

Analysing the level of acceptability and perceived benefits of linkage between informal and formal health providers in urban slums in Nigeria

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Background



- In developing countries, informal healthcare providers (IHPs) present opportunities to improve provision and access to essential health services in underserved areas such as urban slums [1].
- Evidence shows that urban poor settings lack easy access to essential medicines and health services [1, 2] subjecting them to use informal facilities such as the traditional birth attendants (TBAs) and patent medicine vendor (PMVs) [1].
- However, the presence of numerous types of IHPs operating in urban slums without a coordinated structure contributes to weak enforcement of practicing regulations, poor adherence to the limits of practicing license, resulting to provision of substandard quality of care [3].

Background contd.



- Institutionalizing and strengthening linkages between IHPs and the formal health systems could lead to improved access to quality health services in urban slums.
- Acceptability is a necessary although not sufficient condition for effectiveness of an intervention aimed to coordinate the activities of the IHPs.
- Successful implementation depends on the acceptability of the intervention to both intervention deliverers (e.g. researchers or policy makers) and recipients (e.g. patients or health providers) [4,5].
- The study assessed the level of urban slum dweller's willingness-to-accept (WTA) and perceived benefit of linking IHPs into the formal health system in urban slums in southeast, Nigeria.

Methods

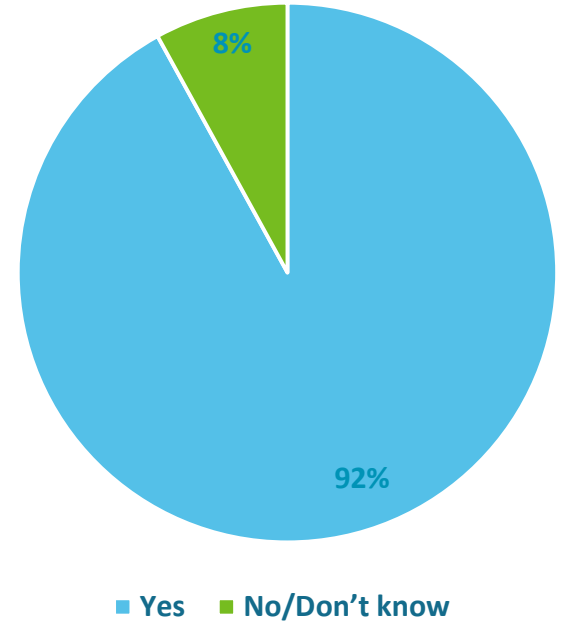


- A cross-sectional household survey was conducted in 8 urban slums in Anambra and Enugu states, southeast Nigeria.
- The slums were purposively selected from the list of slums based on
 - relative size of the slum – largest;
 - slums with at least a functional primary health center (PHC) and;
 - accessibility of the slums in term of safety and security
- A modified cluster sampling technique was used select and interview 1025 primary healthcare givers using a structured pre-tested questionnaire.
- Data was analyzed using univariate bivariate, and logistics regression models.
- A wealth index was computed using principal component analysis (PCA) using household asset ownership.

Results

- Mean household size was 5 and mean age 32 years
- Majority (86%) of the respondents primarily accessed healthcare services from IHPs.
- **The major perceived benefits of linkage include:**
 - ✓ Improvement in knowledge about illnesses and proper treatment procedures by IHPs (29%)
 - ✓ Availability and access to quality drugs (28%)
 - ✓ Improvement in access to appropriate treatment (26%)
 - ✓ Reduction in treatment cost (17%)

WTA linkage between IHP and Formal health systems



Results cond.

Variable	n (%)
Preferred aspect of services for linkage*	
Training/capacity building of IHPs on services they provide activities	590 (23)
Supervision of IHPs activities	504 (19)
Referral of patients from IHP to formal health facilities	418 (16)
Data sharing by IHPs	339 (13)
Procurement of quality drugs for IHPs	318 (12)
Providing immunization services	204 (7.8)
Joint meetings	163 (6.2)
Laboratory diagnosis	80 (3.1)
Reasons for unwillingness to accept linkage⁺	
IHPs are not trained so wouldn't provide quality services	27 (30)
Poor health outcome and quality services	24 (27)
Envisaged poor coordination regulation	13 (14)
Bribery and corruption will damage the system	12 (13)
No perceived health benefit in the integration	10 (11)
	4 (4.4)

**=Multiple response, ⁺ = for those who are unwilling to accept link IHPs to formal health systems*

Results cond.

Determinants of WTA and perceived benefits linking IHPs to formal health systems

- Larger household size significantly ($p = 0.04$) decrease the likelihood of accepting the linkage by 72%.
- Increase in age of household member significantly ($p = 0.03$) decreases the likelihood of household accepting the linkage by 91%.
- Increase in the number of years spent in school will significantly ($p = 0.02$) reduce the likelihood of accepting the linkage by 81%.
- Higher asset index score significantly ($p = 0.00$) increase the likelihood to accept the linkage by 144%.
- Households who do not use only formal healthcare providers are significantly ($p = 0.02$) less likely to accept the linkage by 83%.

Table 5: Binary logistic regression analysis of WTA linking of IHPs into the formal health system and households' characteristics

Explanatory variables	OR	Z	p-value	95% CI
Household size	0.72	0.83	0.04*	0.43 - 0.17
Age	0.91	0.34	0.03*	0.05 - 0.08
Education	0.81	1.84	0.02*	0.29 - 0.00
Employment status	1.27	1.17	0.24	1.57 - 1.38
Marital status	0.44	0.51	0.60	1.25 - 2.14
Asset index	2.44	2.83	0.00*	4.13 - 0.75
Type of health facility mostly utilized by household	0.83	-2.28	0.02*	0.13 - 0.86



Conclusion and Policy Implication

- There is a high acceptance level of institutionalizing linkage between IHPs and formal health systems, with many perceived benefits, which will potentially lead to improved quality of services in urban slums.
- Consumer acceptability of interventions plays a pivotal role in shaping government decisions, with policies gaining strength when aligned with public preferences and concerns.
- Urban planners and decision-makers should develop and implement interventions for such linkages in urban slums.
- However, it is important to recognize that while the high acceptability of implementing interventions to ‘formalize’ IHPs is a positive sign, it does not guarantee effectiveness or success unless the intervention is culturally acceptable to households.
- Therefore, adapting evidence-based interventions by engaging with the local community so as to address cultural and contextual issues will increase an intervention's acceptability and reach and ownership [6].
- The paper also provides context on the factors that influence their choice which have implications for policies that are tailored to the needs of the urban slum residents, potentially leading to more effective and equitable health care services.

References



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