

**A STUDY OF THE DISTRIBUTION AND PATRONAGE PATTERNS OF  
HEALTHCARE FACILITIES IN ONDO STATE, NIGERIA**

**BY**

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**Degree: PhD. (URBAN AND REGIONAL PLANNING), OAU, ILE-IFE**

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## DEDICATION

This work is dedicated to the memory of my late father Pa J.A Fagbamila (1921 – 2015) and my late brother Mr. S.O. Fagbamila (1962 - 1998)

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‘Now unto the King Eternal, Immortal, Invisible and the only wise God be the glory, honour, and adoration forever and ever’. I am indeed grateful to the Almighty God, the Alpha and Omega for His infinite mercy over me and for being my sustainer and present help in time of trouble.

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**OLUGBAMILA Omotayo Ben**  
**April, 2016**

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## ABSTRACT

This study identified and examined the distribution pattern of healthcare facilities in Ondo State; analyzed the factors influencing the distribution pattern of healthcare facilities in the study area; examined the socio-economic characteristics of the patrons; examined the patronage pattern of healthcare facilities; and identified and examined the factors influencing the patronage patterns of healthcare facilities. These were with a view to providing information that will enhance healthcare facility planning in the State.

Ondo State was stratified into three senatorial districts: Ondo North, Ondo Central and Ondo South. One local government area was purposively selected from each senatorial district. The settlements in the selected local government areas were further stratified into urban and rural based on their population criterion. Stratified random sampling technique was employed in selecting 10% of both the urban and rural settlements. Three urban settlements and thirty-nine rural settlements emerged from the selected local government areas. In researching into spatial distribution and patronage of healthcare facilities, stratified random sampling technique was employed in selecting 10% of the public and private healthcare facilities. In all 1,189 household heads and 24 healthcare facility operators were sampled. Data collected were analyzed using both descriptive and inferential statistics.

The study revealed that about 42% of the healthcare facilities in the State were owned by the government while the remaining 58% were privately owned. The study also revealed that the spatial distribution of healthcare facilities in the State is unevenly distributed. The study further established a significant relationship between socio-economic characteristics of patrons and patronage pattern of

healthcare facilities in the study area. The computed Relative Importance Index (RII = 3.73, 3.49 and 3.67) for Ondo North, Ondo Central and Ondo South respectively revealed that the level of importance expressed by the residents on the distribution of healthcare facilities was close to each other. The result of the factor analysis on 11 key variables showed that three factors (economic, accessibility and demographic) were extracted and accounted for 63.751% of the total variance explained for the distribution patterns of healthcare facilities in Ondo State. The result of the multiple regression analysis further revealed that the  $R^2$  value of 0.524 indicates that 52% of the total variance in the distribution of health facilities were explained. Furthermore, the computed indexes of attraction for each medical centre revealed that settlements that were closer to healthcare facilities were greatly attracted to the centre with their indices of attraction less than 1 while farther settlements had their indices of attraction greater than 1 depending on the settlement distance. The result of the stepwise multiple regression analysis revealed that service rendered and spatial factors were the major factors influencing patronage pattern of public healthcare facilities, while economic factors was the major determinant factors that influenced the patronage pattern of private healthcare facilities in Ondo State.

The study concluded that service rendered and spatial factors were the major factors influencing patronage pattern of public healthcare facilities while economic factors was the major determinant factor that influenced the patronage pattern of private healthcare facilities in Ondo State.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Health is a concept that relates to and describes a person's state of well-being; it encompasses physical and psychological well-being and not simply absence of disease. Its importance to human being cannot be over-emphasized. No wonder, Ogundare (1982) linked health to food as important to individual existence, and opined that the concern and attention that any government pays to health could well determine the well-being of the people.

Good health means different things to different people, and its meaning varies according to individuals and community expectations and context. Health is a quality resulting from the total functioning of the individual in his environment that empowers him to achieve a personally satisfying and socially useful life (Johns, Sutton and Cookey, 1995). It has also been described as a condition that is more than the mere absence of disease or its symptoms, but an undisrupted unity of all aspects of an individual - mind, body and spirit (Mareyan and Joslin, 1980). Many people consider themselves healthy if they are free of disease or disability. According to World Health Organization (WHO) (1948), health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is considered a means to an end which can be expressed in functional terms as a resource which permits people to live an individually, socially and economically productive life. Health is also considered as a fundamental human right (WHO, 1986). This WHO definition of health suggests that health is a consortium, and extends the notion of health to include states of positive well-being. This definition also acknowledges that there are different aspects of health such as physical, mental and social. Health is therefore considered as a

means to an end which can be expressed in functional terms as a resource which permits people to live an individually, socially and economically productive life.

It is clear from the definitions listed above that health is a state, quality or condition which enables an individual to face up to crisis, carry on ones' daily responsibilities efficiently and relate to other persons effectively. It is a state of soundness of the body, freedom from illness, disease attacks, disorders, pains and weakness. It is in fact, a variable condition of the body as in good, bad or ill-state. At its best, it is the state of being, the condition of the body and its various parts and functions which are favourable for efficient and prolonged life. Health, therefore, is perceived as: the state of the individual as a unit, the quality of life of the individual, an achievement of personal satisfying life and an achievement of social useful life. Health considers the totality of an individual – physical, mental and social conditions - and not just a part. These dimensions are inseparable. They are factors which make an individual a unique personality and which sets him out from any other individual (Idio and Adejare, 2012).

Health is a basic element of every citizen in a country. The health of man has been regarded as most important, because all economic activities are mainly carried on by man. Adeyinka (2006) posited that health is the output that people desire and not health services (input) *per se* for the accomplishment of improved standard of living for them. Indeed, the health of the people not only contributes to better quality of life but is also essential for the sustained economic and social development of a country as a whole (Federal Ministry of Health (FMOH), 2004). Health related issues therefore are of strategic concern to all including government, professionals and consumers. Government and stakeholders in the health sector are concerned and focused on the provision and maintenance of such levels of healthcare that will make it possible for individuals to live socially and economically a productive life.



The major concern of the World Health Organization (WHO) is the provision of quality healthcare for everyone irrespective of varying levels of living (Ibor and Atomode, 2014). In other words, whether in the advanced or poor countries, rural or urban, poor or rich; provision, accessibility and utilization of healthcare facilities should be guaranteed by the governments of all countries. Healthcare therefore is defined as a programme of services that should make available all facilities of health and allied services necessary to promote and maintain the health of mind and body (Agnihotri, 1995). In this programme, the physical, social and family environment should take in to account (consideration) the view of prevention of diseases and restoration of health. Eme, Uche and Uche (2014) define healthcare facilities as those facilities or equipment which make it possible for the improvement of the patients healthy living which include stock of drugs, vaccines, potable water, constant supply of energy (power), medical record tools, ambulances for mobility of patients, solar freezers and availability of competent health workers

Therefore, in recognition of this, healthcare services have become the focus of recent policy initiatives at the global level. These initiatives include among others the World Health Organization (WHO) and the United Nations Children's Funds (UNICEF) slogan of "Health for all by the year 2015" identified access to essential healthcare facilities of good quality, particularly for those in greatest need, as an integral component of promoting health for all. Furthermore, efforts to improve access to healthcare services were put forward at the 2000 United Nations Millennium Summit in which 191 member nations adopted the eight Millennium Goals (MDGs) objectives. It is important to note that four of the objectives seek to uphold the principles of sustainable development through actions on matters relating to health of the people (Adeyinka, 2011).

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