

# Access and utilization of healthcare services among Rural-urban migrants in Ghana and Nigeria: scoping review protocol

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## Research Article

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# Abstract

**Background:** Internal migration patterns in both Ghana and Nigeria have tended to be more rural-urban since the second half of the 20th century. While this form of migration brings advantages to many, it also has negative impact on health outcomes. People, who migrate from the rural areas to the urban areas in their quest for better opportunities, face unpleasant and difficult conditions when accessing health care. Health system interventions designed to promote access to healthcare services particularly for the vulnerable populations are often highly fragmented and under-resourced. Consequently, rural-urban migrants compromise their health by living unhealthy lifestyles and seeking unprofessional alternative assistance for their ill health, leading to poor health outcomes.

The main objective of this review is to describe and synthesize findings from the existing literature to examine rural-urban migrants' access and utilization of healthcare services in Ghana and Nigeria.

**Methods:** The search strategy for this scoping review will involve the PubMed, Psych INFO, Medline (via OVID), CINAHL, and EconLit electronic databases. A grey literature search will be conducted on websites such as the goggle scholar and the World Health Organization websites to find other relevant articles. The period for the search is from 2012 to 2022. All references will be exported to Endnote library. Two reviewers will independently apply the eligibility criteria to screen full text of selected titles and abstract. Thematic summary and analytical description will be used to analyze the data extracted from the included studies.

**Discussion:** This review is envisaged to provide in-depth understanding of barriers rural-urban migrants face in accessing healthcare, their coping strategies when faced with these barriers, and possible health system interventions to address access problems they face.

## Introduction

Migration, both internal and international, is an extensive ongoing process and has become an international issue affecting every country in the world [1]. Internal migration appears as a massive phenomenon and continues to increase sharply (Fig. 1), exceeding international migration [2]. Globally, there are about 763 million internal migrants compared to 281 million international migrants [2].

According to the International Organization for Migration (IOM), international migrants are 'individuals who have moved across an international border away from their place of residence, regardless of their legal status, the voluntary nature of movement and/or the causes for the movement' whereas internal migrants are individuals who have changed their residence within the boundaries of their own country [3–5].

Internal migration movements can be temporary or permanent and include those who have been displaced from their habitual place of residence such as internally displaced persons, as well as persons who decide to move to a new place, such as in the case of rural–urban migration [1].

Rural–urban migration also referred to in this study as internal migration, in Sub-Saharan Africa countries, particularly Ghana and Nigeria, has been the main reason for the current intensive urbanization [6, 7]. The internal migration patterns (Fig. 2) in both countries have tended to be more rural-urban, thus, from the North to the South, since the second half of the 20th century [6, 8]. Statistical data from Ghana have shown that out of about 80% of internal migrants, 70% settle in the urban areas and cities [7]. Like in Ghana, 60% of internal migrants live in the cities in Nigeria [9].

Notable among other factors, the move to urban areas are linked to better opportunities for work, education, better life standards, and also to escape turbulent political instabilities or environmental disasters [10, 11].

While this form of migration brings advantages to many [12], it also has negative an impact on health outcomes [13]. Growing evidence has shown that, people who migrate from the rural areas to the urban cities in search of better opportunities, have increased vulnerability to ill health due to the difference between their health profiles, values and beliefs, and those in the host population [1]. Generally, they perceive worse health than majority host populations [14, 15].

Couple with the high health risk individuals who migrate and move through new environments face [16], they go through unpleasant and difficult conditions towards accessing and utilizing healthcare services [17, 18]. As a result, these vulnerable migrant populations compromise their health by living unhealthy lifestyles and seeking alternative assistance for their ill health which expose them to poor health conditions [19].

There have been several recommendations and resolutions to ensure equal and easy access to health care particularly for migrant populations [20–22]. For instance, the United Nations set targets under the Sustainable Development Goal (SDGs) 3, that seek to promote good health and wellbeing for all populations [23]. However, these set targets and resolutions on promoting good health and ensuring equitable access to health care services for all population remains elusive [13, 24, 25].

Growing evidence has shown huge health disparities in terms of access and utilization of healthcare services particularly among people who move from the rural areas to the urban areas [21, 22].

The aim of this study is to examine access and use of healthcare services among rural-urban migrants, who are also referred to in this study as internal migrants, in Ghana and Nigeria. These two countries are chosen for the study because, the two countries also share similar history in terms of policies and health system structures in addressing healthcare access problems [26].

## Conceptual Approach

Access to health care services is mostly regarded as one of the indicators of equity in health care provision [27] and central to health system's performance worldwide [28, 29].

The study will be guided by dimensions to healthcare access developed by Levesque and Colleagues [28]. According to Levesque and Colleagues (2013), access to health care services is categorized into broad dimensions such as geographical, economic or social aspects. In their view, access to health care is mainly an attribute of services, determined by the availability, price and quality of health resources, goods and services, and demand side which is determined by the ability pay and uses available healthcare services [28]. The framework (annex 1) is comprised of five dimensions of accessibility of care (approachability, acceptability, availability and accommodation, affordability, appropriateness) and five corresponding abilities of patients and populations to access care (ability to perceive, ability to seek, ability to reach, ability to pay, ability to engage).

According to the access dimension by Levesque and Colleagues [28], availability is the opportunity to easily access health care when needed. It includes considerations concerning the organizational aspects of healthcare delivery, such as opening hours and appointment systems. It can also be measured using indicators such as the numbers of doctors or hospital beds per capita. Also, early contributors like Mooney [30] suggested from a health economic perspective that the availability of services may be measured in terms of the costs to individuals of obtaining care. Similarly to Gulliford [31] proposition, if services are available, then an opportunity exists to obtain medical care when the services are available but these may be limited by other barriers such as financial, organizational, social, cultural issues, and other socio-economic factors.

Affordability is determined by the individual's ability to pay for services without financial hardship and mainly based on coverage decisions [32], and also by out-of-pocket (OOP) expenses [33]. The services may be available but care seekers may not be able to pay for the healthcare services.

Acceptability is perceived as the willingness to seek healthcare services which is influenced by individual perceptions of the quality of healthcare services and various subjective considerations related to cultural expectations, religious orientations [28]. In addition, Sekhon et al., Colleagues [34] in their study also proposed acceptability as "the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate, based on anticipated or experienced cognitive and emotional responses to the intervention".

Levesque elaborates more on acceptability by including approachability, 'the ability to identify healthcare services that can be reached and the ability to perceive health needs, which is determined by factors such as health literacy or beliefs' [28].

On the ability side, it is determined by the financial capabilities of patients and the ability to pay for out-of-pocket expenses for healthcare services determined by the range of health services and products covered by the compulsory or voluntary health insurance and the share of the cost covered by the healthcare system.

## Aims

The main objective of this review is to describe and synthesize findings from the existing literature on rural-urban migrants' access and utilization of healthcare services in Ghana and Nigeria, their coping strategies, and identify effective health systems interventions to address healthcare access problems they face thereby, bridging the health disparity gap between rural-urban migrants and the host population.

Objective 1: Compare the health systems of Ghana and Nigeria, and how they serve the rural-urban migrants

Objective 2: Describe barriers rural-urban migrants face when accessing healthcare services in Ghana and Nigeria

Objective 3: Describe rural-urban migrants' coping mechanisms when faced with barriers to health care access in Ghana and Nigeria

Objective 4: Identify health system interventions to improve access to healthcare among rural-urban migrants

## Methods

A scoping review of published grey and peer-reviewed articles on rural-urban migrants' access to health care in Ghana and Nigeria will be conducted. The study will employ a scoping review approach because it will help to examine and clarify broad areas on the concept, and also provide a comprehensive understanding of the topic [35].

The methods for this review will follow Arksey and O'Malley's framework [36], guidelines for conducting scoping reviews to increase both the clarity and rigor of the review process. According to Arksey and O'Malley [36], there are five stages in conducting a scoping review. These include identifying the research question, identifying relevant studies, selecting studies, charting the data, and collating, summarizing and reporting the results.

### Stage 1: Identifying Research Questions

The formulation of the research questions was informed by the Population, Concept and Context (PCC) framework [37]. The target population for this review is rural-urban migrants. The study concept will also focus on healthcare access and utilization in the context of Ghana and Nigeria. This scoping review therefore intends to address the following questions:

1. What are the similarities and differences in both Ghana and Nigeria's health systems and how do they serve the people who migrate from the rural areas to the urban areas?

2. What are barriers to access and utilization of healthcare services among rural-urban migrants?
3. What coping mechanisms do the rural-urban migrants use when faced with barriers towards accessing and using healthcare services?

## Stage 2: Identifying Relevant Papers

A three-step search strategy will be used as recommended by the Joana Briggs Institute for scoping reviews to achieve a comprehensive search [38]. Firstly, an initial search will be conducted for the PubMed database (Table 1), and the text words and index terms found in the title and abstract of retrieved papers will be analyzed to describe the articles. Secondly, the search strategy developed for the PubMed database will be applied to the following databases: Psych INFO, Medline (via OVID), CINAHL, and EconLit. Thirdly, the reference lists of all eligible articles identified will be searched and screened for additional relevant studies.

Literature will include all empirical research on rural-urban migrants' access to health care using either qualitative, quantitative, or mixed-methods study designs in Ghana and Nigeria. The qualitative studies will include but are not limited to qualitative description, and action research. The quantitative studies will also include but are not limited to cross-sectional studies, randomized and non-randomized controlled trials.

The search strategy was informed by the Population Concept Context (PCC) framework (Fig. 2). This search strategy was piloted to check the suitability of selected electronic databases and key words (see Table 1).

Table 1: Pilot PubMed Search Result

Concept #	Search Terms Entered in PubMed	Result
1	("urban"[All Fields] OR "internal migrants"[All Fields] OR "rural-urban migrants"[All Fields] OR "migrants" [All Fields] OR migrants [TIAB])	280,736
2	"utilization"[Title/Abstract] OR "utilisation"[Title/Abstract] OR "usage" [Title/Abstract] OR "uptake"[Title/Abstract] OR "use" [Title/Abstract] OR "access*" [Title/Abstract] OR "health care" [Title/Abstract] OR "healthcare" [Title/Abstract] OR "health service*" [Title/Abstract]	4,688,055
3	#1 AND #2	89,477
4	"nigeria"[MeSH Terms] OR "nigeria"[All Fields] OR "ghana" [MeSH Terms] OR "ghana" [All Fields] OR "ghana" [TIAB] OR "nigeria" [TIAB]	81,911
5	#3 AND #4 Filters: Free full text, in the last 10 years	937

### Stage 3: Selection of Studies

All retrieved citations from the five databases will be exported to Endnote Version X8 library for further screening of titles and abstracts. Duplicate records will be removed electronically using the Endnote 'de-duping' function. After the duplicates are removed, a full text screening will be done to select eligible relevant papers by applying the inclusion and exclusion criteria, through full texts screening.

The following eligibility criteria (see Table 2) will be used to determine which articles will be included or excluded to ensure clear guidelines are enforced and consistency in the selection process [36]. Applying the inclusion and exclusion criteria will help minimize the risk of bias in the review, thereby reducing the risk of error and enhancing credibility of the findings [36].

Two reviewers (Godfred Otchere and Petra Yung) will independently apply the eligibility criteria to screen full text of selected titles and abstract. In case of any discrepancy or disagreement, a third reviewer will be consulted. The final results after the full text screening will be reported using the Preferred Reporting Item for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA).

Table 2  
Inclusion and Exclusion Criteria

Inclusion	Exclusion
Grey and peer-reviewed English language papers published from January 2012 to December 2022	Papers in other languages except for English language papers
Papers reporting on barriers to healthcare access among rural-urban migrants in Ghana, and Nigeria	Papers reporting on barriers to healthcare access among migrants in other sub-Saharan African countries except in Ghana and Nigeria
Papers reporting on rural-urban migrants' coping mechanism when they are faced with barriers to healthcare in Ghana and Nigeria but may not describe their barriers to accessing healthcare	Studies not based on rural-urban migrants and healthcare access
Papers presenting findings from empirical research to improve healthcare access for rural-urban migrants in Ghana and Nigeria but may not reports on their barriers to accessing healthcare	

### Stage 4: Charting the Data

A sample data chart form (see Table 3) has been developed to collect and sort relevant information from selected articles. This process is to help develop a descriptive summary of the results that corresponds to the aim and research question of this scoping review [39]. The data charting form may be modified to ensure all relevant information is captured as and when needed.

Table 3  
Data Extraction Form

Author/ Year of Publication	Origin/Country	Aims/Purpose	Study Population/ Sample Size	Methods	Outcomes/Results
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#### Stage 5: Collating, summarizing and reporting findings

A quantitative descriptive summary analysis and a qualitative thematic analysis of selected eligible papers will be conducted [40]. This process will involve identifying themes in the selected literature and summarizing the main findings of the studies in summary tables with each finding under a thematic heading. The descriptions of access and utilization of healthcare services will be mapped to framework developed by Levesque and Colleagues [28].

## Discussion

It is anticipated that the results will provide in-depth knowledge of health system challenges and barriers faced by rural-urban migrants in Ghana and Nigeria, and possible health system interventions will be identified which may be applicable widely in Sub-Saharan Africa countries that have similar health systems and healthcare access problems.

The result from this study will inform effective and innovative interventions to bridge the health disparity gap between rural-urban migrants and the host population and will also complement efforts towards achieving the “Leave-no-one-behind” goal set in the Sustainable Development Goal 3 by the United Nation.

Limiting the search to grey and peer-reviewed English language papers published from 2012 to December 2022 may exclude other relevant articles. Also, restricting the search strategy to mainly health sciences databases, may exclude some published articles relevant for this review. Despite the above limitations, the search strategy for this review has been designed to comprehensively review significant public health and health sciences literature on rural-urban migrants' access to healthcare and their coping strategies for health system improvement in Ghana and Nigeria and even in other Sub-Saharan Africa countries with similar or the same healthcare access problems for rural-urban migrants.

## Abbreviations

IOM

International Organization Migration

WHO

World Health Organization

SDGs

Sustainable Development Goals

OOP

Out-Of-Pocket Expenses

PCC

Population Concept Context

## Declarations

### *Ethics approval and consent to participate*

Not applicable

### *Adherence to national and international regulations*

Not applicable

### *Consent for publication*

Not applicable

### *Availability of data and materials*

The data used in this analysis are available from the corresponding author on request

### ***Competing interests***

The authors declare that they have no competing interests

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### ***Authors' contributions***

GO contributed to conceptualizing the research. All the authors read and approved the manuscript.

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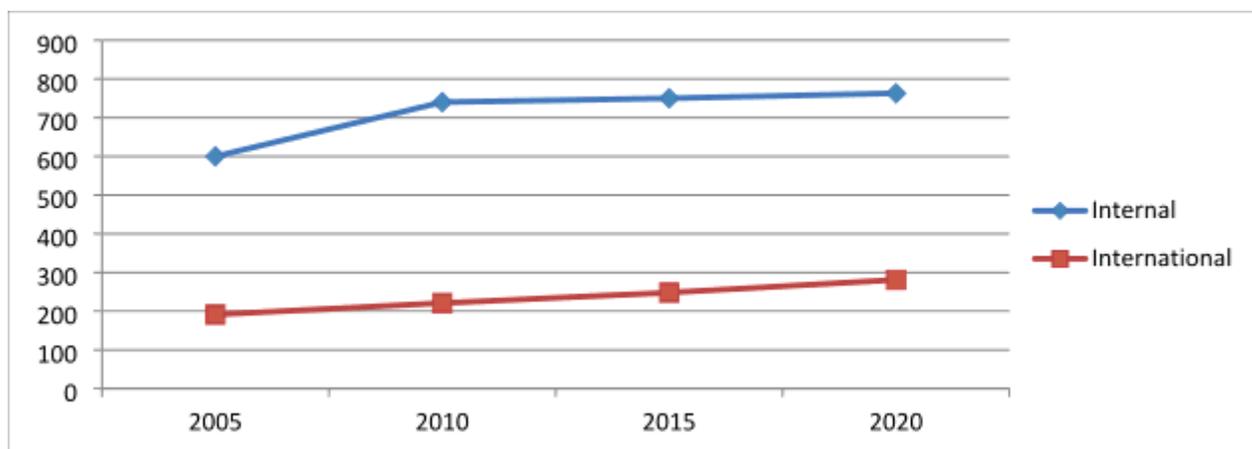
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## Figures



**Figure 1**

Internal and International migration trend, 2005-2020