

ACCESSIBILITY TO HEALTHCARE FACILITIES AS A MEANS OF REALISING THE MILLENNIUM DEVELOPMENT GOALS IN APAPA LOCAL GOVERNMENT AREA OF LAGOS STATE

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Abstract

Accessibility to health care has become a major problem due to inadequate financing of healthcare and this has rendered the health related millennium development goals unachievable. As the level of awareness increases, the demand for healthcare also increases. This study investigates how the health related MDGs can be realized through proper accessibility to health facilities. Questionnaires were administered using random sampling technique and the data generated were fed into the Statistical Packages for Social Sciences (SPSS). From the data analyzed it can be concluded that in order to realize the health related MDGs in Apapa L.G.A. there is the need to improve on accessibility to the available healthcare facilities.

The world health organization (WHO) states that health encompasses ‘a state of complete, physical, mental and social well-being, not merely the absence of infirmity’ in an individual. A technocratic view of health is the absence of disease (generally organic but possibly also mental). This definition implies that medical intervention can often restore health and places emphasis on medical diagnosis, treatment and cure along standardized lines.

Health care facilities like many public services are not available to all individuals. This may be due to certain constraints. These constraints may be particularly crucial in influencing effective accessibility to healthcare services. By accessibility we mean a general term used to describe the degree to which a product, device, service is available to as many people as possible. Supply of service is a pre-requisite for accessibility. Unless services are ‘available’ there can be no consideration of the factors, geographical or otherwise, that differentially influence the access of individuals or groups to needed services. Availability in the most general interpretation depends largely upon the state of medical technology and the allocation of resources to health care. The spatial pattern of health care in developing countries like Nigeria is marked by variations in levels of provision from place to place.

The millennium development goals (MDGs) are the most broadly supported, comprehensive and specific development goals the world has ever agreed upon. These eight time-board goals provide concrete, numerical benchmarks for tackling extreme poverty in its many dimensions. They include goals and targets on; ending poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality,

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improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development.

Adopted by world leaders in the year 2000 and set to be achieved by 2015, the MDGs are both global and local, tailored by each country to suit specific development needs. They provide a frame work for the entire international community to work together towards a common end, making sure that human development reaches everyone everywhere. If these goals are achieved, world poverty will be cut by half, tens of millions of lives will be saved, and billions of people will have the opportunity to benefit from the global economy.

Research Objectives

The objectives of the study are as follows:

1. To examine accessibility to health facilities in the study area.
2. To examine the relationship between access to health care and the MDGs.
3. To offer suggestions towards achieving the MDGs through the provision of health care facilities.

The Study Area

Apapa local government was formally a part of Eti-Osa local government. Apapa local government is surrounded by 5 local governments namely: Lagos Island, Lagos Mainland, Surulere, Ajeromi- Ifelodun and Amuwo-Odofin. Apapa local government area is made up of 10 wards. These 10 wards are as follows: Marine ward/Environs, Liverpool ward/ Environs, Greek road/ Tincan/ Snake Islands, Pelewura crescent/Environs, Afolabi/Alasia Street/Environs, Marine beach and sari, Ijora Oloye, Iganmu, Badia, Gaskia/Environs.

The council presently boasts of five operational primary health centers (PHC). These health centers provide the venues where various immunizations are given to the public in order to prevent the spread of epidemic within the local government area. The health care centers include; Ijora, Oluwole, Olojowon, Sari, and Marina beach primary health centres.

Conceptual Framework

Among the relevant concepts pertinent to this study are the concepts of accessibility (Cox and Reynolds 1944; Dear 1974; Mass am 1975; Arrow 1963; Sen 1990) the demand for healthcare(Grossman 1972; Mcguire et al 1988;) central place theory (Walter Christaller 1893-1969; Gestid 2008; W. Christaller (1933); Losh (1938, 1954); (Berry, 1967); (Garner, 1979); Isard (1956, 1960); Wagstaff (1986); Walter Christaller (1966), nearest neighbor analysis etc.

Research Methodology

A total of 400 questionnaires were administered of which 351 were returned. The random sampling technique was employed in the choice of

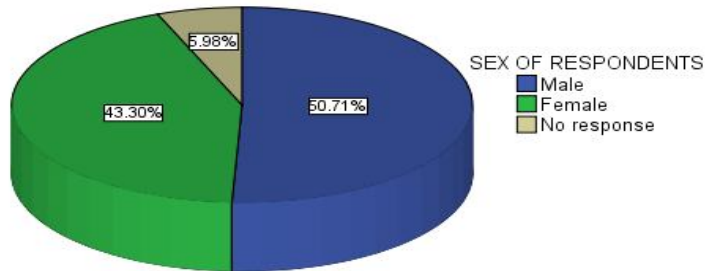
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respondents. The survey results were fed into the statistical package for social sciences [SPSS] for analysis.

Presentation of Data and Analyses

The data presented and analyzed here are based on the responses from the 351 questionnaires recovered.

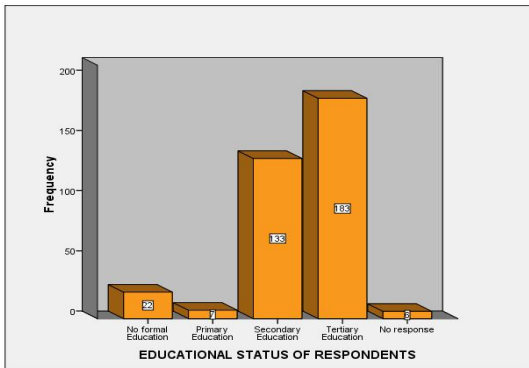
Fig 1: Pie Chart Showing the Sex of Respondents.



Source : Field Survey 2010

According to Fig 1 the male respondent who were 178 in number account for 50.7% while the female respondents were 152 in number and represented 43.3% of the total respondents.

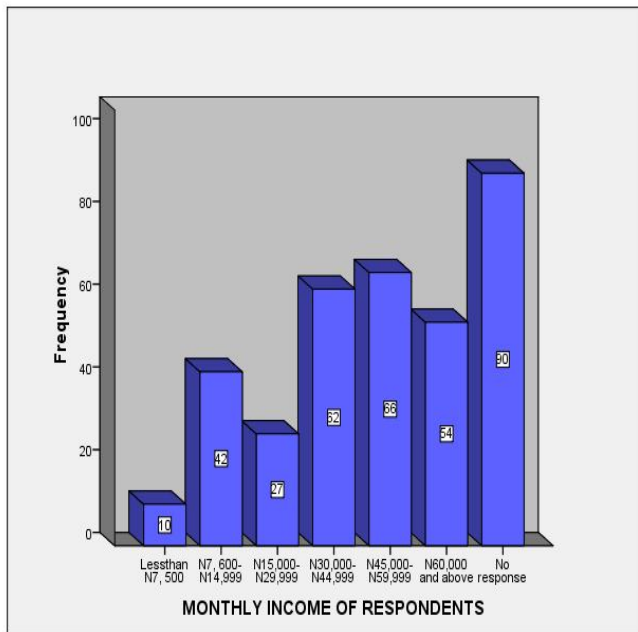
Fig 2: Bar Graph Showing Educational Status of Respondents



Source : Field Survey 2010

Figure 2 indicates that 52.1% of the respondents have tertiary education (OND, NCE, and/or B.Sc), secondary education accounted for 37.9%, primary education represented 2.0% while those with no formal Education accounted for 6.3% of the respondents.

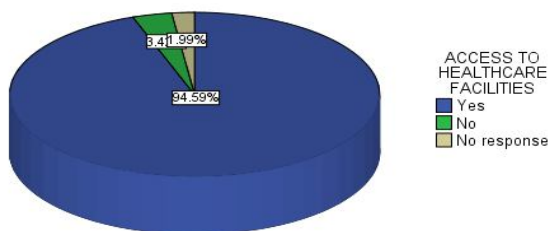
Fig 3: Bar Graph Showing the Monthly Income of Respondents



Source : Field survey 2010

66% of the respondents earned between ₦45,000- ₦ 59,999 while 54% earned above ₦ 60,000, 62% earned between ₦ 30,000 - ₦ 44,999, 42% earned between ₦ 7,600 - ₦ 14,999, 27% , earned between ₦ 15,000 - ₦ 29,999 and 10% earned below ₦ 7,500. These suggest that a greater percentage of the respondents fall into the average income group.

Fig 4: Pie Chart Showing the Access to Healthcare



Source : Field Survey 2010

Whereas 94.6% of the total respondent claim they have access to health care facilities, 3.4% remarked that they have no access to health care facilities.

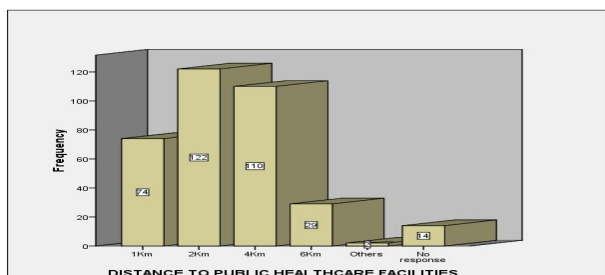
Table 1: Visit to Healthcare Facilities

	Frequency	Percent
General Hospitals	133	37.9
Primary Healthcare	184	52.4
Dispensary	9	2.6
No response	25	7.1
Total	351	100.0

Source : Field survey 2010

Table 1, indicates that 52.4% of respondents visit primary health centers, 37.9% visited General hospitals and 26% of the respondents visited dispensaries.

Fig. 5: Bar Graph Showing the Distance to Public Healthcare Facilities



Source : Field Survey

The above figure shows that 34.8% of the respondents observed that the distance to the health

Facilities is 2km, 31.3% was 4km, 21.9% was 1km, 8.3% was within 6km.

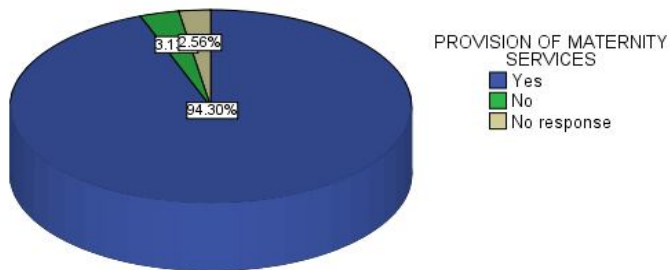
Table 2: Mode of Transportation to Healthcare Facilities

	Frequency	Percent
Trekking	68	19.4
Private Vehicles	57	16.2
Motor bikes	83	23.6
Public Transport	128	36.5
No response	15	4.3
Total	351	100.0

Source : Field survey 2010

Table 2 shows that 36.5% of the respondents use public transport, 23.6% use motor bikes, 19.4% of the respondents trek while 16.2% of the respondent use private vehicles.

Fig 6: Pie Chart Showing the Provision of Maternity Services



Source : Field Survey 2010

Whereas 94.3% of the respondents observed that maternity services were provided in the health facilities, 3.1% of the respondents observed that maternity services was not provided.

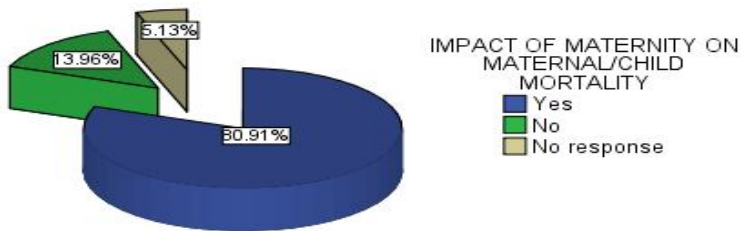
Table 3: Type of Maternity Services

	Frequency	Percent
Mid-Wifery	138	39.3
Traditional Birth attendance	3	.9
Gynecologist	165	47.0
Obstetrician	21	6.0
No response	24	6.8
Total	351	100.0

Source: Field survey 2010

Table 3 indicates that 47% of the respondents had access to gynecologist maternity services, 39.3% to mid-wifery services, 6% to obstetrics services, while 0.9% of the respondents observed that traditional birth attendant services are provided.

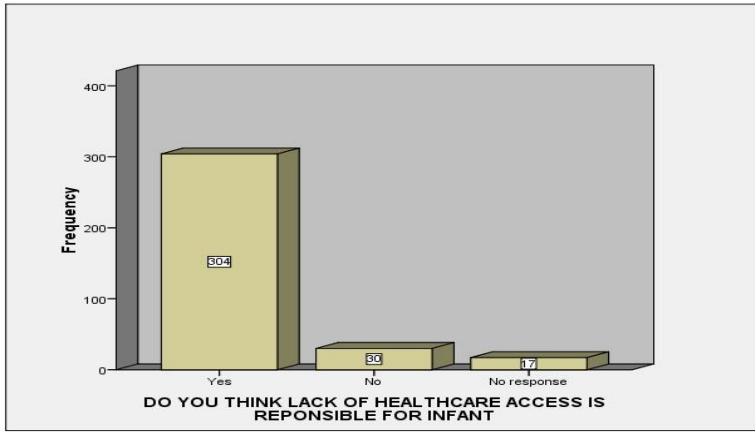
Fig. 7: Pie Chart Showing the Impact of Maternity Services on Maternal/Child Mortality



Source : Field Survey 2010

This Fig indicates that 80.9% of the respondent observed that that the provision of maternal services has made an impact on maternal/child mortality while 14% of the respondents observed that there are no impacts.

Fig. 8: Bar Graph Showing Access to Health Facilities and Infant Mortality



Source : Field Survey 2010

Whereas 86.6% of the respondents observed that lack of accessible health care is responsible for infant mortality 8.5% observed that lack of accessible health care is not responsible for infant mortality.

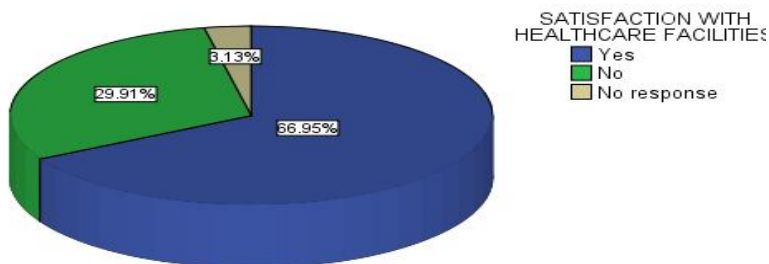
Table 4: Has the Presence of Healthcare Facilities Reduce the Spread of HIV/AIDS and other Disease.

	Frequency	Percent
Yes	281	80.1
No	60	17.1
No response	10	2.8
Total	351	100.0

Source : Field survey 2010

Table 4 indicates that 80.1% of the respondents observed that the presence of health care facilities has reduced the spread of HIV/AIDS and other diseases while 17.1% observed that the presence of healthcare facilities has not reduced the spread of HIV/AIDS.

Fig. 9: Pie Chart Showing the Respondents Satisfaction with Health Care Facilities.



Source; Field Survey 2010

Figure 9 shows that 67% of the respondents were satisfied with the health care facilities provided, while 29.9% of the respondents were not satisfied with the health care facilities provided.

Conclusion

From the data analyzed it can be concluded that in order to realize the health related MDGs in Apapa L.G.A. there is the need to improve on accessibility to the available healthcare facilities.

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