Determinants of Health Care Utilization among Retirees in Rural Akwa Ibom State, Nigeria

Dorothy N. Ononokpono, Moses I. Peters and Nsidibe Akpan Usoro

1Department of Sociology and Anthropology, University of Uyo, Nigeria

Abstract
The rising population of the elderly is one of the most important demographic phenomena in recent times globally. In Nigeria, the estimated population of older persons is about 6 million, and this group of people are confronted with various health challenges and a reduction in earnings, which exacerbates their poor health and healthcare utilization. Studies have shown that healthcare is a fundamental requirement for living a socially and economically productive life; however, in many developing countries including Nigeria, healthcare services utilization among older persons and particularly retirees has received less attention. The main objective of this study was to examine the determinants of healthcare services use among retired primary school teachers in Etinan Local Government in Akwa Ibom State. We utilized Andersen's healthcare model to explain the factors associated with retirees' healthcare utilization. Data were collected through non-participant observation and semi-structured interviews, conducted with 217 respondents. Data on socio-demographic characteristics of respondents were analyzed using descriptive statistics, while qualitative narratives were analyzed thematically and presented verbatim. Findings from the study revealed that the majority of respondents attributed difficulties in the utilization of health care services to inadequate health facilities, lack of trained healthcare personnel, high cost of health services, distance to health facilities, and late payment of pension, among other factors. Study findings suggest the need for the provision of quality healthcare infrastructure for the retired adults and timely payment of pensions as a panacea for poor healthcare accessibility and utilization.

Keywords: Healthcare service utilization, retirees, interview, rural Akwa Ibom

Introduction
Retirees are people classified into the aged population between the age of 60 years and above. This group of older persons often comprise of individuals who differ considerably in their physical and mental capacities toward works and responsibilities. Though the retirement age varies across countries and in
some specific professions, the maximum age for retirement is 60 years or above in most countries of the world. The United States Security Act of 1935 held that the aged are those at 65 years and therefore pegged retirement at about 65 years, which was later changed to 70 years in 1978. In Britain, retirement age is 65 for men and 60 years for women (Department for Work and Pensions, 2014). In Nigeria, retirement age ranges from 60 years for civil servants to 65 and 70 years for University academics and professors and judges, respectively (Ogunyemi & Oderinde, 2019).

Life after retirement is entirely reliant on the health status of the retirees. Some researchers have argued that this class of persons are prone to chronic diseases such as arthritis, cancer, congestive heart failure, high blood pressure, stroke, renal failure and diabetes than any age bracket leading to functional limitations, which is more of management than cure (Alkhawaldeh, Holm, Quaddumi, Petro et al., 2014). Wacker and Roberto (2008) also explained that functional limitations among this category of persons connote a measure of the aged health status that can result in the inability to perform personal care tasks known as "Activities of Daily Living" (ADLs). These activities revolve around bathing, toileting, dressing, eating, and sweeping. The limitations have also affected negatively home management, such as meal preparation, shopping, washing, and handling personal finances (Instrumental Activities of Daily Livings – IADLs). Also, Lorig, Sobel & Gonzalez (2012) noted that most of the aged persons are currently suffering from the retinue of chronic conditions. Observably, most of the retirees, particularly those living in rural parts of Nigeria, experience some of these chronic diseases and other health challenges in addition to homelessness (Ben and Okon, 2019).

Despite these health challenges, Nigeria as a nation has no social security scheme for retirees or the aged, except that states have tied their social support policy to pension, inaccessible free medical care, which is handled by accredited public agencies. According to Offong (2014), the contributory pension scheme with 7.5% contributions by the employer and 7.5% by the employee affects only the formal sector. The author also noted that where health management exist as in the National Health Insurance Scheme (NHIS), primary, secondary, and tertiary healthcare system, evidence shows that at these levels in the delivery of health care, there is a prevailing bias against the aged including the retired older persons.

Besides, the health care delivery system in Nigeria has undergone tremendous policy changes over the years (Kajang, 2004). In the immediate post-colonial Nigeria, the health sector, like other sectors of the economy, was heavily subsidized. However, in recent times, some health policies have made healthcare services too costly and inaccessible to the poor masses, particularly retirees. Besides, providing health care for this group of the elderly is not a priority in Nigeria (Ibitoye, Sanuade, Adebowale & Ayeni, 2014). Moreover, the country's health care financing is mainly derived through the private sector, external funding (for example the World Bank, the International Monetary Fund (IMF)), and voluntary organizations (Titus, Adebisola and Adeniji,
Determinants of Health Care Utilization among Retirees

Living healthy during retirement is enhanced when it is backed up with proper healthcare provision and accessibility. Access to healthcare services by retirees in Nigeria depends on the state of the health care system at different levels- Local government, State, and Federal, which accounts for the disparities in quality, availability, cost, and level of utilization. Extant studies noted that use of healthcare services is a multidimensional process involving the quality of care, geographical location of health facilities, availability of the right type of care for those in need, financial access, socio-economic structure, and personal characteristics of the users (Peters, Garg, Bloom, Walker, Brieger & Rahman, 2008; Okumagba, 2011; Onah Ikeako & Ilobchie, 2009; Terfa, Germossa, Hailu, Feyissa et al., 2019). According to Anum (2015), the geographical distribution of health facilities may also influence the utilization of health care services and accessibility. A study in Jordan found that age and health status were negatively associated with health care utilization (Alkhawaldeh et al., 2014). In a study in Ghana, the medical history of at least one chronic disease, self-perceived health status, and cognitive impairment were significant determinants of healthcare services utilization among older adults (Amon, 2010). Residential status, gender, educational status, occupation, and income were significantly associated with healthcare services utilization among the elderly in Calabar municipality, Nigeria (Chukwudi, Uyilewhoma, Chukwudi, Ebi et al., 2015).

Several studies on healthcare services utilization exist, but most of them have focused on women of reproductive age (Mamba, Muula & Stones, 2017; Ononokpono, Odimegwu, Adedini & Imasiku, 2016); and others have examined morbidity and homelessness among elderly persons (Grenier, Barken, Sussman, Rothwell & Bourgeois-Guérin, 2016; Sermons & Henry, 2010). Most extant studies have predominantly highlighted individual characteristics influencing health care utilization among older adults; however, there is a paucity of research on how the health care system and institutional factors such as availability, accessibility of healthcare services, and pension can determine healthcare services utilization among retired primary school teachers. Furthermore, coping strategies relating to their health management has received less attention. To address the identified gaps, this study utilized a qualitative approach to explore how the factors mentioned above influence healthcare services utilization among retirees. The main objective of this study was to examine the determinants of healthcare services utilization among retirees in Etnan Local Government Area of Akwa Ibom State, Nigeria, with a focus on the level of availability and accessibility of health care services and to understand issues related to the management of their health conditions.

Theoretical Framework
Andersen's healthcare utilization model was adopted for this study. Andersen and Neuman (1975) classified a cluster of factors, which could influence health
care behaviour namely: predisposing, enabling, and need factors. Anderson's model on healthcare services utilization explains the objectives of this study, which include identification of factors influencing the use of healthcare services among retired primary school teachers.

Following the principles of this model, predisposing demographic factors or individual characteristics include age and marital status that can influence the likelihood of using healthcare services. Predisposing factors also include education, a person's ability to cope with and command the resources to deal with a health problem, healthy or unhealthy physical environment, health beliefs, attitudes, values and knowledge that people have about health and health care services, which could, in turn, influence their perceptions of need and use of healthcare services.

The enabling factors in the model represent those resources that provide individuals with the means to use health care services. These resources must be available for use at any time there is a need and could be available at the family and community levels. Family and community resources include income, health facilities, medical personnel, and equipment. The availability of health facilities and health personnel could reduce waiting time and increase the frequency of utilization of health care by individuals. Distance to a health facility and transport can enable older persons or retirees to use health care or deter them from using health care services.

Need-based factors outlined in the model refer to health status or illness and its severity as perceived by the individual or evaluated by the health care provider. The utilization of health care can be determined by individuals' view of their general health condition, their experience of the symptoms of illness, and perception of the severity of illness.

Predisposing factors:
- Age, social status, beliefs, values, attitudes, knowledge

Enabling factors:
- Income, availability and accessibility of health facility

Need factors:
- Severity and perception of illness

Healthcare service use

Figure 1: The Health Care Utilization Model (Andersen and Neuman, 1975)

The predisposing factor of old age can contribute to the vulnerability of the retired primary school teachers, and expose them to illnesses and diseases. Old age vulnerability and lack of access to enabling resources (income) due to non or late payment of pension, could influence their accessibility and utilization of healthcare services. The predisposing factor of the environment (rural areas) where the retirees live could also determine the availability of health facilities
that provide quality care, the proximity to health facilities, and transportation. All these factors could determine the use or none use of healthcare services. The severity of their illness and how they perceive their general health condition, in particular, could create the need to seek and use healthcare services. Besides, the use of healthcare services by older persons could also depend on other socio-cultural factors such as health beliefs and values.

Data and Methods

Study Design
The study used qualitative research techniques to obtain information on the determinants of healthcare services utilization among retired primary school teachers in Etinan Local Government in Akwa Ibom State. The study was restricted to retired primary teachers who have been residing in Etinan for more than one year. The respondents were interviewed at the convenience of their homes.

Study Respondents and Data collection
The study respondents consist of a convenience sample of retired primary school teachers aged 65 years and above, who willingly accepted to take part in the study (n = 217). Semi-structured interviews and non-participant observation were used for data collection. The interviews probed issues relating to the determinants of healthcare services utilization. Data were also collected on the availability and accessibility of health care services and how these factors encourage or deter health care utilization. Respondents were asked questions on payment of pensions as it relates to healthcare access and usage, and coping strategies employed in the management of their health conditions. Section A of the interview-guide contained questions on socio-demographic characteristics of the respondents. All interviews were conducted in both English and Ibibio based on the choice of respondents. Each of the sessions lasted for a minimum of 20 minutes and a maximum of 120 minutes. The data collection process witnessed meticulous note-taking of informal discussions, interactions with respondents, and participatory appraisal of activities and health facilities at Etinan and Mbioto II general hospitals in Etinan Local Government Area. All interviews in local dialects were conducted by the second researcher and trained research assistants and were recorded. Subsequently, all audio-recorded responses were translated into English Language by a language specialist and transcribed for proper documentation and analysis.

Data Analysis
Data on socio-demographic characteristics of participants were analyzed using descriptive statistics and were presented in tabular form, while qualitative data were analyzed thematically. The analysis involved the thematic organization of the transcribed responses from the interviews. The data were read and re-read, and specific attention was paid to narratives recorded during the interviews and observations describing availability and accessibility of health care services as
well as coping strategies for the management of health problems. From these narratives, themes were generated, which later formed a thematic framework for the analysis of the qualitative data.

**Ethical consideration**
Ethical issues in this study were taken into consideration at the initial stage of data collection, and informed interview consent was taken from respondents, who were assured of anonymity.

**Results**

**Table 1: Percentage distribution of respondents by socio-demographic statistics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>105</td>
<td>48.4</td>
</tr>
<tr>
<td>Female</td>
<td>112</td>
<td>56.6</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>0.92</td>
</tr>
<tr>
<td>Married</td>
<td>20</td>
<td>9.22</td>
</tr>
<tr>
<td>Divorced</td>
<td>27</td>
<td>12.44</td>
</tr>
<tr>
<td>Separated</td>
<td>26</td>
<td>11.98</td>
</tr>
<tr>
<td>Widowed</td>
<td>142</td>
<td>65.44</td>
</tr>
<tr>
<td><strong>Educational qualification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TGD I</td>
<td>12</td>
<td>5.53</td>
</tr>
<tr>
<td>TGD II</td>
<td>73</td>
<td>33.64</td>
</tr>
<tr>
<td>NCE</td>
<td>105</td>
<td>48.39</td>
</tr>
<tr>
<td>B.Sc./Equivalent</td>
<td>27</td>
<td>12.44</td>
</tr>
<tr>
<td><strong>Year of retirement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990 and below</td>
<td>16</td>
<td>7.37</td>
</tr>
<tr>
<td>1991 – 1995</td>
<td>19</td>
<td>8.76</td>
</tr>
<tr>
<td>2001 – 2005</td>
<td>43</td>
<td>19.82</td>
</tr>
<tr>
<td>2006 – 2010</td>
<td>46</td>
<td>21.19</td>
</tr>
<tr>
<td>2011 – 2015</td>
<td>58</td>
<td>26.73</td>
</tr>
<tr>
<td><strong>Salary grade level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>26</td>
<td>11.98</td>
</tr>
<tr>
<td>14</td>
<td>81</td>
<td>37.33</td>
</tr>
<tr>
<td>13</td>
<td>45</td>
<td>20.74</td>
</tr>
<tr>
<td>12</td>
<td>53</td>
<td>24.42</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>5.53</td>
</tr>
<tr>
<td><strong>Religious affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>26</td>
<td>11.98</td>
</tr>
<tr>
<td>Protestant</td>
<td>103</td>
<td>47.47</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>88</td>
<td>40.55</td>
</tr>
<tr>
<td>Traditional Religion</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Results in Table 1 above indicate that the majority of the respondents were NCE holders, widowed, and Christians. More than half (56.6%) were females, and most of the respondents retired at grade level 14.

**Availability of Health Care Services**

The availability of healthcare services is a significant theme that emerged from the narratives, and it is essential in healthcare services utilization. The majority of the respondents (n= 176/81.11%) in their responses indicated that their residences were far from where hospitals are located. Most of them complained of their inability to access healthcare services provided at the hospitals within the Local Government Area due to the distance between their homes and available health facilities.

According to a respondent (Female)

As an old woman, I am often very ill. My children sent me money to take care of my sick condition. But when the symptoms of the sicknesses showed up, I cannot get to the hospital immediately for treatment because I am living at Ikot Ekang while the nearest hospitals to me are situated at Ikot Ebiyak and Ekpene Obom. I told my children to buy drugs the doctor prescribed for me during our last visit to the hospital from Pharmacy at Uyo.

Most of the respondents (n = 129/59.45%) complained about the number of hospitals in Etinan Local Government Area and their locations, which makes utilization of healthcare services difficult considering their age. Some of the respondents also attested to being medically examined by a physician and confirmed to have high blood pressure, which complicated other health problems but due to the absence of big hospitals in their locality, they could not received medical care at the health centers where most pregnant women received maternal health care.

A male respondent lamented:

Etinan Local Government Area is too big for 2 (two) general hospitals and 1(one) specialist (Leprosy) hospital. Though health centers were created to supplement the hospitals, the healthcare centers have become a center for maternity, antenatal, and postnatal healthcare services. If you go there, they will tell you; we are attending to pregnant women, nursing mothers, or infants today, so go and come on so so a day, not minding your complain and your distance to the place. When I was young, I was not bothered about the location because I used to ride my motorcycle to the general hospital at Ikot Ebiyak.
Further, on health care availability, most of the hospitals in Etinan Local Government Area lack healthcare resources like personnel, essential facilities, and drugs for this category of older adults. Observably, the hospitals in Etinan are in poor conditions, which is a contributing factor to the difficulties in healthcare utilization among the aged.

One of the respondents narrated:

You cannot imagine what is going on at that place called Etinan general hospital. It is rather embarrassing to tell someone that you visited such a place. We only do that because sometimes we do not have another choice, and the government refusal to pay us our pension on time forced us to visit those places called hospital in this land. Else we would prefer going to good hospitals in Uyo for treatment. One will prefer to die at home than to be admitted at that place. In fact, most of my colleagues who died passed away because of poor healthcare services and facilities at Etinan General Hospital.

Another respondent (Male) had this to say:

I cannot go to that place called General Hospital because even if you go there, you will have to wait for the doctor on call for hours. Each time you go there, nurses will tell you that; we are working according to the money we are paid and how we collect our salary. The hospital is not functioning, the workers are not paid well, and on time, so they don't attend to patients as they supposed to. It is not just about going there; it is about the kind of services and the attitudes of the workers in that place.

Besides the lack of resources and essential facilities, two other vital sub-themes that emerged from the narratives which affect healthcare delivery system and utilization of healthcare was the high cost of healthcare services and long waiting time. Notably, healthcare delivery in Nigeria is highly privatized and commercialized and often not affordable for the poor and elderly. Most of the study respondents complained of the high cost of health care services and long waiting time at the government hospitals and indicated a preference for chemist shops. For some of the respondents, it is cheaper and time-saving to buy medicines at the chemist shops.

A male respondent stated:

Everything in that poor place called General hospital is costly; card, test, and even their drugs are more costly than the ones we
get from the chemists. Even the long waiting time constitutes enormous cost because time is money as the age-long saying goes.

**Late payment of pension and healthcare services accessibility**

Pension is the major source of livelihood, and healthcare financing for retired older adults and healthcare financing in Nigeria is through out-of-pocket payment. Therefore, none or late payment of pensions invariably impacts negatively on their health care access, health status, and, consequently, healthcare utilization. Most of the respondents (n = 184/84.79%) expressed their regrets and anger towards the poor handling of pension and gratuity cases of retired primary school teachers by the state government. Late payment of pension was a major challenge in their quest to attaining good health status. For example, one of the female respondents during interview responded:

I would not have believed that the state government would treat our pension and gratuity the way it is done today. In my early days of service, teachers used to collect their gratuity few months after their retirement, and pension was not something to be dreaded about. Retired teachers used to live long and in good health. The case is different today; we are sick of high blood pressure because of too much of thinking of how to live without pension since we can no longer be certain of when to collect or receive our pension. I am often being told by my pharmacists when I go to buy drugs, not to think too much because of my age and health condition. How can I stop to think when I need money to live with my family? How can you patronize professional healthcare services without money?

The issue of late payment of pension as a major problem in the accessibility of healthcare services by retired primary school teachers cannot be over-emphasized, as further revealed during the interview. The majority of the respondents (182/83.87%) reported that they are suffering and are in bad health conditions due to the late and irregular payment of pension by the state government. Most of these respondents attested to the fact that they cannot go to the hospital when they are supposed to and most times do not have the money to buy drugs on their own from the chemists. One of the respondents (male) narrated his experience:

We don't know what to do with the state of late payment of pension, which we have been experiencing for long time now in this state. I am sick; I cannot go for medical check-up because I don't have money. The drugs that were prescribed for me by the doctor, I cannot buy them as often as I suppose to. Therefore, I do not take my drugs as was prescribed to me because I have to
wait for my pension to buy another set of drugs when the one I bought is finished. It is difficult to go to hospital or buy drugs. Most times, I borrow money from relatives to buy drugs, and I owe much, such that before my pension arrived, I have owed a larger part of my pension. The remaining part of the money cannot suit my plan for healthcare, food, and other bills. We can no longer plan our lives because of irregular or late payment of pension.

The majority of the respondents (n = 184/84.79%) reported that most of them were experiencing bad health conditions and could not access health care services because of irregular and late payment of pension. Health care in Nigeria is out of pocket payment, and most of the retirees could not afford to pay for the services of doctors and other healthcare personnel and consequently could not access health care.

One of the respondents (Female) during the interview gives her account as follows:

I live close to the General Hospital, but I cannot go there for healthcare services because I do not receive my pension regularly as I suppose to. Therefore, I cannot plan for such things. I can only plan on how to settle debts I owe on food and drugs for my children and myself from the chemists. The hospital will not treat you on credits or give you drugs on credits. When you are not paid, you cannot go to where money is considered first before treatment, but where you can be given drugs to pay later. Late and irregular payment of pension cannot allow me to patronize General Hospital.

From the narratives, late and irregular payment of pension is a major issue in healthcare financing and accessibility, which in turn leads to none or low utilization of healthcare services among the retirees.

**Coping strategies for the management of health problems**

It is a common practice, particularly in the rural areas for individuals to device means to cope in various situations toward survival in life and other experiences. Most of the respondents (n = 182/83.87%) stated that they relied on herbal medicine for treatments of their ailments, poultry farm for meat, and subsistence farming as coping strategies in their quest to maintain good health status and meaningful livelihood.

One of the respondents (Male) during interview recounted:

I thank God that I am alive up till today, though many of my mates have passed on. I am a diabetic and hypertensive patient,
but I have been able to survive this far, even in the odds of payment of pension, bad state of facilities and services at Etinan General Hospital. This is because; I know how to manage my health condition without going to the hospital. As a diabetic patient, I do not feed on foods with high starch and sugar, I don't eat red meat. I eat much of iron food and vegetables. Since I have raised my children up to the level they should take care of themselves, I refuse to bother myself with thinking. I don't wait for pension; I live on my poultry farm and my animal farm. I use herbs for treatments which my late father used to use on us.

Some of the respondents chose to adopt other diverse ways to cope with health challenges instead of going to the hospital. Late and irregular payment of pension, the poor state of facilities, lack of personnel, and services at Etinan General Hospitals are major factors that have forced this set of retirees to device means of coping with their health problems. From the narratives, some of the respondents chose not to seek healthcare at the hospital, but solely depended on the curative power of herbs. Some resorted to faith healing and prayers as coping strategies, while others patronized native herbal vendors.

Another respondent (Female) responded as follows:

If not that we chose to see how to cope with health problems, we would have all been dead by now due to late payment of pension and bad state of healthcare services at Etinan General Hospital. I, as a person, have discovered herds from my colleagues, which I have used for sometimes now. As a diabetic and hypertensive patient, I don't eat anyhow since I may not have money for insulin injection. I go to church for prayers for me health and God has been hearing me.

According to a female respondent:

There are many ways we cope with our health conditions. Like myself, I have a good chemist's man that gives me drugs on credit, and I pay him when I receive my pension, what hospital will not do. I go to church for prayers for healing. Sometimes I use herbs for some minor treatments like fever and sugar level. If not for these, I would have found it difficult living at this age with no regular payment of pension.

In addition to the narratives above, show the patronage of chemists' shops was one of the coping strategies adopted by the respondents. They provide cheaper healthcare services and sometimes on credit.
Discussion
This study aimed to examine the determinants of health care services use among retirees in Etinan Local Government Area in Akwa Ibom state to understand how availability and accessibility of healthcare influence their use of healthcare services; and the issues related to pension and the management of their health conditions. There are limited studies from Nigeria looking at health care utilization among the elderly retirees and accessibility of healthcare as it relates to pension. The responses showed that all the interviewed respondents had one health problem or the other. This study revealed that high blood pressure is a common health problem among retirees, and this could be associated with old age.

Most of the respondents have difficulties in obtaining healthcare services due to unavailability, location, and the poor state of hospitals and facilities in the study area. This finding supports studies by Anum (2015) and Terfa (2019), which noted that the geographical distribution of the health facilities could also influence the utilization of health clinics. The local government area is made up of sixty-four (64) villages. Within these 64 villages, there are only two general hospitals and one (1) leprosy hospital. The healthcare centers were mostly utilized by pregnant women attending antenatal and postnatal care. The shift of services to pregnant women and nursing mothers who attended antenatal and postnatal care makes it difficult for retirees to utilize healthcare services at the health centers. Besides, most of the hospitals are abandoned by the state government, and healthcare providers work according to the available facilities and salary paid. The poor remunerations and unsatisfactory work conditions could have contributed to the unfriendly attitude of the health personnel, and lack of attention towards the retirees' healthcare needs.

The narratives further showed that the cost of services, long waiting time ill-equipped facilities, and lack of trained health personnel and distance were significant determinants of health care services utilization. This finding is consistent with a study in Nepal (Acharya, Ghimire, Jeffers & Shrestha, 2019). The state of the hospitals is deplorable, and the cost of healthcare services is high, exacerbated by a lack of trained health personnel, which deter the retirees from using health care services at the health facilities. The patronage of chemist shops could further compound their health problems. Also, the distance between the residence of the respondents and health facilities constituted a significant hindrance in healthcare utilization. The plausible explanation could be the unavailability of health care facilities and lack of transportation coupled with bad and inaccessible roads in the study area.

The majority of the respondents (n = 184/84.79%) expressed their anger and regrets towards none payment of pension and gratuity by the government. Access to healthcare in Nigeria is mainly out of–pocket health expenditure and none payment of pension makes it difficult for retirees to use healthcare services. This finding corroborates studies elsewhere(Agyepong & Nagai,
2011; Jiang, Yang, Fang, Wan et al., 2018). The authors explained that the size and distribution of income, which categorizes the poor and the rich, is a strong determinant of health status. From the narratives, the respondents indicated that they are the last set of money earners in Akwa Ibom State civil service to receive a pension from the state government. This could have contributed to the complicated and persistent health problems of most of the respondents in this study. The narratives indicated that most of the respondents suffered from diabetes and hypertension due to worries about payment of pension, which was the primary source of income for financing healthcare services. For most of them, life is static without a pension, and health care accessibility is a big challenge, which in turn leads to poor healthcare utilization. The late payment of pension also contributed to their inability to purchase their prescribed drugs on time and follow doctors' prescriptions. Because of this, some of the respondents resorted to self-medication.

Furthermore, the findings revealed that the respondents resorted to alternatives as a coping mechanism for maintaining good health status, which includes dieting, use of herbal medications, prayers, and visitation of healing homes within their locality. Chemist shops became the most preferred option for obtaining healthcare services. These behavioural tendencies connote cultural influences, which could result in negligence of the severity of illness and drug abuse. In sum, the findings are aptly explained by Anderson's healthcare utilization model adopted for this study, which promotes the assumption that healthcare utilization can be determined by a cluster of predisposing factors, enabling and need factors.

Limitations and strengths of the study
This study admittedly is not without limitations. Data used in this study were translated from the local dialect (Ibibio) to English; therefore, it is possible, some of the original words could have lost their original meaning during the process of translation. Albeit, attention was paid to important narratives to mitigate this problem. The study could be associated with recall bias because the population of the study comprised older persons over sixty years of age who may not have accurately recalled their experiences. These limitations notwithstanding, the study findings corroborate other studies in Nigeria and other developing countries. The results of the study re-iterates the importance of healthcare availability and accessibility in healthcare services utilization. Besides, this study contributes to our understanding of the health challenges of the elderly in rural areas, the coping mechanisms in the management of their health problems, and the importance of payment of pension in healthcare accessibility and utilization.

Conclusion and Recommendations
This study indicates that healthcare services utilization is influenced by a wide range of factors, including cultural, social, and institutional constraints associated with government policies and programs. Unavailability of health
facilities, distance, cost, ill-equipped healthcare facilities, a lack of trained medical personnel, late payment of pension coupled with other factors were significant determinants of health care utilization among retirees. This study also found that late payment of pension contributes in no small measure to poor healthcare services accessibility due to lack of income to obtain quality and timely healthcare services at the hospitals or buy prescribed drugs. To increase healthcare access and improve healthcare utilization and health status of retired primary school teachers in Etinan Local Government Area, there is a need to empower them economically through timely payment of gratuity and pension. To ensure quality delivery of healthcare services, the provision of health infrastructure (well-equipped healthcare facilities and trained health care professionals) should be a priority. Above all, the government at all levels, corporate bodies, individuals, and all stakeholders involved in public healthcare delivery in Nigeria should change the lens with which they look at issues affecting the health of older adults and retirees in particular.

References


