LWATI: A Journal of Contemporary Research 2021, 18(3):129-140
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LWATI: A Jour. of Contemp. Res.
ISSN: 1813-222 ©Sept. 2021
RESEARCH

POVERTY REDUCTION PROGRAMMES AND SUSTAINABLE HEALTH CARE UTILIZATION AMONG RESIDENTS IN THE NORTHERN SENATORIAL DISTRICT OF CROSS RIVER STATE, NIGERIA.

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Abstract
This study set out to investigate the impact of government poverty reduction programmes and health care utilization among residents of the Northern Senatorial District of Cross River State in Nigeria. The survey research design was adopted for the study and the stratified random sampling technique was adopted to select a sample of 2041 respondents from a population of 102,035. A modified four point likert instrument was used to gather data that was analyzed using the Pearson product moment correlation. The result of the analysis showed that there was a positive relationship between poverty reduction programmes and sustainable health care utilization among residents in the area of study. It was recommended that government and non-governmental organizations should intensify efforts in providing equipment in health care facilities as this will improve patronage of such facilities and hence better well-being for the people.

Keywords: poverty reduction programmes, sustainable health care utilization.

Introduction
Poverty as a global phenomenon affects continents, nations, and peoples differently. It afflicts people in various depths and levels, at different times and phases of existence and development. Nations in Sub-Sahara Africa, South Asia and Latin America reflect the highest level of

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poverty, and consequently the lowest level of socio-economic development. These regions equally have an attendant higher level of social insecurity, violence, unrest, crime, poor capacity utilization, poor health care delivery and utilization and generally unacceptable low standard of living. As it has been mentioned above, poverty manifests itself in different and various dimensions, and hence is susceptible to varying definitions and understanding. The Central Bank of Nigeria (1999) views poverty as "a state where an individual is not able to cater adequately for his or her basic needs of food, clothing and shelter, is unable to meet social and economic obligations, lacks gainful employment skills, assets and self-esteem and has limited access to social and economic infrastructure such as education, health, portable water and sanitation; and consequently, has limited chance of advancing his or her welfare to the limit of his or her potentialities".

Whereas the above definition of poverty is deductive, the World Bank (2000) on the other hand utilized inductive approach to uncover various dimensions of poverty such as well-being, psychological, basic infrastructure, illness and assets. One of such definitions is "the lack of what is necessary for material well-being… especially food, but also housing, land, and other assets. In other words, poverty is the lack of multiple resources that leads to hunger and physical deprivation". Another of such definitions is "the lack of voice, power, and independence that subjects them to exploitation. Their poverty leaves them vulnerable to rudeness, humiliation, and inhumane treatment by both private and public agents of state and the hierarchy of society from whom they seek help".

However, the above scenario has persisted not as a result of nonchalant attitude and non-recognition of the problem at hand. It has also not come by as a result of lack of response to the yearning of the teeming poor people to be liberated from their rather deplorable and frustrating state of near-despair. No Nigerian Government, be it military or civilian, has come without introducing and leaving behind one form of poverty alleviation or reduction programme meant to reduce the level of poverty, give hope and succor to the poor and, or move towards some sort of wealth creation. Strategies, policies and plans have been articulated; programmes ranging from green revolution programme, national directorate of employment (NDE), national poverty eradication programme (NAPEP), N-power, Youwin and diverse skill training

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programmes have been formulated and executed over the years to aid provide financial freedom to the people that they may be able to meet their basic needs. Individuals who benefits from these programme can comfortable buy food, pay rent, clothe themselves and pay bills but many feel reluctant to visit the health facility whenever they are ill. Many carry out self- medication while others as a result of ignorance prefer the use of traditional methods in treating illness such as the use of urine for treatment of conjunctivitis known as appollo, use of herbs for illness treatment and the visitation of fortune tellers and native doctors to determine the cause of their illness.

Health which a state of complete physical, mental and social well-being and not merely the absent of diseases or infirmity (World Health Organization, 1978) is vital to having an active working populationwhich leads to economic development. When an individual is healthy, the person can partake in community services and decision process and can be a good source of knowledge reservoir for the community. A healthy society is made possible through an effective health care delivery system which should be concerned with preventive, rehabilitative, promotive and curative services rendered by health practitioners at the primary, secondary and tertiary health institutions (Ihejiamaizu, 2002). Health care is the identification of health needs and problems of the people within the society and promoting them with the requisite medical care (Innocent, Uche&Uche, 2014), thus the need for sustainable health care system. A sustainable health care system entails improving the individual lives and the community through high quality public health care without exhausting natural resources or causing severe ecological damage. Here, individuals who are ill known as patients visit the health centre, they are treated as partners in care delivery with the idea that when they are fully informed about the risks and benefits of treatments and procedures, they become happier and free to the treatment that will be administered to them.

Efforts have been made by the federal government and state government for the provision of human, financial and material resources towards the promotion of better health care delivery system. Presently, health facilities like the general hospital and primary health centresin the district have trained personnel who render health services ranging from health education, environmental health, control of communicable diseases, treatment of common diseases like malaria, typhoid, maternal

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and child health care which is offered for free, reproductive health, immunization against major infectious diseases and provision of essential drugs. There also exist effective implementation of National Health Insurance Scheme (NHIS) for federal, state and local government workers to aid them receive health care at a subsidized rate and the medical personnel in the northern district involve the people in their health treatment. Despite all the efforts and desire by the government for a healthy society, it has been observed that the level in individuals make practical and effective use of these health care services is possibly poor and slow as a result of the myopic mentality of attributing illness to superstition or sorcery and poverty by the people. Many people still consult the gods and perform rituals when they are sick, many pregnant women still visit the traditional birth attendants while others maintain unhealthy attitudes like the use of pit latrines, poor feeding habits and use of unsafe drinking water. All these somehow lead to high mortality rate and prevalence of health related diseases like cholera, guinea worm and onchocerciasis (river blindness). It is against this background that the research seeks to determine whether the various poverty reduction programmes implemented by the state government has a relationship on how the people of northern senatorial district of Cross River State sustainably utilize health care services.

Statement of the Problem.

It is the dream of every government that the quality of life of its citizens is sustainably improved through good health care delivery system. The health care delivery system in the country and the state in particular has suffer neglect in terms of funding and provision of health care equipments despite government efforts in recruitment of staff and building of primary health care centres within the local government areas in the state. These neglects has resulted in high infant and maternal mortality, poor quality of care rendered by health practitioners, prevalence of diseases and increase health complications from those who seek health care.The goal of any one who seeks health care service is to get the best that will put him or her in a state of optimal health but this is not possible as high fees are charged from health care seekers, distance exist between location of health care facility and where the people live or work and poor attitude of health care providers. People

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rather prefer to rely on traditional methods of health care as a result of poverty.

However, successive administration have through the state government embarked on one form of poverty reduction programme ranging from free medical care to pregnant women and children between the ages of 0-5. What has remained unanswered is the extent to which these programmes have actually impacted on the target population – the poor.There still exist a considerable gap between the target objective of reducing poverty and sustainable health care utilization among residents in northern senatorial district of Cross River State which is the reason for this study.

Based on its multi-dimensional nature, poverty is usually perceived using different criteria. This accounts for the numerous attempts in defining poverty; each definition tries to capture the perception of the proponent or the poor as to what the term is. Narayan, Ropers, and Jencks (2000) captured the definition from the point of view of the poor in different countries in the following perspectives: "Poverty is humiliation, the sense of being dependent and of being forced to accept rudeness, insults and indifference when we seek help".Poverty could denote a state of deprivation as not having enough to eat, a high rate of infant mortality, a low life expectancy, low educational opportunities, poor water, inadequate health care services, poor utilization of health care services, unfit housing and a lack of active participation in the decision making process. It could also denote, along this line, "absence or lack of basic necessities of life" or "lack of command over basic consumption needs such as food, clothing and or shelter".

The link between good health and poverty is inextricable, as clearly demonstrated in the preceding literature reviewed. The premium placed on health and its comprehensive nature is reflected in the World Health Organization's definition of health as not only the absence of disease, but, even a limited access to health care is classified as sickness. Little wonder then three out of the eight Millennium Development Goals (MDGs) dwell on health related issues – goal four, five and six, - which deal with reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria and other diseases respectively.Poverty is both a consequence and a cause of ill health. Ill health, malnutrition and high fertility are often the reasons why households end up in poverty

or sink even further into poverty if they are already poor. The illness of a breadwinner results in lost income as well as unanticipated health care costs. High fertility not only reduces the availability of resources for other household members, but also reduces the earning opportunities for women. Malnutrition contributes to ill health and has serious consequences for both mothers and children.

As the World Bank (2001) Health, Nutrition and Population (HNP) Report affirms, poverty is also a cause of ill health. It asserts that poor countries – and poor people within countries – experience multiple conditions that combine together to cause greater levels of ill health than in those who are better off. They assert that the poor lack the financial resources to pay for health services, food, clean water, sanitation, and other key inputs that help to produce good health. In addition, the facilities serving the poor are often dilapidated, inaccessible, lacking in even basic medicines, and poorly run.Claeson and Bos (2011) also toe this line when they posit that poor people are also disadvantaged by a lack of knowledge about prevention and when to seek health care. They tend to live in communities that have weak institutions and social norms that are not conducive to good health. In short, poor people are caught in a "vicious circle that their poverty breeds ill health, which in turn conspires to keep them poor".

Good utilization of health services improves the health status of the population as revealed by study carried out by Adams and Awunor (2014) in Etsako Local Government Area (LGA) of Edo State who discovered that community perceptions of poor quality and inadequacy of available services determine largely the level of usage of primary health care facility in the state. Also, Katung (2010) found out in Plateau State using 360 mothers that high cost of drugs (29.0%), service charges (19.0%), easy access to traditional healers (39.0%) and difficulty in getting transport to health facility (30.0%) were the major factors that cause non-attendance of people to health facility. Similarly, study on factors influencing the choice of health care providing facility among workers in a local government secretariat in southwest, Nigeria identified that satisfaction with services rendered in terms of ease of getting care and short waiting times were predictors for preference of health care facility (Uchendu, Illesanmi&Olumide, 2013). Buttressing the findings, Odetola (2015) using a descriptive study with a sample of 160 pregnant women and correlation analysis as test statistics discovered

that proximity to health facilities from place of residence, affordability of service rendered in terms of costs and quality of services rendered were active determinants of choice of health institutions among them. This is so because people especially in the rural area will be able to access health services adequately when the services they receive are of quality standard and within their economic power. In support, study by Sule, Ijadunola and Onayade (2012) identified high cost of services, lack of drugs and availability of a physician as barriers to utilization of primary health care facilities by rural dwellers in southwest Nigeria.

Purpose of the Study.

The main purpose of this study was to assess the impact of the poverty reduction programmes on sustainable health care utilization among residents of northern senatorial district of Cross River State.

Research Hypothesis.

The research hypothesis that guided the study is:

There is no significant relationship between poverty reduction programmes on sustainable health care utilization among residents of northern senatorial district of Cross River State.

Research Design.

The research design used for this study is the survey design. According to Isangedighi, Joshua, Asim and Ekuri (2004), this design involves the collection of data to accurately and objectively describe the nature of a situation as it exists at the time of observation. Also, survey design depends basically on observations, interviews, telephone calls and questionnaires as means of data collection as it allows for easy generalization of findings to larger populations once representativeness of the sample is assured.

Research Area.

This study was conducted in the Northern Senatorial District of Cross River State, Nigeria. The area covers five Local Government Areas (LGAs) which are:Bekwarra, Obanliku, Obudu, Ogoja, and Yala. The zone is bounded to the north by Benue State, to the south by Boki, Ikom and Obubra LGAs, to the east by the Republic of Cameroon and to the west by Ebonyi State. The culture of the people is heterogeneous in terms of norms, values, ethics, traditions and belief with the popular new

yam festival being celebrated by nearly all villages within the district. The people are predominantly farmers, hunters, Local Government staff, and petty traders as the district is very rich in cocoa, plantain, banana, cassava, yams, cashew and cocoyam.

Population of the Study.

The population of the study consisted of all adult citizens living in the Local Government Areas of the district from eighteen (18) years and above as they were considered matured for the study. The population is 102,035 as adapted from the official gazette of the Federal Republic of Nigeria (Vol. 96, 2018) and distributed as follows.

Table 1 Population figure for Northern Senatorial District

L.G.A	Males	Females	total
Bekwarra	8,744	8,753	17,497
Obanliku	10,134	9,430	19,564
Obudu	12,450	8,105	20,555
Ogoja	9,400	13,587	22,987
Yala	11,276	10,156	21,432
Total	**52,004**	**50,031**	**102,035**

Source: FRN, Official Gazette, Vol. 96, Abuja, February, 2018

Sampling Technique

Stepwise sampling technique was adopted in selecting the sample for this study. Firstly, stratified sampling technique was used to divide the study area into five strata. This implies that Bekwarra is stratum 1, Obanliku 2, Obudu 3, Ogoja 4 and Yala 5. In each stratum, purposive sampling was adopted in the selection of the health facilities and people who visit the facility. Here, general hospital which is funded by the State Government in each LGA and one primary health centre which is funded by the Local Government Authoritywas selected making a total ten health facilities. Every individual that visited the health centre for medical care was purposively selected to get the sample for the study. Each of the selected facility was visited by the researcher twice. All questionnaires given to the sampled persons were fully returned as the researcher guided the people in filling the items.

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Sample

The sample for this study was 2041 individuals representing 2% of the population who visit the health facility for medical care. This sample was evenly shared among the sampled facilities of which each had 204 individuals.

Instrumentation

A self-developed modified four-point likert scale questionnaire tagged "Poverty Reduction Programmes andSustainable Health Care Utilization" (PRPASHCU) was used to gather data. The instrument had two sections -section 'A and B'. Section Acontained items seeking information on the demographic characteristics of the respondents while section B contained items that looked at how poverty reduction programmes can be used to achieve sustainable health care utilization.

Data analysis and discussion of findings

Data collected from this study was analyzed using Pearson Product Moment correlation**.**The result of the analysis is presented in table 2

Table 2
Pearson Product Moment Correlation Analysis on Poverty Reduction Programmes and Sustainable Health Care Utilization (n= 2041)

Variables	$\sum X$ $\sum Y$	$\sum X^2$ $\sum Y^2$	$\sum XY$	R
Poverty reduction programmes (x)	26069	707910	671021	0.564
Sustainable Health Care Utilization (y)	27370	652477		

Significant at .05, df = 1078, critical r =0.065

Result of analysis shows that the calculated r-value of 0.564 was greater than the critical value of 0.065 at .05 level of significant with 2039 degree of freedom. The result showed a significant positive relationship between poverty reduction programmes and sustainable health care utilization. That is, where more poverty reduction

programmes are implemented, the more sustained is health care utilization as people will no longer complain of the high cost of seeking medical attention and as such the null hypothesis was rejected. This indicates that the respondents agreed that government programmes on poverty reduction have and can still possibly impact positively on their health care practices in terms of access, affordability and availability to health care. This will drastically reduce the rate of infant and maternal mortality; control the spread of endemic and epidemic diseases and promote health research to curb of health though minimal as most poor people are not beneficiaries of the programme. This position tends to suggest that perhaps, the federal government of Nigeria has kept faith in conforming to the World Bank's prescription through the Poverty Reduction Strategy Papers (PRSP) for implementing sustainable and comprehensive health care programmes. The PRSP prescribes a stratified approach that is at the household level; the community level; the health services level; supporting sectors level and of course the government programmes and actions level. This could be responsible for the positive impact that these programmes have recorded on health care practice among the people. This finding also tend to agree with the finding byOdetola (2015) who discovered that proximity to health facilities from place of residence, affordability of service rendered in terms of costs and quality of services rendered were active determinants of choice of health institutions among them. Similarly, Akan (2013) revealed in a study that rural communities in Cross River State were progressively achieving better health status as a result of the programmes of government and other non-governmental organizations, especially the United Nations Development Programme (UNDP). Butressing the result, Obadan (2014) revealed that people in the rural areas still live below the poverty line and their lives is characterized by disease, hunger and high infant mortality rate despite the various poverty reduction programmes enacted by government. This is so as these programmes are not easily assessed by the rural dwellers within the district.

Conclusion

From the result of the study, it was concluded that government activities aimed at ensuring poverty-reduction have significant relationship on sustainable health care utilization among the people of the study area,

although very few people could visit the health care facility. Many who are sick rather depend on the traditional methods of health care as a result of insufficient funds which are not even enough to cater for their basic needs.

Recommendations

In other to achieve a sustained health care utilization by people within the zone, the government and even non-governmental bodies should equip health care facilities to reduce the cost of health care so that people who are ill can freely visit the health facility. Similarly, the various poverty reduction programmes being enacted by the State government should be such that target the actual rural poor people within the district rather than concentrating these in the urban areas so as to improve their means of livelihood this will enable them seek health care immediately when they are sick.

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