

World Journal of Advanced Engineering Technology and Sciences

eISSN: 2582-8266 Cross Ref DOI: 10.30574/wjaets Journal homepage: https://wjaets.com/



(REVIEW ARTICLE)



Challenges and opportunities in urban health care delivery in Nigeria

Okoroafor Francis Okey *, Ichoku Hyacinth Eme and Ihuoma Anthony Adiekperechi

Department of Economics, Veritas University, Abuja, Nigeria.

World Journal of Advanced Engineering Technology and Sciences, 2023, 10(01), 130-135

Publication history: Received on 16 August 2023; revised on 25 September 2023; accepted on 28 September 2023

Article DOI: https://doi.org/10.30574/wjaets.2023.10.1.0267

Abstract

People in many parts of Nigeria are facing serious challenges in accessing healthcare due to the rapid increase in the number of people migrating to urban areas. This makes the accessibility even more difficult as a result of meagre funds allocated to health sectors. It is on this premise that the study elucidates key healthcare challenges facing the urban population in Nigeria to identify potential opportunities for improvement in the nation's development in order to meet the sustainable development goal (SDG) 3. The study explicitly shows that 39 percent of the people visited the hospital for medical care, 64.8 percent visited clinics, 12 percent and 7.9 percent visited dispensary and pharmacy respectively. This was due to average time spent to travel to seek consultation. This is why we propose the following recommendations; Robust Health Data, Capacity Building, Promoting Quality Health Professionals, Improved Health care Funding, Health Policy, and Adoption of Technology (Telemedicine).

Keywords: Health care; Urban areas; Slums; Health facilities; Nigeria

1. Introduction

For some people, being healthy equates to being free from disease. Others define health as having a strong immune system and being in good physical condition. Others use words like wellness or well-being to refer to a wide range of elements that appear to contribute to good health [1]. Development cannot take place without a strong foundation in health. A country's degree of development can be greatly influenced by the health of its populace. This is due to the proverb; "health is wealth," meaning that a prosperous nation is one where people are healthy. The level of productivity of a society's population does, in fact, affect that society's economic growth and development. However, before any country can deem its population healthy, Oluwabamide and Akpan [2] highlighted a number of questions that must be addressed and they are: What is the mortality rate? How reliable and efficient is the system for delivering healthcare? Are the healthcare resources and staff sufficient? How easily do people have access to medical facilities? The distribution of medical facilities is it fair? Positive responses to these queries would suggest that a country's entire population is in good health. There has never been a point in the nation's sixty-two (63) years of independence when a sizeable fraction of its population could be described as being healthy. Nationwide, the delivery of healthcare has been subpar, inadequate, and ineffective [3, 4, 5].

The situation of Nigeria's health care system and status, particularly in rural areas, is appalling [6, 7]. In fact, according to Efe [8], Nigeria's total health system performance is among the worst in the world, with a ranking of 187th out of 191 World Health Organization member states in the year 2000. It is obvious that major changes are required to guarantee that Nigerians receive the high-quality healthcare they deserve. Additionally, according to the most recent (WHO) data published in 2018, the average life expectancy in Nigeria was 55.2 years for men and 55.7 years for women, giving a global life expectancy of 178 [9]. With an average life expectancy of 48.2 years, the death rate in the nation is high, particularly in rural areas [10]. Urbanization is frequently seen as the process of moving from a rural to an urban culture, which has a profound and lasting impact on how people produce, consume, and interact with the natural world [11].

^{*} Corresponding author: Okoroafor Francis Okey

Changes in population or the characteristics of towns and cities might be used to interpret what urbanization means. Urbanization is the term used to describe the gradual movement of people from rural to urban regions during periods of population expansion [12]. As in Nigeria, where more than 70% of rural people who migrated from rural areas to urban centers reside, the area lacks adequate health facilities or projects that would significantly improve the health needs of the urban residents. In addition, the majority of healthcare infrastructure is focused in metropolitan regions, neglecting urban slum areas, and the few healthcare services that are present in the slums are ineffective. Additionally, the majority of healthcare facilities in urban slum regions lack access to accurate, timely, trustworthy, and relevant health information, which is the first step in taking well-informed public health action. This is due to the poor state of the healthcare infrastructure in these areas. In order to discover possible areas for progress in the growth of the country, the study sought to evaluate the major health care challenges that Nigerians living in urban slums face.

2. Methodology

A descriptive cross-sectional study was conducted among people living in the urban areas and the rural dwellers from the 36 states of Nigeria. Data was collected from World Development Indicators through a structured self-administered and close-ended questionnaire.

3. Results

This is the result of the analysis of the frequency of visitation to the different healthcare facilities and the time it takes for consultation to be completed at each of them.

Table 1 Type of Health Facility Visited by State (in percent of population)

Strata	Hospit al	Dispensary/ Pharmacy	Che- mist	Patent Medicine Vendor	Clinic	Mater- nity	Home (Consultant/P atient)	Other	No Consultati on
Abia	22.5	0.4	127.4	8.8	2.5	1.9	7.4	25.6	3.6
Adamawa	57.2	6.8	90.2	1.2	18.4	2.2	0	18.6	5.3
Akwa Ibom	29.6	2.6	55.8	5.2	2.7	0.3	8.2	31.5	64.2
Anambra	30.9	0.2	119.8	0.8	8.2	0.6	3.6	28.7	7.1
Bauchi	21.6	19.3	92.6	12.8	2	2.7	9.2	20.7	19.1
Bayelsa	21.7	0.3	81	58.8	3.1	0.2	9.9	17.5	7.6
Benue	51	1.6	56.3	11.2	24.3	0.8	13.8	17.8	23
Borno	0	0	0	0	0	0	0	0	0
Cross River	15	0.1	114.3	21.5	12.1	0	11.6	16.8	8.6
Delta	26.3	1.8	109.6	4.9	7.7	1.4	2.6	40.1	5.6
Ebonyi	33.8	0	97.6	30.9	3.4	1.1	6.6	15.9	10.5
Edo	38.1	2.1	79.8	18.7	6.6	6.8	10.3	26	11.6
Ekiti	25.5	0	10.5	103.6	6.5	0.8	28.3	10.7	14.1
Enugu	26.9	1.6	19.7	130.7	4.7	2	4.3	9	1
Gombe	38.7	6.9	86.5	3.7	2.5	15.6	12.4	10.4	23.3
Imo	33.8	3.2	109.5	14.2	2.6	2.4	6.3	25.9	1.9
Jigawa	58.2	13.7	73.3	1.8	16.2	0	3.8	21.7	11.2
Kaduna	59.9	3.6	78.4	0	13.4	0.3	5.6	33.5	5.2
Kano	37.7	4	73.7	8.3	12.8	0	9.5	26.4	27.6
Katsina	71.4	22	67.7	0.9	2.3	0.2	8	13.5	14.1

Kebbi	32.8	30.4	60.6	26.9	5.6	0.2	13.9	26.7	2.8
Kogi	43.6	0.6	72.3	20.2	33.4	0.5	8	14.6	6.7
Kwara	96.2	1.1	53.3	12.8	4.5	0.6	12.5	11.4	7.7
Lagos	62.1	0	47.3	2.7	4.5	2	19.2	47.1	15.2
Nasarawa	50.9	7.6	47.9	3.2	43.8	0.4	5.2	30.9	10.3
Niger	27.9	6.7	14.9	56.4	68.2	0	8.1	17	0.6
Ogun	54.9	0	62.8	4.7	12.7	0.6	29.4	23.5	11.5
Ondo	28.8	1.4	38.7	53.5	6	6.4	35.4	15.6	14.3
Osun	54.9	1	32.7	20.2	12.7	8.4	17.8	8.9	43.3
Oyo	37.8	0.2	69.5	10.4	6.6	5.1	29.3	18	23.1
Plateau	31.4	2.3	49.7	1.9	36.9	0.8	5.6	24.1	47.2
Rivers	23.6	0	59.7	29.8	3.9	0	6.6	63.3	13.1
Sokoto	40.1	45.6	61.4	5.4	2.3	0	7.5	13.2	24.4
Taraba	35.7	21.6	5.8	30.9	28.5	0	14.4	6.1	57
Yobe	28.7	19.7	90.5	1	2.4	2.9	6.4	19.8	28.6
Zamfara	38.5	62.1	48.6	6	17.8	0	13.9	11.4	1.6
FCT	60.6	0	38	26.9	13.4	0	8.3	39.9	13

Source: Nigeria Living Standards Survey 2019, NBS

Table 1 above, shows how and the particular healthcare facility that people tend to visit during ill-health due to the distances from their dwellings to the facilities

 Table 2 Average Time for Consultation Including Travel Time

Strata	Hospital	Clinic	Dispensary/Pharmacy
Abia	296.1	149	95.9
Adamawa	249.9	174.4	101.8
Akwa Ibom	221.9	99.5	73
Anambra	227.7	135.5	92.1
Bauchi	234.4	214.1	149.1
Bayelsa	208.1	159.1	67.9
Benue	232	136.5	83.4
Borno	0	0	0
Cross River	275.9	120.5	124.8
Delta	330.1	429	73.3
Ebonyi	192	395.4	106.4
Edo	324.2	94.4	108.3
Ekiti	230	231.7	49.9
Enugu	203.4	148.8	85.7
Gombe	300.7	204	73.2

Imo	420.1	141.5	95.5
Jigawa	318.5	133.7	113.3
Kaduna	249.9	160.3	81
Kano	346.4	289.6	132.2
Katsina	316.2	321.1	172.6
Kebbi	312.6	223.8	115.2
Kogi	169.7	164.9	87.3
Kwara	250.8	101.8	84.5
Lagos	125.2	75.7	37.6
Nasarawa	235.4	187	94.4
Niger	151	89.2	86.3
Ogun	156	186.8	81.7
Ondo	287.4	224.7	96
Osun	183.5	124.9	46.7
Oyo	259.4	86.9	58.3
Plateau	202.9	230.3	53.3
Rivers	355.9	268.9	78.5
Sokoto	142.7	103	154.5
Taraba	316.4	295.9	312.7
Yobe	322.8	1744.3	122.2
Zamfara	228.4	171.4	70.2
FCT	140.6	76.1	52

Source: Nigeria Living Standards Survey 2019, NBS

Table 2 above illustrates the average time it takes people to see consultants before their health is taken care of

4. Discussion

According to the Nigerian Living Standards Survey of 2018-2019 data from National Bureau of Statistics, a sizeable number of individuals are looking for healthcare services in various institutions throughout the 36 states and FCT. It is important to note that the amount of time it takes to travel to these institutions for consultations differs depending on location.

According to the surveys, people typically spend more time in hospitals than they do at dispensaries or drug stores. This may have a significant role in motivating more individuals to go to the pharmacy or dispensary rather than the hospital. According to the research, the pharmacy or dispensary is more conveniently located and takes less travel time than a hospital or clinic. In contrast to the 243.74 minutes at the hospital and the 218.75 minutes at the clinics, the total time spent on travel and consultation at the dispensary or pharmacy store is just 94.89 minutes on average. Therefore, making informed decisions regarding where to receive medical treatment can be made easier with the help of this information.

On the other hand, it was also observed that people living in the slums tend to visit chemists the most for their healthcare needs, with an average number of population of 64.79 percent which may be due to the overall time spent in consultation. Hospitals came in second with an average number of population of 39.14 percent, whilst the other healthcare facilities were visited by 21.67 percent of the population. Interestingly, the maternity healthcare facilities were the least visited, with only 1.82 percent of the population visiting. This is mainly due to the fact that the services offered here are primarily for prenatal and post-natal mothers.

According to a report by UN-HABITAT [13], the process of urbanization has often resulted in a rise in pollution, insecurity, depletion of infrastructures, health problems, poverty, and deprivation. Browne [14] noted that this increased poverty in urban areas manifests itself in the increasing number of urban slums and limited access to services like health care, education, and security which is the reason why most people leave the slums for the urban areas. There is also a rise in the vulnerability of people to oppression, abuse, manipulation, and the environmental challenges that follow due to poverty.

Patients occasionally experience confusion, which makes it more difficult for them to get the care they require. This is because the average amount of time patients spend traveling to different preferred or better healthcare facilities to seek consultation varies, with clinics and dispensaries/pharmacies taking about 1 hour 35 minutes and hospitals taking about 4 hours 4 minutes.

It is imperative that the Nigerian government intervene to resolve these problems and guarantee that all citizens have access to high-quality healthcare. Numerous unpredictable variables have been found. Reduced government spending on health care and corresponding donor money led to uncertainty in the distribution of resources and spending between the three tiers of government. To improve the caliber of services, more careful management of available resources and operations is advised. In order to achieve health for the vast majority of people, health policy should adapt to the changing environment. The federation's various health clinics should restart their abandoned immunization efforts with enthusiasm. In the best interest of the populace, issues with access to healthcare, poor community engagement, availability of cheap and efficient medications, crumbling infrastructures, subpar care facilities, a lack of motivation, and underfunding should all be given high priority. The effectiveness of vaccines could be considerably increased by expanding the availability of solar-powered refrigerators in rural areas without access to electricity. Therefore, a significant problem in Nigerian slums is still access to health care services.

5. Conclusion

Urbanization brings many benefits. The increase in population and industrialization provide a higher level and availability of skilled workers required to provide the essential services for a good and prosperous life. The primary benefit of urbanization is its economic value. The combination of diverse people, their ideas and experiences, make urban centers a whirlpool of economic activities and industrialization. The increased population and their proximity make room for economies of scale, higher wages, a more innovative environment, and the development of complex systems. Though these benefits could be gotten from urbanization, the research has also shown that the propensity for many issues to arise is high.

The lack of clarity surrounding health issues in Nigeria is causing significant challenges for the country's healthcare system. This is resulting in a lack of resources and making it difficult for healthcare providers to offer adequate care. To improve accessibility of health care in urban slums, it would be beneficial to expand the National Health Insurance Scheme (NHIS) and strengthen the primary healthcare infrastructure within a reasonable travel distance. This would address the issues faced by people in these areas and ensure that they have access to quality health care services.

Recommendation

In order to improve the healthcare challenges that are being faced by urban residents, there are several recommended strategies that could be implemented as interventions to tackle these situations.

- **Robust Health Data:** It is crucial for the government to work hand-in-hand with the private sector to ensure that there's consistent data collection. This data should then be used to inform the research for the development of health policies. The framework for this development should have a long-term planning approach to ensure that it's sustainable. Additionally, these policies should be reviewed regularly under a short or medium-term planning approach to keep up with the latest developments in the health sector.
- **Building Capacity:** Improving the healthcare challenge is crucial, and it requires deliberate and consistent training and retraining of healthcare personnel, as well as community engagements. All relevant agencies and actors should promote a shared understanding to effectively perform their roles and responsibilities in promoting sustainable urban health development and management.
- **Promote Quality Health Professionals:** It is necessary to offer inconvenience allowances for those working in urban slums or rural areas as well as scholarships for their children up to Junior Secondary School level. The utilization of unemployed and retired health workers through expanded hiring and contracting services and recruiting community health workers and new cadre in-service training can also be beneficial. These measures can help to ensure that our health personnel are motivated and able to provide the best possible care to patients.

- **Improved Health care Funding:** It is important to seek more donor funding and encourage more philanthropists to support health care personnel, facilities, and infrastructures. One way to recognize the dedication of these professionals is by giving them a national award in recognition of their service to the nation.
- **Health Policy:** It is important for the government to establish policies that promote high performance and quality improvements across all levels of government in order to maintain the 90% coverage target. These policies should be supported by legal measures to ensure their effectiveness. Additionally, health policies need to adapt to the changing environment and prioritize the health of the majority of the population.
- **Adoption of Technology (Telemedicine):** Telemedicine has proven to be a convenient and efficient method of providing medical care, especially in remote areas where access to healthcare facilities is limited. With the use of telemedicine, medical professionals can diagnose, treat, and monitor patients from a remote location, reducing the need for in-person visits and promoting social distancing.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Donatelle RJ. (2002). Access to health (7th Ed.) San Fransico (A Pearson Education Inc, Publishing as Benjamin Cummings).
- [2] Oluwabamide AJ and Akpan NS. (2012). Rural Nigeria and the challenges of health care delivery: the impact on development. Journal of the population association of Nigeria, 4(2),460-474.
- [3] Awogbeni TO. (2012). Health care services delivery and health: the case of Nigeria. Journal of the population Association of Nigeria, 4(2), 492-517.
- [4] Adoyi GO, Bagara A and Abudusalam L. (2012). Enhancing community participation towards improved services delivery in 10 Local Government Area of Kano State: CHR Experience: Journal of population Association of Nigeria, 4(1), 161-170.
- [5] Fadeyi AO. (2010). Millennium Development Goals: Assessment of Nigeria's health sector Proceedings of the Nigeria Anthropological and Sociological Association (held at the Ahmadu Bello University Zaria, Nigeria) April 6th -8th, 2010), 190-202.
- [6] Olayiwola LM. (1990). A study of the adequacy of infrastructure facilities in rural area of Oranmiyan Local Government Area of Oyo state.
- [7] Aluko-Arowolo SO. (2005). Equity in health and federal character policy: A study of Rural-Urban Dichotomy, Babcock Journal of Social & management sciences, 4(1),35-47.
- [8] Efe SI. (2013). Health care problem and management in Nigeria. Journal of Geography and regional planning. 6(6), 244-254. Eggleston K. Health care for 1.3 Billion: An overview of China's health system. Asian Health Policy Program. 2012; 1-22. Available from: http://asiahealthpolicy.stanford.edu. [30 June 2014, date last accessed].
- [9] World Health Organization (2018). Country health system fact sheet, Nigeria. Available
- [10] Ekong E. (2010). Rural sociology: An introduction and analysis of rural Nigeria (3rd Ed.), Uyo: Dove Educational publishers.
- [11] Allen A. (2009) Sustainable Cities or Sustainable Urbanisation University College London Journal of Sustainable Cities Summer 2009.
- [12] United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanisation Prospects. The 2014 Revisions, Highlights (ST/ESA/SER.A/352)
- [13] UN-HABITAT. (2013). The challenges of slums: global report on human settlement 2003. Available at http://mirror.unhabitat.org/pmss/listItemDetails.aspx?publicationID=1156Accessed 23 May 2013.
- [14] Browne E. (2014). Benefits of urbanisation in Asia (GSDRC Helpdesk Research Report 1082). Birmingham, UK: GSDRC, University of Birmingham.