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HEALTHCARE AND ECONOMIC STRAIN: A SOCIOLOGICAL STUDY OF OUT-OF-POCKET EXPENDITURE IN WUKARI

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Abstract

This article examines how out-of-pocket (OOP) health expenditures impose economic strain on households in Wukari Local Government Area (LGA), Nigeria. The research aim is to investigates how socio-economic factors like social class, income, education, and social network influences healthcare financing behaviors, the coping strategies employed by affected households, and the implications for social inequality and access to care. The research made use of a mixed approach in the data collection process. Data were collected from 300 stratified households and an in-depth interview of 20 participants. The quantitative data were analyzed through log-linear regression while the qualitative data was analyzed through the use of thematic analysis. Findings show that lower-income households disproportionately bear the burden, often resorting to borrowing, asset sales, or foregoing care. The research thus recommends an increased public investment in primary health care in Wukari to reduce reliance on private or distant facilities.

Keywords: out-of-pocket expenditure, healthcare financing, inequality, coping strategies, Wukari, Nigeria, Sociology

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Introduction

Health care financing in Nigeria has overtime become a burden for households as it is predominantly dependent on out-of-pocket (OOP) payments. This out-of-pocket (OOP) payment system imposes a significant financial burden on households across the country as well as deepen the existing social inequalities between classes. In both public and private healthcare facilities, patients often face the requirement to settle various fees at the time of service (Mehedy, Jalil, & Saeed, 2025). This immediate financial demand can lead to catastrophic health expenditures, where families are forced to deplete their savings or incur debt, potentially plunging them deeper into poverty (Aborode, Oginni, Abacheng, Edima, Lamunu, Folorunso, Oko, Iretiayo, Lawal, & Amarachi, 2025). In the research of Usoro, Aiwonodagbon, Jonathan, Kivlehan, Akodu, Olufadeji, many participants revealed that the unaffordable cost of healthcare process due to its out-of-pocket (OOP) system usually cause patients to seek medical care from traditional or alternative providers, which sometimes put them in a worse state. Low income households are usually faced with difficulties in affording healthcare bills and other expenses. Difficulty in paying neonatal care is a significant healthcare challenge in Nigeria as Ogundare, Taiwo, Olatunya, & Afolabi, (2022) pointed that around 2.5 million newborns die each year. Ogundare et al (2022) traced the causes to prematurity and other causes, these causes are however interwoven with poor quality of healthcare which is a function of the family inability to provide the fees when required. While several national studies have provided insights into the factors influencing OOP spending in Nigeria for instance, (Ogu, Igwe, Aronu, Msughter, & Odo, 2024) that out-of-pocket (OOP) payments constitute the dominant mode of healthcare financing, with over 70% of health expenses paid directly by households in Nigeria. This reliance on OOP payments creates significant financial burdens, often pushing families into poverty and forcing them to delay or forgo necessary healthcare (Borde, Kabthymer, Shaka, & Abate, 2022). Women, in particular, face disproportionate impacts due to these costs, which lead to increased self-medication and use of informal healthcare providers, Edache & Gaiya (2024) found that Nigeria faces severe poverty and inequality, with over 75% of rural Nigerians living below the poverty line. Poverty rates are higher in northern regions and among vulnerable groups, driven by structural economic issues, inflation, and insecurity (Adeleke, Alabede, Joel & Ashibuogwu, 2023). Inequality in income, wealth, education, and healthcare limits opportunities for marginalized communities. Addressing these challenges requires progressive taxation and targeted policies to support the poorest and reduce disparities.

Despite awareness of health insurance schemes, enrollment remains low, exacerbating inequities in healthcare access and outcomes. The financial strain from OOP payments highlights an urgent need for universal health insurance coverage and healthcare sector

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reforms to reduce barriers and improve health equity across Nigeria, there remains a notable lack of sociologically informed research at the local level, particularly in regions like Wukari. This study aims to address this gap by exploring the sociological facets of OOP health expenditures. It will examine how social structures, economic class distinctions, interpersonal networks, and prevailing cultural norms influence patterns of healthcare financing and accessibility in Wukari. By investigating these dimensions, the research aspires to provide a comprehensive understanding of how local dynamics shape the healthcare experience and financial challenges faced by individuals and families within the community.

RESEARCH QUESTIONS

1. What is the magnitude and distribution of OOP health expenditure among households in Wukari?
2. Which social and economic factors (class, income, education, and social networks) influence households' reliance on OOP payments?
3. What coping strategies do households use when facing high health costs?
4. How do these dynamics reinforce inequality and access barriers in health care?

THEORETICAL FRAMEWORK

This study is grounded in structural inequality theory and health-seeking behavior models, which provide a nuanced understanding of the complexities surrounding healthcare access and utilization. Structural inequality theory posits that social stratification defined by indicators such as socioeconomic class, income levels, and social status results in significant disparities in access to essential resources, including healthcare services (Dy & MacNeil, 2025). Colarieti, Mei, & Stantcheva, (2024) posits that households with limited financial resources are particularly vulnerable to economic shocks, such as unexpected medical expenses, which can disproportionately affect their overall health and wellbeing. Health-seeking behavior models delve deeper into the factors that influence individuals' decisions to seek care Onuoha, Okereke, Ngwoke, & Ekpechu, (2024). According to Adekunle, Wang, Yunusa, Fleming, Seoane-Vazquez, & Brown, (2025) decisions are mediated by three key categories of factors: enabling factors (such as income, health insurance coverage, and geographical distance to healthcare facilities), need factors (which refer to the severity and urgency of an individual's health condition), and predisposing factors (including educational attainment, cultural beliefs, and prior experiences with the healthcare system).

Within this framework, reliance on out-of-pocket (OOP) expenditures for healthcare is not only a financial concern but also a phenomenon that is intricately shaped by societal inequalities and prevailing cultural norms (Ahmed, 2025). This aspect highlights the

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broader implications of healthcare accessibility, illuminating how various structural and cultural influences can guide health-seeking behaviors among different population groups.

LITERATURE REVIEW

The research of Usoro et al. (2022) in their study on "Perspectives on the Current State of Nigeria's Emergency Care System among Participants of an Emergency Medicine Symposium: A Qualitative Appraisal" examined the systemic challenges of Nigeria's healthcare process. The research employing the use of qualitative means of data collection revealed that the emergency care unit in Nigeria hospitals are affected by inadequate funding and poor rapid-response process. The findings of the research thus revealed that the inadequate financing process of healthcare force patients to bear the full cost of the medical expenses. This out-of-pocket (OOP) payment reinforces the structural inequality in the communities and puts the lower-income family in a devastating state (Voto, & Ngepah, 2025). In community like Wukari, which is the focus of this research, the out-of-pocket (OOP) system places financial pressure on patients unable to cater for the cost of their urgent healthcare needs.

Similarly, Ogundare, Taiwo, Olatunya, and Afolabi (2021), in "Incidence of Catastrophic Health Expenditures Amongst Hospitalized Neonates in Ekiti, Southwest Nigeria," through the use of quantitative data assessed the difficulties associated with healthcare cost. Their research identified that a significant percentage of newborns suffer from neonatal illness due to the inabilities of their families to bear the financial burdens of the healthcare bill immediately. The finding of their study reveals that the OOP payment deepen social inequality and expand the poverty line.

STUDY AREA AND POPULATION

The research took place in selected wards of Wukari Local Government Area (LGA) in Taraba State, Nigeria. It aimed to gather information from households in both urban and semi-urban areas. This approach helped to include a variety of socioeconomic backgrounds, reflecting different income levels, education, and access to resources. By reaching out to a diverse group of people, the study sought to understand the local issues and challenges faced by different community members.

SAMPLING AND DATA COLLECTION

Stratified random sampling approach was utilized to select a total of 300 households, ensuring a balanced representation across key demographic factors such as age, gender, income levels, and geographic location. This method enhanced the reliability of our findings by capturing a broad range of experiences and backgrounds.

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Detailed and structure questionnaire was employed to collect data, which comprehensively gathered information on health-related expenses incurred by households over the past 3 to 6 months. This questionnaire also included crucial insights into household income, educational qualifications of members, insurance coverage status, the strength and dynamics of social networks, and an exploration of various coping mechanisms utilized by families in navigating health-related financial burdens.

In addition to the quantitative data, an in–depth qualitative interviews were conducted with 20 households, allowing us to probe into the nuanced narratives that reveal their coping strategies and the rationale behind their decision-making processes in the face of health challenges. These interviews provided rich, contextual understanding of how families prioritize and allocate resources when confronted with medical needs.

To further enrich our analysis, we integrated secondary sources, including data from local health center records and comprehensive state health expenditure statistics. These additional resources offered a deeper contextual backdrop to our qualitative and quantitative findings, allowing for a more robust exploration of the interplay between household experiences and broader health expenditure trends.

DATA ANALYSIS

The analysis of quantitative data was conducted through a multifaceted approach, incorporating descriptive statistics, cross-tabulation, and log-linear regression techniques. Descriptive statistics offered a detailed overview of the data, allowing for rigorous summarization and visualization of key metrics related to out-of-pocket (OOP) spending. Cross-tabulation facilitated the exploration of complex relationships between variables, revealing insights into how different factors intersect and influence spending behavior. The log-linear regression model was employed to uncover the nuanced impacts of various predictors, helping to clarify the intricate dynamics that drive OOP expenses.

Simultaneously, qualitative data were meticulously analyzed using a thematic analysis framework. This method involved identifying and interpreting significant themes that emerged from the data, enriching the narrative around the statistical findings. By delving into the lived experiences and perspectives of individuals, the thematic analysis provided a deeper contextual understanding of the factors shaping out-of-pocket spending, ultimately enhancing the overall interpretation of the quantitative results.

FINDINGS

Levels and Patterns of Out-of-Pocket (OOP) Expenditure

A notable 70% to 80% of respondents reported paying out-of-pocket for healthcare services in both public and private facilities. The average cost for treating common illnesses, such as malaria and diarrhea, ranged from thirty thousand Naira (N30,000) to

forty-eight thousand Naira (N48,000). Additionally, poorer households spent a greater share of their non-food income on healthcare compared to wealthier ones, highlighting a regressive financial burden. This finding aligns with the findings of Shaltynov, Jamedinova, Semenova, Abenova, & Myssayev, (2024) which posits that poor households in Bangladesh spend more on healthcare processes unlike the wealthier homes due to its OOP payment system.

Social and Economic Determinants

Income and Class: Households in higher income brackets effectively manage healthcare costs, leading to a lower likelihood of delaying medical care and improved health outcomes.

Education: Individuals with advanced education are more likely to engage with formal healthcare providers and possess better negotiation skills to lower costs.

Social Networks: Extended family and community connections provide essential informal financial support, such as loans, to help cover healthcare expenses.

Insurance/Prepayment: Although few households have health insurance, those that do experience significantly reduced out-of-pocket expenses, underscoring the vital role of insurance in alleviating financial burdens.

Coping Strategies

Individuals may resort to borrowing money from friends, family members, or informal lenders, seeking a lifeline to cover unexpected expenses. This finding is similar with the findings of Baharin, Juni, & Abdul Manaf, (2022) which posits that in OOP healthcare system, poor household are forced into financial burdens like borrowings. Others might consider selling small, yet cherished, assets or livestock to generate quick cash. Some may find themselves delaying essential medical treatments, opting instead for self-medication with more affordable, but potentially less effective, drugs. In the face of mounting health bills, many people feel compelled to cut back on basic necessities, sacrificing vital resources like food and education to manage their financial burdens.

Consequences & Inequality

Households sometimes avoided seeking care altogether due to cost, worsening health outcomes.

Repeated health shocks deepened poverty cycles and widened inequality in health access.

Urban households fared somewhat better due to proximity to facilities and more robust networks.

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DISCUSSION

The findings illuminate the intricate ways in which social structure and inequality shape healthcare financing in Wukari. Out-of-pocket (OOP) expenses impose a significant burden that is not evenly distributed across the population; instead, they disproportionately affect poorer individuals, those with lower levels of education, and socially marginalized groups. This disparity is exacerbated by systemic factors, such as inadequate public healthcare funding and limited access to comprehensive insurance coverage. While many view OOP costs as a last resort for obtaining necessary medical care, they often become a normalized part of the healthcare experience in communities where financial resources are scarce. This normalization can lead to a cycle of debt and financial hardship for vulnerable populations, ultimately exacerbating existing inequalities in health outcomes and access to care.

These dynamics reflect national trends, as Nigeria relies heavily on out-of-pocket (OOP) payments for healthcare, which account for over 70% of health spending. Additionally, the country faces challenges due to low public health investment. Efforts at the national level to achieve universal health coverage and reform health insurance must be supported by local strategies that address social inequities.

POLICY IMPLICATIONS AND RECOMMENDATIONS

1. Expand community-based health insurance targeting rural households, subsidized for the poorest.
2. Sliding-scale fees / exemptions for vulnerable populations at public facilities.
3. Strengthen social capital mechanisms, e.g. local health savings groups, rotating credit unions for medical emergencies.
4. Health education and awareness to improve negotiation skills and encourage prompt use of facilities.
5. Increased public investment in primary health care in Wukari to reduce reliance on private or distant facilities.

CONCLUSION

Out-of-pocket health expenditures in Wukari are a sociological phenomenon rooted in inequality, poverty, and social networks. Understanding these underlying factors is crucial for developing interventions that protect vulnerable households. Without systemic reform, out-of-pocket spending will continue to worsen both health and social inequalities.

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