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Challenges of Health Care Delivery in Rural Nigeria: Impact on National Development

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Abstract

Globally, quality health is a major facilitator of development. This is because health plays a vital role, not only in the sustenance of human life but also in providing quality labour force for economic development. This paper examines the healthcare challenges facing the rural dwellers in Nigeria and their impact on national development. The paper opines that poor health care delivery is indeed a major contributor to rural and national under-development in the country. It recommends amongst others, that the government should create an effective project monitor machine involving rural dwellers, to monitor and ensure actual implementation of health and development policies in the rural areas.

Key words: Healthcare, Rural Nigeria, Challenges, Delivery

The term health for some, means the autithesis of sickness. To others, is being in good physical shape and being able to resist illness. Still others use terms like wellness or well-being, to include a wide array of factors that seems to lead to positive health status (Donatelle, 2002). Why all these variations? In part, the differences are due to an increasing enlightened way of viewing health that has taken shape over time. "Health is the state of complete physical, mental and social well-being, not just the absence of diseases".

Health is not only a major pre-requisite for development, but also a facilitator. For instance, whether a country develop or not is a matter of how healthy its people are. This is because as the adage goes, "health is wealth", that is a healthy nation is a

productive nation. Indeed, society's economic growth and development are determined by how productive its people are.

However, Oluwabamide and Akpan (2012) outlined a number of questions to be answered before any nation can consider its population as healthy. These are: what is the mortality rate? How reliable and good is the health care delivery system? Are the available health facilities and personnel adequate? How accessible are health care facilities to the people? How equitable is the distribution of health care facilities? Positive answers to these questions would imply that the entire population of a nation is a healthy one.

Throughout the country's fifty eight (58) years of independence, there was no time that a good proportion of its population could be said to be healthy. Health care delivery has been poor, inadequate and inefficient nationwide (Awogbemi, 2012, Adoyi,etal 2012 and fadeyi, 2010). Health care system and status especially in rural Nigeria are in deplorable state (Olayiwola, 1990; Aluko - Arowolo, 2015). In the year 2000, Nigeria's overall health system performance was ranked 187th position among 151 member states of the World Health organisation cited in Efe (2013). Also, according to the latest (WHO) data published in 2018, life expectancy in Nigeria was: male 54.7, female 55.7 and total life expectancy was 55.2, which gives a world life expectancy of 178(WHO, 2018 World health ranking,2018). The country's mortality rate is high especially in rural areas, with an average life expectancy of 48.2 years (Ekong, 2010).

In Nigeria over 70 percent of her inhabitants live in rural communities yet the area has not attracted sufficient health facilities or projects that would substantially improve the health need of the rural dwellers. Apart from this, most of the health infrastructural facilities are concentrated in urban areas to the neglect of rural areas, and the few health facility located in the rural areas are not functioning effectively (Ajilowo and Olujimi, 2007). Similarly, these dismal healthcare infrastructural facilities have led to the scarcity of the availability of accurate, timely, reliable and relevant health information in most health establishments in the rural areas, which is the most fundamental step towards informed public health action. It is on this premise that the study, examine health care challenges facing the rural population in Nigeria with a view to identifying its impact on the nation's development.

Conceptual Issues and Literature Review

The study examines the concept of health accessibility infrastructure as well as Primary Health Care (PHC). Health accessibility is the ability of the individual or community to obtain healthcare services with little or no stress (Okafor, 1984). Generally, more people tend to patronize medical centres that are closer to them than those that are further apart. Apart from distance, the nature of services rendered by health establishment and health facilities also influences the number of attendance. The concept is crucial to this study because of the fact that the rural inhabitant are poor and

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as such cannot afford to access health facilities that are located at far distance from their place of abode.

Health infrastructure is the quality of physical, technological and human resources that is available at a given period (Admiluyi and Aluko-Arowolo, 2009). These physical structures include the buildings and other fixed structures such as pipe born water, good access roads, electricity etc within the healthcare environments, and technology equipment meant specially for hospital use including surgeries computer equipment and consumables (Erinosh, 2006). Human resource, on the other hand, comprises the health professionals such as doctors, pharmacists, nurses, midwives laboratory technologists administrators, accountants and other sundry workers. All these put together form the structure upon which healthcare delivery is anchored in any society and the determinants of its infrastructure (Erinosh, *ibid*). Health infrastructure is part of a larger concept of the health system which contains the health policy budgetary allocation, implementation and monitor. It involves the healthcare consumers and other factors associated with or adjunct to healthcare delivery. Furthermore, health infrastructure, from all inclusive criteria, has to do with people, institutions and legal framework, all interacting systematically to mobilize and allocate resources specifically for health management prevention and care of disease, illness and injuries.

However, there is paucity (small) and dismal allocation of these infrastructure in urban areas to the neglect of the rural areas of Nigeria. The adequacy in the various health establishments is also at abysmal level, and instead of the spatial level, there is therefore the need for the equitable distribution of the few existing health infrastructure. According to World Health Organisation (WHO, 2006) Primary health care (PHC) is the essential health care based on practical, scenically, sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at cost which the country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. Primary Health Care (PHC) forms an integral part of the Nigeria Social and economic development (Adeyemo, 2005).

According to Oluwabamide (2010) though the rural areas of Nigeria contribute a great deal to the country's development, they lag behind in areas of basic infrastructure, including health facilities. He noted that the urban area of Nigeria are better than the rural areas because significantly greater percentage of the available health services (public and private) are located there. He further asserted that through the principal source of revenue for all the three levels of government (Local, State and federal) is in the federation account which is derived mainly from the revenue from the oil exploited from the rural area, the rural people are grossly neglected in the provisions of basic health care facilities.

Sugh (2010) observed that greater percentage of the Nigerian population live in the rural areas where there is little or no proper health care facilities. She opined that, rural areas of Nigeria face the problem of lack of material clinics, which has made obstetric

care a luxury. Most still, tradomedical care which is supposed to offer alternative healthcare does not provide adequate antenatal care resulting in high levels of maternal mortality in rural Nigeria. Sugh also observed that maternal mortality has serous implication for national development.

Health Care Delivery Framework in Nigeria

The political structure of the entity called Nigeria, reflects the organisation of health care services. Health care services are delivered at three levels – tertiary, secondary and primary health care levels.

The tertiary health care is the highest or apex of healthcare organisation in Nigeria (NPC, 2000, 2006). The facilities belonging to this include teaching and specialist hospitals which are mostly owned by the federal government. Cases that must be handled via the tertiary secondary healthcare facilities are referred to the tertiary healthcare facilities for specialized care. Furthermore, this level serves as a training centre for high caliber manpower for the health sector.

The secondary healthcare facilities are those, to where conditions that cannot be successfully handled at the primary health care level are referred. Here, the level of equipment, staffing and equipping at this level is higher than the primary health care level but not as in the tertiary health care level. Health care at this level is the responsibility of the state governments (NPC 2000). The secondary health care is mostly disease oriented and has facilities for out patient and in patient care covering various specialties. The secondary health care level is also involved in the training of health manpower for this level and primary health care level.

The Primary Health Care (PHC) is the level nearest to where the people live or work. According to WHO (2006), the objective of primary health care can be outlined below:

- a. To make health services accessible and available to everyone wherever they live or work.
- b. To tackle the health problems causing the highest motality and morbidity at a cost that the community can afford.
- c. To ensure that whatever technology used must be within the ability of the community to use effectively and maintain.
- d. To ensure that in implementing health programme, the community must be fully involved in planning the delivery and evaluation of the services in the spirit of self reliance.

This is a grassroots participatory care, that incorporates preventive, rehabilitative and curative care with emphasis on prevention. The primary healthcare in Nigeria is the responsibility of the local government. Traditional medicine practioners operate at this level so long as the people see them as socially relevant to their own development (Olise, 2007). Health care facilities at the primary health care level include dispensaries, health posts, clinics, health centres, etc.

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From the discussion above, it is clear that health care delivery in the rural areas of Nigeria belongs to the primary health care level. This implies therefore, that healthcare delivery in rural areas of Nigeria is simply the primary health care. There is little or no sophistication in primary health care in Nigeria compared to the secondary and tertiary health centres.

The Rural Populace and Health Care Challenges

Here, the focus is not on the disease or ailments that confront the rural populace, but the available care to them when they are sick. This involves issues relating to whether there is inadequate care or improper care or lack of care facilities for rural people when they are sick. Human beings, whether in urban or rural settings, are bound to be sick as long as they interact with the environment. However, this does not rule out the fact that people belonging to the high socio-economic status group may have some advantages over those of low socio-economic status group with respect to the propensity of contracting certain diseases, financing care when they are sick and facilitating the prevention of certain disease. The healthcare challenges confronting the rural populace in Nigeria are multifarious. First, is the problem of inadequate health personnel. Nigeria has lost quite a number of health personnel to brain drain. This is where health care professionals (Skilled and qualified) have left Nigeria to a country where they can work in better conditions and earn more money. This brain drain syndrome is worst of in the rural areas (Adeyemo, 2005). Apart from the brain drain phenomena, according to Jegede (2002), medical education is elitist, and as a result is most accessible to the children of the upper class and middle classes who can afford the cost. Furthermore, available health personnel usually refuse to work in the rural setting due to lack of social amenities.

Second, inadequate health care facilities and their lopsided distribution. Most of the reliable health institutions are located in the urban centres, rather than in the rural areas where 70 percent of the population resides (Efe, 2013). Distance to some of the health establishments that have the basic health facilities is not encouraging. So the rural dwellers have to travel long distances before they have access to good health services, while those who cannot afford it patronize the quack in the rural areas.

Thirdly, is the high cost of healthcare. In Nigeria, drugs, laboratory tests and medical procedures are generally out of the reach of the majority of the population, whether rural or urban. The rural population is generally worst hit, because the rural dwellers are generally poor, bears, the cost of healthcare services, which is a major challenges to them. These are people who can hardly feed well or send their wards to school or pay for the cost of health services.

Furthermore, the problem of lack of access to safe drinking water, increasing population and environmental degradation have rendered water unsafe in Nigeria especially in rural areas. Consequently, water has become a commercial commodity.

As a result of very high demand, the price of water rises daily making it difficult for the majority of the rural poor to afford safe drinking water.

Finally, is the problem that is associated with the negative attitude of health workers. It has been observed that in Nigeria, health workers especially nurses/midwives are difficult group of workers in hospitals setting (Jegade, 2002). Patients have complained about the negative attitude of nurses towards them. In most rural communities, people still hold traditions in high esteem. Hence, they never visit anywhere they feel they would be insulted. It is therefore, obvious that the negative attitudes of health workers could discourage many of the rural dwellers from utilizing the few available health facilities.

Consequences of Poor Health Care Delivery on National Development

The contribution of the rural areas or people to Nigeria's overall development is immense. Based on this health care delivery should be of good quality. Unfortunately in Nigeria, the reverse is the case. Nationwide, the quality of healthcare delivery is poor and this has some negative impact on the nation's development. Rural dwellers grow some cash crops that earn the country foreign exchange. Since the discovery of crude oil, the successive government has neglected cash crops as a major source of revenue. All the food consumed by the entire population of Nigeria are grown by rural farmers. Therefore, the entire people of Nigeria irrespective of where they live are dependent on rural farmers for food. Since food is a basic human need, its supply should be continuous. This requires good health conditions for farmers who grow the food. Farmers require good health to be able to carry out their farming activities. But in a situation where the health care delivery is poor, the farmers risk being either incapacitated or even being killed with diseases.

Also, virtually all the natural resources that earn the country large revenue for development projects are situated in the rural areas. The crude oil that is the major source of revenue for the government is exploited mainly from locations in the rural areas of Nigeria. Also rural people serve as a major source of labour to multinational oil companies, which carry out oil exploitation and processing in Nigeria. As a result, for the rural areas to continue to supply the labour, they require quality health care which is at present lacking.

Finally, crude oil exploitation and the extraction of other mineral resources from the rural areas often create serious negative impact on the natural environment where the rural people live. Such impact as environment degradation and pollution are determined to human health. Consequently, quality health care facilities are required to maintain the health of the people. But these health care facilities are lacking or in short supply in the rural areas of Nigeria, thereby exposing the rural dwellers to the risk of disease and finally death.

Conclusion and Recommendations

For several decades of Nigeria's independence, every successive government has been struggling with how to develop the rural areas as a panacea for illiteracy and unemployment, hunger, diseases as well as the basis for overall economic development. As a result of this, every year large sums of money are spent on rural development, yet no tangible development can be identified in the rural areas. Ironically, the rural areas provide the major sources of revenue for government's finances, yet health care and delivery which is a fundamental requirement for human and societal development is poor in rural Nigeria. This is further compounded by the fact that a large proportion of Nigerian population live in the rural areas. It means that a larger percentage of the country's population are facing the risk of disease and death due to poor and inadequate health care facilities. It is clear therefore, that Nigeria may retain her age-long underdeveloped status if no fruitful efforts are made to create quality health and other infrastructure in the rural areas.

To ameliorate the health care challenges facing the rural dwellers or populace, the following strategies were recommended:

- First, the government should partner with the private sector in providing health care facilities in the rural areas. For instance, the multinational companies who engage in mineral exploitation in rural areas should be made to compulsory partner with the government in building hospitals and or clinics in these areas.
- Second, the government should create an effective project monitor machinery involving rural people to monitor and ensure actual implementation of health and development policies in the rural areas.
- Thirdly, more efforts should be made by the government to empower the rural dwellers to liberate them from bondage of poverty.
- Furthermore, contracts of the construction of infrastructure and social amenities in the rural areas should be awarded to reliable foreign contractors. Reliable foreigners would sincerely do the work if necessary funds are released to them.
- Finally, the government should encourage the health professionals, who agree to work in rural areas by paying them more and giving them more incentives than their urban counter parts. This will help stem the problem of brain-drain and also attract more health personnel to the rural areas.

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