

MILLENNIUM DEVELOPMENT GOALS: AN ASSESSMENT OF AWARENESS AND PERCEPTIONS OF ATTAINABILITY BY HEALTH WORKERS IN OWO, NIGERIA.

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ABSTRACT

Aim: To assess the awareness of the United Nations Millennium Development Goals (MDGs) by some Nigerian health workers and also their perceptions of the attainability of the goals.

Subject And Methods: Through the means of a structured questionnaire served on 92 consenting health workers selected by stratified sampling technique, information regarding their bio data, awareness of the millennium development goals (MDGs), the duration and source of the awareness and their perception of attainability of the goals were obtained. The feasibility of attainment of the goals was rated as: very attainable, attainable, and not attainable.

Results: All the respondents were by then aware of the MDGs. Most of the respondents (57.6%) became aware within the preceding year, i.e., 2006; while only very few (2.2%) had been aware 6-7 years earlier (2000 and 2001). Some respondents (46.7%) got to know of MDGs through their colleagues while others (32.6%) got to know through the print and electronic media. The remaining others (20.7%) were informed through the sensitization efforts of the government and non-government agencies. The highest degree of optimism for the attainment of MDGs were displayed largely for health related MDGs; i.e., the goals 4, 5 and 6.

Conclusions & Recommendations: Majority of the respondents were aware of MDGs. Most adjudged the attainment of MDGs feasible. The government and other stake holders should sensitize the populace, strengthen the health system and ensure equitable access to health care.

Key Words: Millennium development goals, United Nations, Nigeria, health system. (Accepted 22 April 2008)

INTRODUCTION

In September 2000 the largest ever gathering of heads of state ushered in the new millennium by adopting the United Nations Millennium Declaration¹. The declaration endorsed by 189 countries was then translated into a road map which sets out the eight goals that are to be reached by 2015 as follows²:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equity and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

These goals are now globally referred to as the millennium development goals (MDGs). They are the most recent statement of commitment towards narrowing gaps between the developed and

developing regions of the world³. They have galvanized unprecedented efforts to meet the needs of the world's poorest⁴. With 2000 as the base year of MDGs the score at half time is decidedly mixed³. Although the largest numbers of hungry people live in Asia, food production is increasing and the number of hungry people is declining there, while in Africa the number of hungry people is increasing and one third of the population is undernourished⁵. Health is central to the achievement of the MDGs³. For instance the impact of poverty on ill health is well known and extensively documented³. Ill-health can also be an important cause of poverty through loss of income, catastrophic health expenses and orphanhood³. Thus improving health can make a substantial contribution to the first goal, which aims to halve the proportion of people whose income is less than \$1 a day by the year 2015³. The health goals are expressed as national averages rather than as specific gains among the poor or disadvantaged groups. This means that significant progress in non-poor groups can result in the achievement of goals even though only a minor improvement in the health of the poor has been made⁶. The use of aggregate data may mask growing

inequalities but such inequalities are not inevitable as countries such as Guatemala and Bangladesh have shown⁷. Effective interventions exist for many priority health problems in low income countries; prices are falling and funds are increasing. However progress towards agreed health goals remains slow. There is increasing consensus that stronger health systems are crucial to achieving improved health outcomes⁸. Central to the severely challenged healthcare systems in the developing world such as Nigeria are the health workers, as their awareness and perceptions of any set goal for health care would be the determinant factor in its attainment.

This study is designed to assess the awareness about MDGs by some Nigerian health workers and also their perceptions of the attainability of the MDGs so as to draw relevant policy implications from these.

SUBJECTS AND METHODS

The study was conducted in Owo, Ondo State, in the Yoruba heartland of South-west Nigeria between January and March, 2007. Ethical clearance for the study was obtained from the ethical committee of the hospital prior to carrying out this study. Ninety two health workers out of a total of three hundred and seventy seven practicing at the lone tertiary health facility in the town, i.e., the Federal Medical Centre, Owo, were selected in a two-stage sampling technique. Firstly the 377 core health staff comprising of 140 doctors, 33 pharmacists and 204 nurses were stratified along these stated cadres. Afterwards in order to allow for a very inclusive representation of the members of each cadre, different sampling ratio was used in selecting members of each cadre by simple random sampling in such a manner as to allow a larger representation of the pharmacist's and doctor's cadres who had relatively fewer members, than an ordinary proportional allocation would allow for. Informed consent was obtained from each of the respondents before he or she was interviewed by the authors with the aid of a structured questionnaire. Information regarding their biodata, awareness of the millennium development goals (MDGs), the duration and source of the awareness and their perception of attainability of the goals were obtained. The feasibility of attainment of the goals was rated as : very attainable, attainable and not attainable. The data obtained with the aid of the study instrument (questionnaire) was analyzed using SPSS statistical software, version 12.0.1. Relevant policy implications were then drawn from the ensuing findings.

RESULTS

Ninety two respondents (92) were interviewed comprising of 42 males and 50 females. Their ages ranged from 24 years to 54 years with a mean age of 35 years. Thirty (32.8%) of them were single, sixty

one (66.3%) were married and one (1.1%) was widowed. There were seventy four Christians (80.4%) and eighteen Muslims (19.7%). These respondents were made up of forty four doctors, forty nurses and eight pharmacists. The ethnicity of the respondents included 78 (84.8%) Yorubas, thirteen (14.1%) Ibos, and one Hausa (1.1%). Table 1 shows a distribution by age and health cadre of the respondents. *Awareness of the Millennium Development Goals (MDGs):* All the respondents were by then aware of the MDGs. However the time they became aware varied as most respondents (57.6%) became aware within the preceding year, i.e., 2006; while only a very few (2.2%) had been aware 6-7 years earlier (2000 and 2001). Some respondents (46.7%) got to know of MDGs through their colleagues while others (32.6%) got to know through the print and electronic media. The remaining others (20.7%) were informed through the sensitization efforts of the government and non-government agencies. *Perceptions of the attainability of MDGs:* The perception of the respondents of the attainability of the goals is as shown in Table 2. The highest degree of optimism for the attainment of MDGs were displayed largely for health related MDGs; i.e., the goals 4, 5 and 6. Indeed respondents had no misgivings on the feasibility of attaining the goals 4 and 5 as none marked "not attainable" for these. In contrast, the respondents were generally not that optimistic on non health-related issues. Indeed close to half (45.7%) of the respondents adjudged the goal of halving the proportion of the world poor people by 2015 as not attainable.

Table 1: **Distribution by Age and Health Cadres of 92 Respondents.**

Age Group in Years	Frequency	Percentage
24 – 34	40	43.5
35 – 44	43	46.7
45 – 54	9	9.8
	92	100%
PROFESSION		
Doctors	44	47.8
Nurses	40	43.5
Pharmacists	8	8.7
Total	92	100%

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equity and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Table 2: Perceptions of Attainability of Millennium Development Goals by 92 Respondents.

Goals* Attainability	Freq.	%
Goal 1 Not attainable	42	45.7
Attainable	44	47.8
Very attainable	8	6.5
Total	92	100%
Goal 2 Not attainable	7	7.6
Attainable	67	72.6
Very attainable	18	19.6
Total	92	100%
Goal 3 Not attainable	25	27.2
Attainable	59	64.1
Very attainable	8	8.7
Total	92	100%
Goal 4 Not attainable	0	0
Attainable	69	75
Very attainable	23	25
Total	92	100%
Goal 5 Not attainable	0	0
Attainable	76	82.6
Very attainable	16	17.4
Total	92	100%
Goal 6 Not attainable	11	12
Attainable	68	73.9
Very attainable	13	14.1
Total	92	100%
Goal 7 Not attainable	20	21.7
Attainable	57	62
Very Attainable	15	16.3
Total	92	100%
Goal 8 Not attainable	14	15.2
Attainable	60	65.2
Very Attainable	18	19.6
Total	92	100%

DISCUSSION

About mid way into the time frame (2000–2015) set by world leaders for the attainment of the millennium development goals (MDGs) is an auspicious time for assessing the awareness and perceptions of their attainability. Doing this from the perspectives of health workers in a developing world setting is highly relevant as 3 out of the 8

MDGs are health-related and also for the fact that the greatest challenges to the realization of MDGs are likely to be from resource-challenged developing world. The age range of 24–54 years among the respondents in this study is in conformity with what is expected of employees in the public service of Nigeria to which our respondents belong to. It is also not surprising that most respondents are of Yoruba ethnic stock since the hospital is located in a Yoruba town. The representation of all the core health cadres namely doctors, pharmacists and nurses among our respondents has served to minimize possible cadre-related bias. The level of awareness about the United Nations Millennium Developments Goals is commendable. However most of the respondents got to know about MDGs only within the preceding year to the study. This lateness in awareness is not satisfactory as it has taken most of the health workers in the hospital over 5 years to be aware of the MDGs. One also appreciates the good rapport amongst members of staff as a significant proportion of them got to know of the United Nations Millennium Development Goals through their colleagues.

Though most respondents generally considered the eight goals to be attainable, more of them were more optimistic on the attainment of health-related MDGs than they did for non health-related ones. Could this be a reflection of their being more knowledgeable on health issues? Or was it for the fact that they felt they had to be that optimistic as their career and means of livelihood depend on a vibrant health system which the attainment of MDGs would foster? An answer in the affirmative to both questions would probably explain why the health workers in our study displayed greater optimism for the realization of the health-related goals. In order to match the respondents' optimism, an African country like Nigeria needs to make a huge investment in its health care infrastructure. The AIDS pandemic has reduced life expectancy and has exacerbated poverty, forcing victims out of the labour market and making them vulnerable to other infectious diseases. There are not enough hospitals and clinics, especially in rural areas. Those that do exist face severe staff shortages and lack of essential medical supplies.

CONCLUSIONS AND RECOMMENDATIONS

All the respondent health workers practicing at a tertiary health facility in Owo, Nigeria, were aware of the United Nations Millennium Development Goals (MDGs), though majority of them only became aware within the year preceding the study. A significant proportion of the respondents were informed of the MDGs by their colleagues and not through the traditional governmental and non-governmental sources. Majority of the respondents considered the eight MDGs attainable. Our recommendations are as follows:

1. There is need to sensitize the entire citizenry on the

lofty ideals of the United Nations Millennium Development Goals to ensure that they are not only carried along but also to empower them to hold their government accountable for the attainment of these goals.

2. There is need to redouble the efforts by the government on the on-going health reforms geared to improving the health system in Nigeria, in a bid to achieve the MDGs, particularly the three health-related goals.

3. Concomitant efforts in other spheres of the economy should be made to reduce extreme poverty and hunger, as this move will have positive bearing on the attainment and maintenance of good health.

4. Equitable access to health care should be ensured through a wider coverage of the populace by the National Health Insurance Scheme.

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