

Health Care Delivery in Public Health Institutions in Contemporary Nigeria: A Study of Awka South L.G.A. of Anambra State.

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ABSTRACT : *The study took a look at the health care delivery system in Nigeria with particular interest in the health centers in the communities of Awka South Local Government Area of Anambra State. A total of 155 respondents were used for this study. The multi-stage sampling technique was used to select the respondent while the data was collected through the use of questionnaires oral interview. Upon analysis some findings were made which include that the dividends of democracy is not quite evident in the rural areas as the level of physical development in the rural areas does not encourage the medical practitioners to stay in these places, the study further noted that equipping the health centers in the rural areas will not solve the above problem rather a corresponding social infrastructural development of the areas will be of more help.*

KEYWORDS: *Health care delivery, Public Health Institution, disease, Health care services.*

I. Introduction

Health care services are the most basic of all essential services and their services cannot be over emphasized. However, the general Health of member of any society can be seen as part of an interrelated set of conditions which have to do man's capacity to adjust to his immediate environment and to utilize it to his optimum advantage. Likewise Health may be considered as the state of complete physical, mental and social well being of an individual and not merely the absence of diseases or infirmity (WHO 2008).

Globally, health services are known to be provided at different levels by different agencies and specialists. In Nigeria for example, health services are taken care of by the three tiers of government namely, the Federal, the State, and the Local Governments. These are also supported by organizations and the private medical services. Traditional medical practitioners who serve the majority of the rural populace also belong to the privatized category (Ekwuruke 2005).

However, it has come to the intimation of most researchers that the rural areas have several problems. According to Enyi (1987), the critical set back to developing countries of the world is the lack of proper and adequate attention to the difficulties faced by the rural regions. It is however interesting to know that issues of rural development are being backed by philanthropists, foreign investors and the government at various levels in Nigeria. The first attempt at planning ahead for the development of health services in the country took place between 1946 and covered all aspects of governmental activities in the states. Thus, the trend of development was reversed, as to paying attention to regional development with the aim of enhancing the quality of life of the populace (Ekwuruke, 2005).

In view of this, many plans were made for the construction of rural health care centers dispensaries and the extension as well as modernization of the existing hospitals, especially in the bid to narrow the disparity in the standard of living between urban and rural dwellers as well as to increase rural productivity. Thus, at the end of the plan, period assessment of the health sector revealed that not much had been achieved (Godfrey, 2006). The problem still remains very much unsolved and the need for the rural populace to acquire health care services still linger. This study therefore attempt to investigate health care delivery in public health institutions in Nigeria, using Awka South L.G.A. as its study area.

The Objectives of the Study:

The specific objectives of this study include:

1. To find out the level of availability of health care services in Awka South L.G.A.
2. To identify the extent of use health care services in Awka South L.G.A.
3. To find out the factors influencing the level of use of health care services in Awka South L.G.A.
4. To identify the measure that can be used to tackle the problem of use of health care services in Awka South L.G.A.

Significance of the Study

It is hoped that on completion, this study will help the Federal and State governments to see the need for equity in infrastructural development of both rural and urban areas. It will also be a guide to proper formulation of health policies and distribution of health care facilities. To the social scientists, the study becomes a challenge as interested researchers can carry out research in this important area.

The Health Sector in Nigeria

Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country. However, because Nigeria operates a mixed economy, private providers of health care have a visible role to play in health care delivery (Ayorinde, Gureje and Lawal 2004). The federal government role is mostly limited to coordinating the affairs of the university teaching hospitals.

The health sector in Nigeria has been faced with low budgetary allocation. According to Akinrogunde (2011) very little of the national budget is apportioned to the health sector as such it has affected the life of the citizens. The life expectancy in Nigeria for both the male and female population averages 47.5 years, which is appalling when compared to the world's average of 66 and 70 years respectively for male and female.

In the same vein, the adult mortality rate in Nigeria is 441 per 1000 adult population of 15-59 years. The present sad situation of the health situation in Nigeria taking references from World Health Organization, UNDP, National Population Commission and the National Demographic Health Survey can be further gleaned from the following highlights:

- Nigeria has an estimated total population of about 145 million people
- Healthy life expectancy at birth male/female: 41/42
- Probability of dying under five years (per 1000 live births): 191
- Probability of dying between 15 and 60 years male/female (per 1000 population): 447/399
- The under – five mortality rate is presently put at 157 children per 1000, meaning that one out of every six children born die before their fifth birthday.
- On the average some 800 per 10,000 women die in Nigeria every year due to pregnancy-related causes. It is also worthy to note that in some regions the figure is actually more than twice the quoted average
- Three quarters of all maternal deaths occur during delivery and the immediate post-partum period (WHO/UNDP, 2010).

From the aforementioned, it is obvious that the health sector in Nigeria is faced with the great challenge of providing adequate health facilities for the citizens. It is also worthy to note the most hit by these health challenges are the rural populace.

The rural populace is believed to be poorly educated; they are the low income earners. According to Erickson (2000) they have more illness and getting proper care is difficult because most private health providers are less willing to locate their clinics where they will have many poor patients. The physicians wish to practice in relation to the own class. Thus, leading to lopsided distribution of resources in our society, this affects equal accessibility.

Theoretical Perspective:

The theoretical view of social disorganization theory will be used as the theoretical framework for this study. The theory was popularized by a group of sociologists in Chicago (Kratcoski and Kratcoski 1995). The theory is of the view that the environment and social disorganization provides the key to explain the health care system. According to the theory, the environment has great impact on individuals; it affects everything an individual does, from manner of behaviour to taste and health status. They believe that mortality rate is high in areas with high population density, deteriorated housing, slums, poverty and unemployment. Indicators of social disorganization include high mortality rate, marital disharmony, broken families, lack of health care services, insufficient or lack of health care delivery centers etc. This explains the reason why there is a higher prevalence of maternal mortality in third world countries like Nigeria and a good number of other countries in Africa than the developed countries of Europe and America.

Anambra state is still experiencing so many forms of social disharmony most especially in its political sector. This disharmony in the politics of Anambra state over the years has affected every other sector in the state negatively in the sense that it has made development of every other aspect of the state very slow.

The theory explains why the government is yet to provide sufficient health care services in the state and why patients, especially patients in the rural area do not patronize the health care services in their areas.

Methodology:

The study was carried out in Awka South Local Government area. A look at the map of Anambra State shows that Awka South L.G.A. is bounded by Amensea in Awka North L.G.A. in the south, Nawfia in Njikoka L.G.A. in the north, Nri in Aniocha LGA in the west and Isuaniocha in Awka North L.G.A. in the east. The communities that make up Awka south L.G.A. include, Awka urban, Nise, Nibo, Umuokpu, Amawbia, Isiagu, Umuawulu, Mbaukwu and Okpuno (NPC 2008).

The two (2) major cultural activities in Awka South L.G.A. are the New Yam Festival and the Masquerade festival (Imo Awka). Their traditional occupations include farming and blacksmithing. They also engage in trading and other economic activities (Dikeocha 2003). Awka South L.G.A. has a population of 148,465, comprising of 16,158 males and 72,307 females.

A sample size of 150 was selected using the multi-stage sampling technique. The LGA was divided into four clusters based on the towns in the area. Using the simple random sampling technique, two (2) clusters were selected from the four (4) clusters. The villages in the selected clusters were numbered and four (4) villages were selected equally using the simple random technique. The households in the selected villages were numbered. A total of 150 households were selected for the study. From the household, one respondent was selected. Thus, 150 respondents were gotten. Also five (5) medical practitioners were selected for oral interview. Altogether 155 respondents were used for the study.

Findings:

It was observed that the availability of health care services in Awka South L.G.A. is enough to satisfy the health care needs of the people in the area. Altogether 80.3% of the respondents agreed that there are enough health care services in Awka South LGA. The Local Government Area has primary, secondary and tertiary health centers. It also has private clinics owned by individuals. One of the medical practitioners interviewed stated that there are sufficient health care clinics that are ready and capable of rendering qualitative health care services in Awka urban. It was also discovered that the extent of use of health care services is high in Awka South Local government area, 69% of the respondents agree that residents in Awka South LGA have positive attitude towards the use of health care services. This discovery could be attributed also to the nearness of Awka urban to most of the other villages in Awka south LGA. Another reason could be because of the level of education of the people.

The educated persons have a positive attitude toward modern health care services and do everything possible to obtain it. But the uneducated persons prefer the traditional medicine especially when there are readily available and affordable. This is in line with the findings of Caldwell (1981) which noted that health conditions are given traditional explanations in the remote villages making it impossible for patients to develop a positive attitude towards the use of health care services. It was also discovered that lack of formal and health education, lack of infrastructural development of the rural areas and poverty are the major factors that influence the level of use of health care services in Awka South LGA. One of the medical practitioner interviews noted that there are enough medical clinics in the L.G.A. but there is no adequate social infrastructure in the L.G.A. especially the rural areas. According to the report no medical officer will leave the urban centers to stay in the rural areas where there is no electricity, no water and no good access roads. As a result of these when patients visit the medical clinics especially in the rural areas, and there is no doctor or nurses to attend to them, they will go to the traditional healers or spiritual healers who are readily available to give meaning to their illness.

Majority of the respondents agree that government had done so much, in the health sector. Up to 60.7% of the respondents stated that Government has helped in building health centers in the area, 20% of the respondents stated that Government still need to do much in the health sector especially in the area of provision of equipment and trained personnel in the clinics. However, 19.3% of the respondents are indifferent about governments' contribution and attitude towards the health centers. Interview with one of the medical practitioners revealed that governments pay more interest on forms of health problems e.g. HIV/AIDS, malaria etc. instead of on structural issues like the state of the medical clinics, the welfare of the medical personnel and the environment.

Conclusion and Recommendations:

This study revealed that there are enough medical clinics in Awka south L.G.A. to take care of the health needs of the people in the area. It also showed that there is a relationship between individuals' level of education and their use of these health care services. The study further showed that most public health institutions in the rural areas of Awka south lacked trained personnel to take care of the needs of the people. Therefore most patients especially the uneducated ones use the services of traditional medical practitioners whose services are readily available and affordable in the rural areas.

Finally the study revealed that lack of infrastructural development of the rural area discourages the medical practitioners from settling in the rural areas to provide adequate health care services for the rural populace.

Based on the Findings, the Study then Recommends that:

- ❖ Government should build and equip more health care centers especially in the rural areas. This can be done through the provision of Primary Health Care services (PHC) whereby rural dwellers will have easy access to health services at a cheaper rate, while paying particular attention to the efficient and effectiveness of the health service rendered.
- ❖ Government should try to bridge the gap in the distribution of health facilities between rural and urban areas.
- ❖ Development of the rural areas should be given priority. Government should provide enough social infrastructures such as: schools, good roads, electricity etc. in the rural area. This will play a dual role in the health sector. It will make the rural areas more attractive for medical practitioners and also help to enlighten the rural populace on the use of orthodox medicine.
- ❖ Government should increase the welfare and pay packages of medical practitioners especially for those in the rural areas. This will motivate more of them to stay in the rural area.

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