2. Educational level will not significantly determine healthcare accessibility among residents of Asa Local Government Area, Kwara State.
3. Employment status will not significantly determine healthcare accessibility among residents of Asa Local Government Area, Kwara State.

METHODOLOGY

Descriptive research design was adopted for the study. The population of this study consist of all residents in Asa L.G.A, Kwara State. Purposive sampling technique was used to select five towns in Asa LGA, Kwara State (Ogele, Lasoju, Olofe, Gbagba and Kagode), convenience sampling technique was used to select 30 respondents from each of the villages, a total of 150 respondents participated in the study. Self - developed questionnaire validated by experts in health education which was subjected to split half method of Cronbach alpha for reliability test yielded 0.86 was used to elicit information from the respondents. Data collected were analysed using inferential statistics of chi – square as tabulated below:

Table 1: Chi Square (χ^2) Analysis on Influence of Income Level on Health Care Access

Variable	N	df	Cal. χ^2	Crit. Val	Decision
Income Level	150	3	24.0	7.815	H ₀ is Rejected

The data analysis in Table 1 indicates that of 150 respondents; the result of the analysis shows the calculated Chi-square (χ^2) value of 24.0 against the critical table (χ^2) value of 7.815 with degree of freedom 3 at 0.05 level of significance, the hypothesis is hereby rejected. This implies that income level will significantly influence healthcare access among residents of Asa LGA, Kwara State.

Table 2: Chi Square (χ^2) Analysis of Education Level as determinants of Health Care Accessibility in Asa LGA, Kwara State

Variable	N	df	Cal. χ^2	Crit. Val	Decision
Educational Level	150	3	17.13	7.815	H ₀ is Rejected

The data analysis in Table 2 indicates that of 150 respondents; the result of the analysis shows the calculated Chi-square (χ^2) value of 17.13 against the critical table (χ^2) value of 7.815 with degree of freedom 3 at 0.05 level of significance, the hypothesis is hereby rejected. This implies that educational level significantly influences healthcare access among residents of Asa LGA, Kwara State.

Table 3: Chi Square (χ^2) Analysis on Influence of Employment Status on Health Care Access among Residents of Asa LGA, Kwara State

Variable	N	df	Cal. χ^2	Crit. Val	Decision
Employment Status	150	3	12.33	7.815	H ₀ is Rejected

The data analysis in Table 3 indicates that of 150 respondents; the result of the analysis shows the calculated Chi-square (χ^2) value of 12.33 against the critical table (χ^2) value of 7.815 with degree of freedom 3 at 0.05 level of significance, the hypothesis is hereby rejected. This implies that employment status significantly influences healthcare access among residents of Asa LGA, Kwara State.

DISCUSSION

This study investigated socio-economic determinants of healthcare accessibility in Asa Local Government Area, Kwara State. Result in Table 1 revealed that income level is a determinant of healthcare accessibility in Asa LGA, Kwara State. This finding is consistent with several studies that have highlighted the impact of income inequality on healthcare access and utilization. For instance, Ahmed et al. (2021) found a similar association between income level and healthcare access in their study on healthcare disparities in Nigeria. Similarly, Johnson and Brown (2019) reported that income level was a significant predictor of healthcare access in a global perspective,

emphasizing the universal relevance of this relationship across diverse socio-economic contexts. Moreover, the observed association between income level and healthcare access emphasizes the need for targeted interventions aimed at addressing socio-economic disparities in healthcare access within Asa LGA and similar communities.

Result in Table 2 revealed that educational level is a determinant of healthcare accessibility in Asa LGA, Kwara State. This discovery echoes the consensus among researchers regarding the pivotal role of education in shaping individuals' access to healthcare services. The association underscores the intricate interplay between educational attainment and health-seeking behaviours, which ultimately influence healthcare utilization patterns within communities. This finding aligns with the findings of Ahmed and Yusuf (2018), who emphasized the profound impact of education on health literacy and healthcare-seeking behaviours. This study revealed that individuals with higher levels of education were more likely to engage in proactive health-seeking behaviours, such as preventive screenings and routine healthcare visits, thereby enhancing their overall access to healthcare services. Similarly, Ojo and Williams (2021) corroborated these findings, highlighting the positive correlation between educational attainment and healthcare access in their investigation of healthcare disparities in Nigeria.

Furthermore, the observed association between educational level and healthcare access resonates with the broader literature on social determinants of health. Authors such as Joseph et al. (2017) and Ahmed et al. (2021) have extensively documented the multifaceted influence of social factors, including education, on health outcomes and healthcare access. Their research underscores the need for comprehensive interventions that address socio-economic disparities to improve healthcare access and promote health equity.

Result in Table 3 revealed that employment status is a determinant of healthcare accessibility in Asa LGA, Kwara State. This empirical finding highlights the pivotal role of employment stability in shaping individuals' ability to access healthcare services. The observed association resonates with existing scholarly literature on the elaborate mutuality between socio-economic factors and healthcare access, underscoring the importance of stable employment in facilitating equitable healthcare access. This finding is in congruent with the submission of Ahmed and Yusuf (2018) who emphasized the influence of employment status on healthcare access, noting that individuals with stable employment are more likely to possess health insurance coverage or

access to employer-sponsored healthcare benefits. These benefits can serve as crucial financial resources, easing the burden of healthcare expenses and enabling individuals to seek necessary medical care. Moreover, the findings are consistent with broader discussions on social determinants of health, as highlighted by researchers like Ahmed et al. (2021), who emphasize the multifaceted impact of socio-economic factors, including employment status, on health outcomes and healthcare access.

CONCLUSION

This study has provided valuable insights into socio-economic determinants of healthcare accessibility in Asa LGA, Kwara State. The results revealed significant associations between income level, educational attainment, and employment status with healthcare accessibility among residents of the community. These findings are consistent with existing literature and underscore the importance of addressing socio-economic disparities to improve healthcare access and promote health equity.

RECOMMENDATIONS

Based on this, the following recommendations were made:

1. Implement targeted income-based subsidy programmes to alleviate financial barriers to healthcare access, ensuring affordability of medical care for individuals across all income levels in Asa LGA.
2. Strengthen education and health literacy initiatives within the community to empower residents with the knowledge and skills to make informed healthcare decisions, ultimately improving healthcare access and utilization.
3. Foster employment opportunities and promote stable employment within Asa LGA, while also advocating for access to employer-sponsored healthcare benefits, thereby enhancing financial resources for healthcare access among residents.

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