Title: HEALTH CARE DELIVERY, ACCESS AND UTILISATION IN EMERGING COMMUNITIES AND URBAN SLUMS OF SOUTH WEST NIGERIA
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ABSTRACT

Objective
In Nigeria, over 60 percent of the population lack access to modern health care facilities. Low access and effective utilisation even where available, are affected by inadequate health workforce, low quality of care, distance, and poor policy implementation. This research examines the nature of health care in emerging communities and urban slums of south west Nigeria. The study synthesises Giddens' Structuration theory, Dahlgren and Whitehead's Social model of health, and Andersen and Newman's Framework of health service utilisation as its theoretical framework.

Method
Both quantitative and qualitative methods are used to analyse the existing social realities and health conditions in the study area. While the quantitative method was used to explore the nature of health care delivery, people's access to and utilisation of health care services and their perceptions of the performance of the health care facilities, the qualitative method (In-depth interview (IDI), Key Informant Interviews (KII), and Focus Group Discussion (FGD) was used to analyse social determinants of health and to understand the social processes by which health care services emerge and evolve.

Findings
Findings showed availability of both orthodox and traditional services in emerging communities and urban slums of south west Nigeria. These services have been in operation for more than five years. Self-diagnosis and medication are common practices in these communities and where available people prefer orthodox medicine (55.4%) to traditional medicine for treatment. People's age (β=2.49, 95% C.I=1.54-4.02), religion (β=2.58, 95% C.I=1.67-4.00), education (β=5.94, 95% C.I=2.79-12.66) are socio-demographic variables predictive of preference of orthodox over traditional medicine. There is a significant difference in the age of the respondents and utilisation of the health facility (p=0.000), but no significant gender difference (0.399) exists. The use of motorcycles (37.1%) is the main means of transport to a health facility. But not having adequate information (67.9%) is a major factor that limits people's access to a health service. The competence of health workforce (p-value=0.001) is significantly associated with the utilisation of a health facility while respondents' age (p-value=0.000), education (p-value=0.001), marital status (p-value=0.000), occupation (p-value=0.000) and income (p-value=0.000) tend to influence performance rating of health facilities. Qualitative analysis showed that socio-cultural, economic, environmental and infrastructural factors; as well as health education, ignorance and awareness levels are major determinants of health status in emerging communities and urban slums.

Conclusion
Health care delivery in emerging communities and urban slums of south west Nigeria is complex. Disparities exist within some of the communities in terms of access to and utilisation of the health services. This study recommends a need to address these inequities and patterns of social exclusion that exist through the provision of good roads, maintenance of health facilities, providing health education and information, and improving the quality of care. These will strengthen the health system in these communities for better performance and service delivery.

Key words: Health care delivery, access, utilisation, emerging communities, urban slums
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