SOCIAL–CULTURAL CONSTRAINTS TO HEALTH CARE ACCESS IN NIGERIA: A STUDY OF ADUN PEOPLE OF CROSS RIVER STATE-NIGERIA

Ojen, Ndametem James
Department of Sociology and Anthropology,
Ebonyi State University, Abakaliki

Abstract

Inspite of the fact that the Nigerian health policy seems to be very promising, the problem in the implementation of its packages has posed serious threat to citizens' access to health care services. This paper therefore highlights and critically examines the socio-cultural constraints militating against health care access amongst the Adun people of Nigeria. The paper recommends for the improvement of health care access in Nigeria, financial vote in the annual budgetary allocation meant for health services should be used for the purpose it is meant to serve, Nigeria must improve in the production of medical equipment's, research findings on health issues should be documented or reported appropriately, formulated health policies should be duly implemented in order to promote good health, distribution of health facilities should not be based on sentiments like paternalism, maternalism, ethnicism, stateism and dialectism etc. There is also need for government to boost its policies towards health care access so as to attain better health for its citizens.

Keywords: Socio-cultural, Constraints, Health and Health care Access

Background to the Study

Health care is defined as the recognition of the existence or prevalence of health problems and health needs, and the willingness to formulate or design interventive measures towards their amelioration and or eradication and control. (Etobe, 2002). However, the Nigerian government has over the years been operating capitalist oriented policies at the expense or detriment of welfarism. In any case, Nigeria has made a head way in recent times in the formulation of policies that promotes good health. Examples abound when she introduced and launched the expanded programme on immunization (EPI), and dehydration therapy (ORT), Family planning, and other health programmes.

Nevertheless, despite the fact that the Nigerian health policy of 1988 as revised in 1996 seems to be very juicy and promising, the problem of implementation has posed serious threat to the realization of these objectives of the policy. This is evident in the fact that most often, financial vote in the annual budgetary allocation meant for health services is usually not used for the purpose it is meant to serve. For instance, monies meant for health projects are usually not released on time until when these monies are disbused into private pockets of those in the corridors of power.

Again, if these projects are started on time, they are abandoned half complete by contractors, or are sited where they have no relevance to those who need health care. This problem of implementation stands as a stumbling block to making health care prospective in Nigeria (Huls, 2013)

The Problem

Nigeria's health prospects are unrealistic as far as health information is concerned. This is very evident in the absence of health information like registers of vital statistics e.g births, deaths, admissions, discharges, epidemics, etc as well as information relating to therapy and research findings. Most Nigerians make research findings which would have been documented or reported on, but are not. This affects the way and manner of health care access in Nigeria. This paper is an appraisal or examination of the socio-cultural constraints that affects health care access in Adun specifically and Nigeria in general.

Objectives

The research was primarily design to:

I.   Identify and examine socio-cultural constraints that militate against health care access in Nigeria using Adun as a reference point

ii.   Examine the expected challenges to health care

iii.   Lastly to suggest promising strategies to avert this problems

Review of literature

We shall review literature on the following subheads: politics of health care delivery in Nigeria, government and Health care delivery in Nigeria.

Politics of Health care Delivery in Nigeria

Anybody intending to know or have an insight into the above subject, ought to answer these questions: what is politics? Who is engaged in politics of health care delivery in Nigeria?

To begin, politics can simply be defined as a science of power struggle and power sharing. Politics is ubiquitous as it is found from the family right to the religious organizations and political organizations. Politics of health care is solely played by those in the corridors of power and health care givers. Of significance among the health workers is the medical practitioner who through the monopoly held by his profession, engages in political manoeuvring of health facilities to his favour. This politicking is seen in the areas like the sitting of health institutions in favour of urban areas to the disfavor of the rural areas which are in dire need of these facilities (Etobe, 2002).

Egwu (1996) also state that government's budgetary allocation to the health sector which involves and affects a larger proportion of the population is usually very infinitesimal as compared to the security vote and other sectors of the economy. It is again observed without bias that health projects are associated or linked with political campaigns; so that they are started or initiated during political campaigns to woo the electorate to vote them into office. Most often, these projects are abandoned immediately these politicians won elections and are in power.

Green Pedersen and Wilkerson (2006) equally stressed that the recruitment, training, promotion and transfers of health personnel's has been so politicized that quotarization and political appointment are used as criteria for the replacement of health workers. This, you will agree promotes mediocrity to the detriment of meritocracy. This gives room for "square pegs to be fitted into round holes, "with its attendant's frictional effect on the health care access system. For example a graduate of English or

history may be appointed the commissioner for health. Although, this is no more in practice because of the Nigerian medical councils decision on this matter. Also worrisome is the fact that junior staff especially females are carelessly promoted to positions higher than their professional superiors, a situation which breeds contempt and job dissatisfaction in the minds of these officers. The result of this is the suffering of the health care recipients who gets less than they bargain for.

In the same vein, Moe Pappas and Murray (2010) opined that distribution of health facilities is done on sentiments likes paternalism, materialism ethnicism, stateism and dialectism and not in the spirit of fairness, equity, justice or even health needs of the people. At times, drugs or equipment, meant to be distributed are diverted from the bonafide beneficiaries and sold to others, in order to make quick money. In some instances, these drugs could be hoarded or carelessly preserved until they are expired or impotent, before they are quickly disposed at a very low cost. All these problems of politics affect adversely the administration of health care in Nigeria.

Government and health care delivery in Nigeria.
The role of government in the delivery of health care in Nigeria is twofold. First, that of being the custodian of health care as well as that of its improvement and sustenance.

The government's efforts as the custodian of health care delivery are seen in its ability to segment health care into three tiers viz primary, secondary and tertiary levels of health. Again, its efforts are overtly seen in its willingness to recruit, train and promote health personnel efficiency on the job. Also, government affect health care delivery in the type of policies made and how directly or indirectly those policies affect health care access. For example, any policy that reduces the income capacity of the populace will adversely affect healthcare. In the area of improvement and sustenance of health care delivery, government is seen to have failed in her responsibilities.

According to health reform foundation of Nigeria (2010), this is evident in the following:
1.   Budgetary vote or allocation to the health sector is small
2.   Provision and rehabilitation of health facilities is usually neglected by government
3.   Training and development of health personnel not given a priority by government
4.   There is no incentives to health care gives.
5.   The preference of receiving medical treatment abroad by those in the corridors of power has an inverse correlation to the development of health care by government.
6.   The Nigerian factor, ie corruption in the award and execution of health contracts affect health care access in Nigeria.

Theoretical Orientation
The paper is built on the ecological theory of anthropology credited to Julian H. Steward (1902). The choice of this theoretical perspective is not to be in moral terms. Rather its utility as an explanatory tool should be of primary interest.

The theory focuses on the "study of cultural adaptations to environments". It is more or less the study of relationship between a population of humans and their biophysical environment. The underlying conceptualization here according to Herzfeld (2001) is "how cultural beliefs and practices helps human populations adapt to their environments and how people used elements of their culture maintain their ecosystems.

What has to be noted from the expression above is the fact that human ecology is one perspective by which we attempt to understand the commonalities and variability which exist among populations of our species. Thus, human ecologists view biological behavioural and cultural characteristics as possible adaptive responses to past or extant environmental conditions and properties. Likewise, because such conditions arise from natural and socio-cultural environmental components, and because human responses in themselves constitute complex, interacting bio-cultural systems, expressed in individuals and multiple types and sizes of groups, the scope of human ecology can appear to be broadly synthetic, or nebulous, depending on one's attitude. This has caused many to reject or to be critical of its utility and others to be enthusiastic about its unifying potential.

By implication, the Adun people of cross river state of Nigeria most times do not have access to health care services due to environmental and cultural influence. On the surface, the environment has influence the character of their adaptation. On the contrary, ignorance and superstitious beliefs has also affected their state of health care access due to historically inherited cultural practices exhibited from one generation to another. To be specific, most of the Adun people rely on traditional herbs or medication. Although, inadequacies on the part of the Nigerian government still abound. This can be found in the body of the work.

Methodology
The methodology is based on content analysis. This is due to the fact that the work is a critical analysis of socio- cultural constraints of health care access in Nigeria using Adun as a focal point. Thus, the data were source primarily from documents and observation. Therefore, the analysis is solely descriptive.

Study Area
Adun clan occupies an area positioned in the middle of Cross River Basin with a total area of only forty nine square miles. Yet it has the highest population of all Mbembe groups. Its average density, which is invariably the highest among the groups, is 250 per square mile. It is flanked in the north, north east and by the Okum Clan in the south and southwest by the Yakurr Clan and in the west by the Cross River.

Politically, they belong to the central senatorial district of the state. They are homogenous in nature and kinship wise practice both the patrilineal and matrilineal descent system. It is a culture area with rectangular houses surrounded. An area in which large markets are established due to their engagement in agriculture and root cropping for the sake of an economic main-stake. It is also an area with a lot of secret societies such as "ijong" which when translated in English means "water society".

As presently constituted, Adun is a composition of a number of communities including oderegha, Ababene, Ofat, Ofodua, Obubem, Ovonum and Ofatura being the traditional communities as founded by the Abagana Royal family as far back as 1905 (Erim, 1991). Subsequently, other villages and hamlets which live a few mile apart were founded namely Ahaha, Onyadama, Okorokpana, Ovukwa, Arobom and many others from the already existing traditional communities which made the population to increase to an estimate of two million, four hundred and forty thousand, six hundred and forty people growing at the rate of 3% per annum from the 767, 188 census record of 2006. The concentration of this population within such a small area has made Adun a compact political unit and this has greatly influenced political development in the area. The people are predominantly involved in the cultivation of agricultural products such as yam, coco yam, cassava, rice, cocoa, palm oil etc. Although, a lot of them are also engaged in industrial activities, administrative work, contract jobs, trading and so on.

Discussion

When attempting to execute or analyse the socio-cultural constraints that affect health care access amongst the Adun people of Nigeria, one has to focus primarily on two planes. These are those factors which are in the individual promoting or militating against health care delivery in Nigeria as well as those factors found in the society, having a direct or indirect link with healthcare access in Nigeria. To examine these factors critically, the individual factors will be highlighted; with a view to estimating how and to what extent they affect health care access in Nigeria.

However, an appraisal or examination of the factors that affect health care access in Adun as well as Nigeria at large will better involve its analysis as they operate both at the micro (individual) and macro (society) levels.
The micro – level takes into account the individual's roles and behaviours and how these affect health care positively or negatively. These include:-

1.   Behavioural Patterns
These are attitudes and behaviours formed and perpetuated or maintained over time, which are detrimental or impede the attainment of health. These include tobacco smoking, smoking of marijuana, alcoholism, prostitution, etc. The attendant consequences of these behavioural patterns on health care are very grave and disturbing to health care planners.

2.   Physical factors
This refers to conspicuous physical disabilities or handicaps that impede an individual from attaining good health. These include physical handicap like blindness, deafness, cripple, cognital abnormalities, genetic conditions, example, mental illness, etc.

3.   Socio-economic status
This factor affects an individual's health in various ways. First, with a low socio-economic status, one cannot afford the basic necessities of life e.g food, clothing and shelter. Second, with a low socio-economic status, one cannot afford the cost of health care, since his economy cannot cater for all his basic needs. Thirdly, and lastly, his socio-economic status will not allow him the opportunity to live a

normal and corrective life among his peers. He engages in food faddism and its attendant consequences on health.

4. Poverty

Poverty is simply defined as a socio-economic state or condition which makes the individual unable to meet his basic necessities of life. These include food, clothing, shelter, basic education, health etc. This condition makes it difficult for anybody to take appropriate and adequate care of himself or his household even when they need health care. Therefore, poverty can affect health negatively.

5. Large family size.

The size of family can positively or negatively affect health care of individuals. A large family of say, eight or ten members with a low economic standing will adversely affect the health states of its members. This is so because, with its lean or limited resources it will be difficult to cater for its members in all aspects of life. But, on the contrary, if the size of the family is small, say, three or four, it will be possible to use the lean resources to share conveniently to all aspects of living. The resources allocation applies to health care as well as other aspects e.g. Food and clothing.

6. Ignorance and superstitious beliefs

Ignorance of what constitutes health hazards or infection – breeding conditions, can affect healthcare of people. ignorance of what a balanced diet is, demerits of certain cultural practices, can impede the health of people. Again, some superstitious beliefs about food taboos, e.g. denial of snails, which is a source of protein to pregnant mothers, on the grounds that, it will cause excessive salivation in the baby after delivery, and the denial of eggs to children on the grounds that, it will encourage them to steal, will adversely affect the health condition of those classes of people. Also, belief in witchcraft or evil spirit to cause pneumonia or bronchitis can affect the help seeking behaviour of such people, who may not report their cases for medical attention until chronicity or complications set in.

7. Inaccessibility of health facilities

Some communities are so remote and devoid of any health institutions or facilities. In some communities the topography or terrain is so difficult that siting of health institutions is an unfulfilled dream. Yet in some communities, example, Riverine areas, health personnel's refuse postings to such rural areas which lack in social amenities. As a result of this pitfall, health care access to the inhabitants of this area is usually lacking or difficult.

Macro- Level (Society) Analysis of Factors Affecting Health Care Access
i. Pollution:
This may take the form of air, water or noise, in which case industrial waste are expelled into the air or into our sources of water, thereby polluting these basic necessities of life and leading in pathological conditions

ii.   Environment degradation:

This may take the form of deforestation and aquatic life abuse. Some people especially fishermen are in the habit of catching fish with poisonous chemicals like gammalin 20 which are detrimental to health. Deforestation through bush burning also destroys vegetation's and crops which would have served as food to mankind.

iii.   Uneven distribution of health facilities

Government of Nigeria have over time, neglected the rural areas, in terms of the supply of social amenities. Example are health facilities, portable water etc. This has brought untold hardship and difficulty to dwellers of this area. Instead, government has concentrated social amenities in our urban centres, resulting in the absence or inadequate supply of social amenities including health facilities in the rural area. This brings about a problem of health care seekers, not being accessible to health care facilities or a tendency of few health personnels attending to large population of health care recipients. This scenario, you will agree will adversely affect health care access in Nigeria.

iv.   Politicizing health care:

The issue of politicizing health in Nigeria is affecting health care access. This is evident in the way and manner health projects initiated by previous governments are recklessly abandoned by successive governments merely on political grounds. This is also apply to the way, drugs and other health facilities and personnels are distributed, recruited or posted to health institutions.

v.   Government Policy

Health care access in Nigeria can receive a boost if government policies towards health care are changed or redirected towards attaining better health for its citizens. This will also affect health negatively, should government policy neglect health care delivery.

Conclusion/Recommendations

This paper has argued that the following variable affect health care access positively, educational attainment, social economic status, income, availability of health facilities, prioritization of health care by government, adequate manpower development and utilization in the health sector, decentralization of health facilities enhanced rural development, political stability and the use of family measures to decrease sizes of family.

Conversely, the following factors pose negative influence on health care access in Adun as well as Nigeria as a whole; environmental and cultural influence, ignorance and superstitious beliefs, uneven distribution of health facilities, government polices as they relate to health care delivery, economic depression, and polities of health care and superstitious beliefs.

In order to avert these problems, the following recommendations were made;

1.   Government should ensure that every Nigerian has access to good health care services.
2.   Government should develop effective counselling mechanisms to Nigerian citizens
3.   Educate people on prevailing health problems and the ways of preventing and controlling them without stress.

4.   Ensure the full implementation of formulated health policies to help promote good health status for all Nigerians.

5.   Ensure that research findings on healthcare are duly documented or reported.

6.   Ensure efficiency in the health sector.

7.   Ensure equitable distribution of health care facilities among different ethnic groups in Nigeria.

8.   Improve personnel development in the health care system.

9.   Ensure the provision of essential drugs to all Nigerians

10.   Ensure that annual budgetary allocation meant for health services are properly utilized

11.   Lastly, avoid the issue of sentiments like paternalism, Maternalism, Ethnicism, Stateism and Dialectism.

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