

International Journal of Basic, Applied and Innovative Research

IJBAIR, 2017, 6(3): 65 - 71

ISSN: 2315 - 5388

www.arpjournals.com; www.antrescentpub.com

E-ISSN: 2384 - 681X

RESEARCH PAPER

ASSESSING THE CHALLENGES IMPEDING EFFECTIVE PRIMARY HEALTH CARE DELIVERY IN SOUTHWEST NIGERIA

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Published: 30th September, 2017

Endorsed By: Innovative Science Research Foundation (ISREF) and International Society of Science Researchers (ISSCIR).

Indexed By: African Journal Online (AJOL); Texila American University; Genamics; Scholarsteer; EIJASR; CAS-American Chemical Society; and IRMS Informatics India (J-Gate)

ABSTRACT

This study seeks to investigate the challenges impeding healthcare delivery in selected Primary Health Care facilities in South West Nigeria. A quantitative approach was adopted with purposive sampling of 241 health workers across PHC facilities in South West Nigeria. Data was analysed using the Statistical Package for Social Science (SPSS version 22). The study revealed seven main challenges which included shortage of manpower, inadequate medical equipment, lack of employee motivation, lack of basic infrastructure, unavailability of drugs, poor funding and cultural belief. Consequent upon these findings, government interventions such as employment of more skilled personnel, improved working conditions, employee motivation, provision of basic facilities/equipment and better financing, is required to enhance the quality of service and sustainability of PHC in Nigeria

INTRODUCTION

Globally, the Primary Health Care (PHC) approach delivers better healthcare outcomes at lower cost in socially acceptable ways (Macinko *et al.*, 2003). It is a strategic way of lessening the burden of disease among the underprivileged in society, thereby improving the health status of a population. Several nations of the world are faced with different challenges towards the attainment of equitable, high quality and cost effective objectives of PHC. Worldwide, there is a continuous risk of underfunding of Primary Health Care at both the level of infrastructure and human resources (Maeseener *et al.*, 2008).

Healthcare delivery at the primary level in Nigeria is strategically established to achieve health for all through cost-effective interventions. This level of healthcare in Nigeria has enjoyed commendable attention with recognition across the globe by government of various nations both in the developed and developing countries (Rasak, 2013). Primary Health Care (PHC) addresses the main health problems in the community which covers healthcare services such as maternal, child care, family planning, immunization, communicable and infectious disease such as tuberculosis, HIV/AIDS, malaria and other essential healthcare (WHO, 1978).

Despite various government reforms and support of international donor agencies such as United Nations International Children Emergency Fund (UNICEF), World Health Organization (WHO) and United States Aid for International Development (USAID), high mortality rate, increase in Human Immunodeficiency Virus (HIV)/Acquired Immuno Deficiency Syndrome (AIDS) and spread of infectious and non-communicable diseases are being recorded every year (Aregbesola 2011; Ogunlela, 2011). According to CIDA (2017), Nigeria is ranked 18th position out of 230 nations of the world based on mortality rate.

The quality of healthcare in Nigeria, especially at the Primary Health Care level still remains less than desirable (Ikeji, 2013). Service delivered at PHC facilities in Nigeria are acknowledged as being poor (Abimbola, 2012; Rasak, 2013; Alenoghena *et al.*, 2014). A high proportion of PHC facilities serve only about 5-10% of their potential patient load, due to consumers' loss of confidence in them, amongst other causes (FMOH, 2004). Citizens prefer to visit secondary and tertiary healthcare



systems for common ailments like malaria instead of visiting PHC facilities close to them due to lack of confidence in the services offered. This state of poor service delivery can be attributed to several constraints faced by health workers.

A literature search revealed that several studies exist that have attempted to identify the problems of PHC in Nigeria. According to Alenoghena *et al.*, (2014), lack of political will, inadequate funding/misappropriation of funds, inadequate inter-sectoral collaboration, community perceptions of poor quality, lack of motivation in the workplace and heavy dependence on foreign donors like UNICEF and USAID are considered as constraints to the effective delivery health services in PHC. Abdulraheem *et al.*, (2012) also identified some problems hindering the effectiveness of PHC which include the deterioration in the PHC facilities, absent and obsolete equipment and infrastructure, low salaries paid to workers, poor working conditions and lack of maintenance culture. Furthermore, a quantitative survey conducted at the level of primary health care facilities in four states; Bauchi, Cross River, Kaduna, and Lagos reveal several constraints discovered in the PHC facilities. These include poor condition of the infrastructure of PHC facilities, inadequate equipment needed to offer basic services, lack of basic pharmaceuticals and understaffing (World Bank, 2010). Adeyemo (2005) identified insufficient number of medical personnel, inadequate transportation for workers to perform their task especially to the rural areas, inadequate finance, general misuse and abuse of the scarce resources as problem hindering the effective management of Primary Health Care in Nigeria. However, there is dearth of research that has empirically assessed the challenges of PHC in Nigeria from the health workers point of view.

In view of the present state of PHC in Nigeria, there is the need to address the factors hindering its effectiveness and delivery of quality service. This paper examines the challenges faced by health workers in selected Primary Health Care facilities in South West Nigeria.

MATERIALS AND METHOD

Research design: This study adopted a cross-sectional survey design among health workers in Primary Health Care Facilities in South West Nigeria. The aim is to examine the prevalence of challenges facing the health workers taking a cross-section of the population. Thirty-six (36) facilities were selected from the six (6) Southwest States of Nigeria. One PHC facility was purposively selected from each senatorial district of the states to ensure equal representation.

Study Area and population: The South West States comprise of Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. The study population comprises of doctors, nurses, community health extension workers (CHEW), pharmacist technicians, lab technicians and medical records officers. The minor population constitutes of respondents that were interviewed in the qualitative phase of the research. These include the head of Primary Health Care facilities. A total of six hundred and six (606) health workers were derived from the staff list of the selected PHC facilities (Table 1). This makes up the total study population.

Sample Size Determination: A sample size of two hundred and forty-one (241) respondents was determined by calculation based on Taro Yamane's formula (1967). This is illustrated below:

$$n = \frac{N}{1 + Ne^2}$$

where N = Number of Population (606 total number of health workers in the study); n = Sample size; e = Level of precision at .05.

Plugging in these values into the above equation gives rise to a final result of n= 241 samples. Thus, purposive sampling technique was used to select 241 health workers across the Primary Health Care facilities in the selected local government areas in South West Nigeria.

Data Collection: Questionnaires and In-depth Interviews (IDI) were used to collect the data for the study. Questionnaires were administered to the respondents (health workers) and interviews were conducted with the heads of Primary Health Care facilities. Questionnaire which involved the use of an open-ended question was used to assess health workers' opinion on the challenges hindering their services and In-depth Interviews were explored to justify the questionnaire responses. The open ended questions provided an effective method that assists in collecting all necessary information and gives the respondents the opportunity to really express themselves which enables the researcher to have detailed knowledge of the happenings relating to the focus of the study.



Ethical Consideration: Ethical approval was obtained from the management of PHC's in South West Nigeria and informed consent was sought from the respondents prior to engaging them.

Data Analysis: The responses to the questionnaires were coded and analysed using the statistical package for social sciences (SPSS V.22) version 22. The results were statistically interpreted.

RESULTS

Table 1 details the occupational breakdown of respondents across the six states of South West Nigeria. Table 2 shows the demographic characteristics of the respondents. Majority (n=197; 81.7%) of the health workers that participated in the study were female and the remaining (n=44; 18.3%) were male. The age distribution of the health workers by age shows that majority (n= 106; 44.0%) falls in the age category of 40 years and above, 38.6% (n=93) falls within the age range of 30 to 39 years, 15.8% (n=38) were within the age range of 21 to 29 years and above and 1.7% (n=4) were below 20 years of age. The marital status of the health workers revealed that majority (n= 194; 80.5%) were married, 17.4% (n=42) were single, 1.7% (n=4) are divorced and 0.4% (n=1) were either widowed/widower. The working experience revealed that most (n=88; 36.5%) of the health workers have 10 years and above working experience. 28.2% (n=68) were between 7 to 9 years, a few (n=42; 17.4%) had between 4 to 6 years working experience and 12.4% (n=30) possesses between 1 to 3 years while a very few (n=13; 5.4%) of have less than a year working experience. On designation, most 86 (35.7 %) of the service providers that participated in the study were community extension workers, 58 (24.1%) were nurses, 30 (12.4%) were lab technician and medical records officers respectively, 27 (11.2%) were pharmacist technician and 10 (4.1%) were medical doctors.

Table 1: Population of the Respondents across the Six States of Southwest Nigeria

S/N	State	Doctor	Nurse/ Midwife	CHEW/ CHO	Pharmacist Tech	Lab Tech	MRO	Service Providers
1	Ekiti	3	23	32	11	12	12	93
2	Lagos	3	26	37	12	13	13	104
3	Ogun	5	29	41	13	14	14	116
4	Ondo	4	26	37	12	13	13	105
5	Osun	3	22	33	11	11	11	91
6	Oyo	3	24	35	11	12	12	97
	Total	21	150	215	70	75	75	606

Source: Researcher's Computation (2017)

Figure 1 below, shows that majority (n=200; 82.9%) of service providers reported that shortage of skilled manpower is a major challenge to quality healthcare delivery in their facilities. The report from the in-depth interview further confirmed the responses from the questionnaire that shortage of manpower is a major challenge in the Primary Health Care facilities. The report further revealed that the health workers employed in the healthcare facilities are not adequate to attend to the numbers of patients that visit healthcare facilities. Consequently, health workers become over worked, which results in fatigue and prevents health workers from giving adequate time and attention to patients. More importantly, heads of PHC facilities complained of shortage of skilled manpower especially doctors and nurses. It was observed during field visits to the PHC facilities that there are some facilities that have no doctors. This assertion is further justified from the demographic characteristics of the respondents which revealed that most of the respondents from the PHC facilities are Community Health Extension Workers (CHEW) with very few doctors.

Figure 1 also revealed that over half (n=140; 58 %) of the respondents indicated lack of basic infrastructure as another challenge to healthcare delivery. These include shortage of power supply, lack of ambulance services required to refer emergency cases to the state hospital, lack of pipe borne /portable water and bad roads hindering the accessibility of patients



and health workers to the PHC facilities. Furthermore, the report from the in-depth interview confirmed that lack of these basic facilities constrains the effectiveness of service delivery in the Primary Health Care facilities, South West Nigeria.

Table 2A: Socio Demographic Characteristics of the Respondents (Gender, Age and Marital Status)

Respondents' Characteristics	Frequency	Percentage (%)
Gender		
Male	44	18.3
Female	197	81.7
Total	241	100.0
Age (Years)		
Below 20	04	1.7
21-29	38	15.8
30-39	93	38.6
40 and above	106	44.0
Total	241	100.0
Marital Status		
Single	42	17.4
Divorced	04	1.7
Married	194	80.5
Widowed	01	0.4
Total	241	100

Table 2B: Socio Demographic Characteristics of the Respondents (Work experience)

Respondents' Characteristics	Frequency	Percentage (%)
Work Experience in Years		
Less than 1	13	5.4
1-3	30	12.4
4-6	42	17.4
7-9	68	28.2
10 and above	88	36.5
Total	241	100.0
Job Designation		
Medical Doctor	10	4.1
Nurse/Wives	58	24.1
CHEW/CHO	86	35.7
Pharmacist	27	11.2
Lab Technician	30	12.4
Medical Records Officer	30	12.4
Total	241	100.0



Another major challenge specified by the health workers is inadequate medical equipment. Most (n=159; 66%) of the respondents reported on the inadequate medical equipment as a challenge to healthcare delivery in their facilities (Figure 2). From the in-depth interview conducted, some healthcare facilities complained that most of the medical equipment available in PHC's is obsolete and this condition limits the effectiveness of healthcare delivery.

In addition, most (n=149; 62%) of the respondents reported that the lack of employee motivation as a factor demotivating the health workers towards effective delivery of their services (Figure 1). The report from the in-depth interview confirms the results from the questionnaire. The factors that constituted lack of employee motivation include delay in the payment of salaries, low salaries in comparison with their counterparts in state and tertiary institutions, delay in promotion, lack of free medical service for health workers and their families, lack of health insurance scheme, non-payment of leave bonus and lack of accommodation. About one hundred and forty (58%) respondents also reported on the unavailability of drugs as a factor hindering healthcare delivery in their PHC facilities. The report revealed that some essential drugs such as injectable and common drugs prescribed for minor ailment are not available and also there is delay in the supply of drugs.

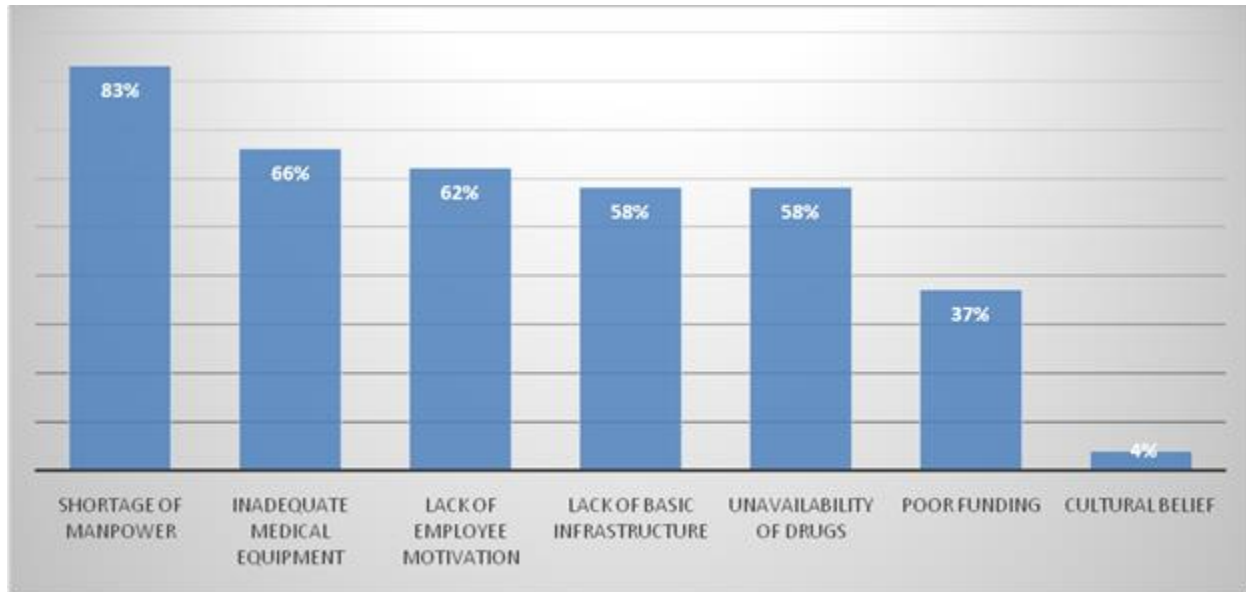


Figure 1: Challenges of Healthcare Delivery in Primary Health Care Centres in South West Nigeria.

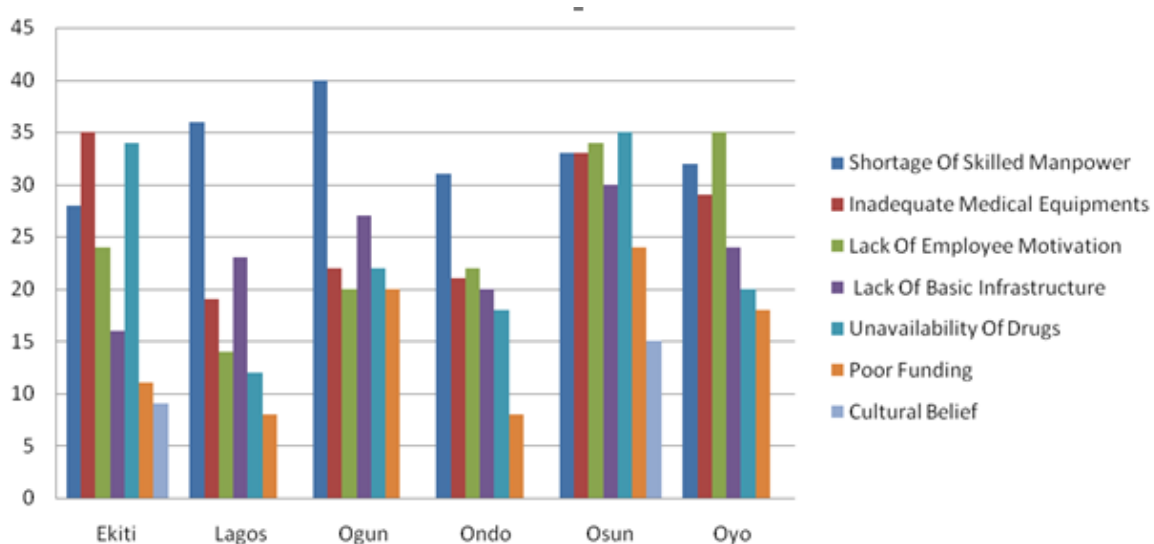


Figure 2: Distribution of Primary Health Care Challenges across states in South West Nigeria



DISCUSSION

The observed shortage of health personnel especially doctors and nurses as shown in figure 1, is likely to be one of the reasons why people prefer to visit the secondary and the tertiary healthcare system. The problem of shortage of skilled health personnel cut across the six states (Figure 2). Several studies have also established the shortage of medical personnel as a major problem facing healthcare delivery in Primary Health Care in Nigeria (Adeyemo 2005; World Bank 2010; Azeez 2011); Abdulraheem *et al.*, 2012; Alenoghena *et al.*, 2014.

On the availability of medical equipment, it was clear that some medical equipment which are considered basic, such as mucus extractor machine, BP apparatus, weighing scale and other equipment are not available in some of the facilities. In addition, the report revealed that PHC facilities lack modern medical equipment which could enhance their work. Consequently, this has hindered the application of the trainings acquired by the health workers and the delivery of quality service. This result is in line with Adeyemo (2005) and World Bank (2010) where it was established that the communities were not satisfied with the services of PHC due to lack of basic medical equipment. However, across the six states, there is better condition and availability of medical equipment in Lagos State (Figure 2).

Furthermore, our findings on lack of employee motivation, which was more pronounced in Osun and Ekiti States (Figure 2), corroborates that of WHO (2010), which revealed low satisfaction with Primary Health Care services in the local government areas as a result of lack of adequate motivation of the health personnel which included fixed salaries not linked to services provided, no incentives to respond to community's demands, delays and poor salary received by health personnel in PHC. The study conducted by WHO (2002) also highlighted an instance of non-payment of salaries for six months in Kogi state, thereby causing the workers to engage in other form of livelihood. Similarly, the observed unavailability of drugs as a factor hindering healthcare delivery in their PHC facilities is line with the findings of WHO (2010) which shows that there is low satisfaction of the people with Primary Health Care services in four states (Lagos, Kaduna, Bauchi and Kogi) due to lack of drugs. According to the report, the problem of unavailability of drugs is more prominent in Ogun State (Figure 2).

Few (n=89; 37%) of the respondents reported on poor funding of PHC facilities as a challenge to healthcare delivery (Figure 1). The report from the in-depth interview confirms that the governments are not adequately funding the PHC compared to the tertiary and secondary healthcare system. According to the report, maintenance and sustainability of the Primary Health Care facilities has majorly been from the contributions of donor organizations such as World Health Organisation (WHO), United Nations Children's Fund, Performance Based Fund (PBF) and others. This result is in line with the study conducted by Azeez (2011) and Abdulraheem *et al.* (2012) which revealed that inadequate finance of PHC is a challenge that hinders the effectiveness of Primary Health Care in Nigeria. The study conducted by Adeyemo (2005) also showed that there is great reliance on donor's agencies for the sustainability of Primary Health Care in Nigeria.

Very few (n=24; 10%) of the respondents reported that cultural belief of some communities constitute a challenge to healthcare delivery (Figure 1). The cultural belief includes the preference of some patients for orthodox medicine to modern medicine. According to the in-depth- interview, the report revealed that some patients still combine the use of orthodox medicine to the treatment given to them in the PHC facilities. The aftermath leads to complications among patients. This finding is line with the study conducted by Abulraheem *et al.*, (2012) which revealed that traditional conservatism, deep rooted traditions and custom of people affect the effective delivery of service in PHC. Across the six states surveyed, the problem of cultural belief arises in Osun and Ekiti states (Figure 2).

CONCLUSION AND RECOMMENDATIONS

The delivery of quality services in Primary Health Care, Nigeria have been hindered by several challenges. These challenges constrain the health workers' effectiveness in the discharge of their duties. Seven challenges have been identified by the health workers. Shortage of skilled manpower especially in the categories of nurses and doctors is a major challenge, which has caused low patronage of PHC facilities in Nigeria. Government should employ more medical doctors, registered nurses, pharmacist and lab scientist at the Primary Health facilities. The availability of these categories of health personnel would further improve the quality of service delivery and increase the patronage.

The problem of lack of employee motivation is identified as a factor impeding service delivery, which is prevalent across the six states in Southwest, Nigeria. The Nigerian health policy makers should review the policies on staff motivation, working conditions and streamline the disparity between the PHC workers and other levels of healthcare system in the country.



Other challenges identified in the study include inadequate medical equipment, lack of basic infrastructure, unavailability of drugs and poor funding. In response to these problems, the Federal Government should earmark adequate funding for PHC in order to restore the non-functioning facilities and avoid total breakdown of the striving ones. Also, Government should solicit for more private involvement and international donors towards supply of drugs and procurement of modern equipment at the Primary Health Care facilities in order to meet the needs of their host communities.

The challenge of cultural belief which is evident in Osun and Ekiti States can be addressed through more engagement of the stakeholders on public sanitization to enlighten the public on the various cultural misconceptions, orthodox medicine and importance of modern healthcare.

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ADEPOJU O.O.: Research idea, design, analysis and write-up.
OPAFUNSO Z.O: Co-researcher
LAWAL A.F.: Co-researcher
AJAYI M.O: Co-researcher

