SUITABILITY OF NIGERIA'S EXTERNAL ENVIRONMENT FOR UTILIZATION OF PUBLIC HEALTHCARE FACILITIES AMONG OLDER ADULTS IN DELTA STATE

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Abstract

Efforts now being directed at improving the health of older adults, who are still useful to society and who constitute a large proportion of society, should start with the determination of the suitability of their external environment for healthcare services utilisation. This study was carried out to find out suitability of existing external environment (political, physical, and economic influences) for the utilisation of public orthodox healthcare facilities by older adults in Delta Central Senatorial District. The descriptive survey research design of the ex-post facto type was adopted to study a total population of 4,575 (males = 2, 070 males and females = 2, 505) retired civil servants listed on the Delta State Pensions Management Board as retirees from Delta Central Senatorial District of Delta State. The purposive sampling technique was used to draw a representative sample size of 400 participants. A validated self-structured questionnaire titled "External Environmental Determinants of the Utilization of Public Health Facilities among Older Adults Questionnaire (EEDUPHFOAQ)" with a Chrombach alpha reliability coefficient of 0.89 was used to collect data for this research. Obtained data were analysed using descriptive statistics of frequency counts and percentages. Results showed that though the physical environment was perceived to be suitable for the utilisation of public health facilities by older adults in Delta Central Senatorial District, the political and economic environments were perceived as being impediments to their utilisation by older adults. It was concluded that the political and economic environments of the older adult may be hampering his / her positive health behaviour of appropriately utilising available

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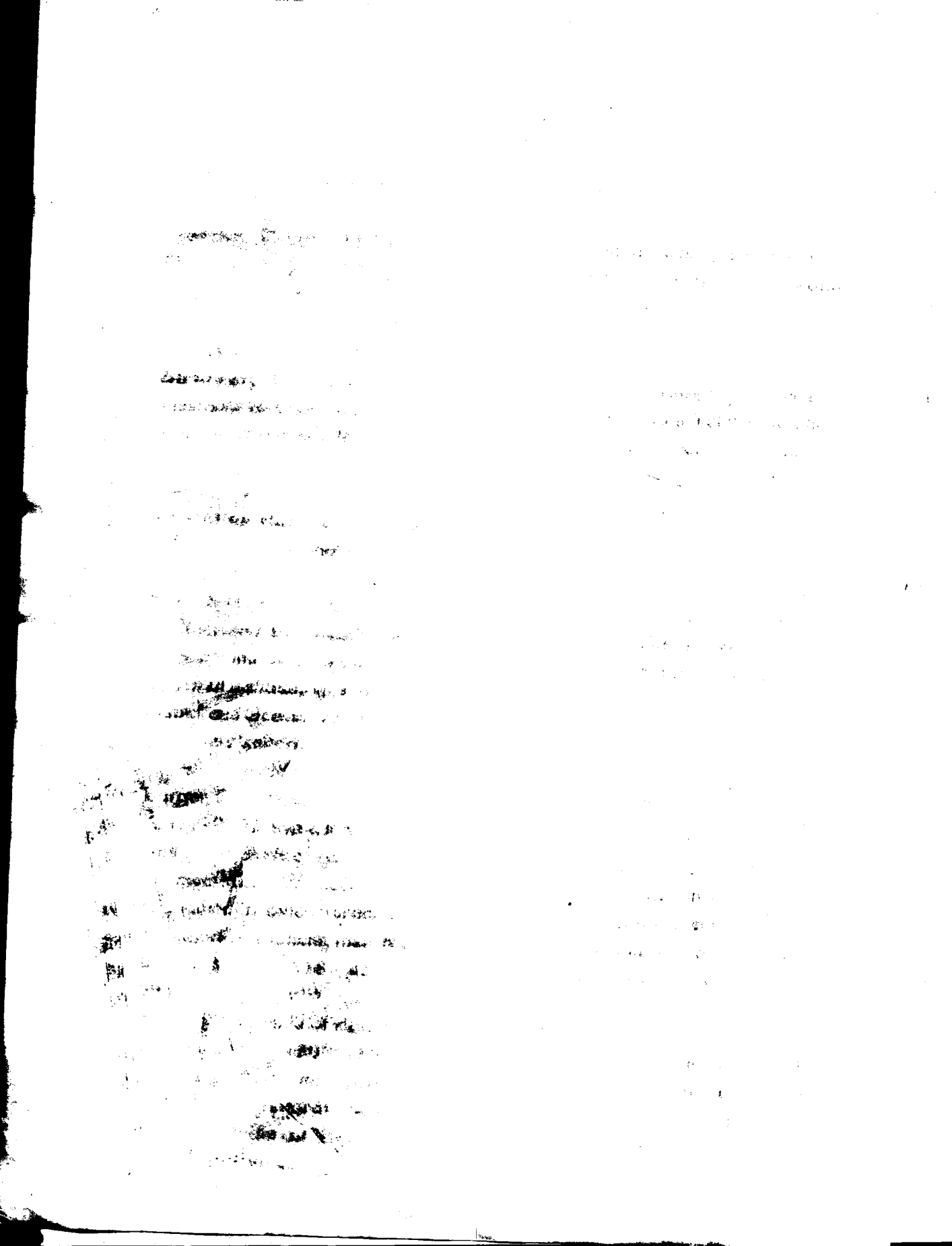

public health facilities. It was recommended, among others, that a Contributory health insurance in which the government/employer pays the lion share should be mandatorily put in place so that at old age people will continue to utilise public healthcare facilities just as they did in their financially buoyant days.

Keywords: External environment, Health seeking behaviour, Healthcare services utilisation, Older adults, Wellbeing.

Introduction

Older adults are persons who have reached 60 years of age or more and have reduced capacity to regulate their internal and external environments. Normal biological processes of older adults are so impaired that they can hardly meet metabolic and external challenges. This could be why Robergs and Keteyian (2003) regard older adults as persons who are often associated with disease and disability. Age of retirement is set by various authorities at 65 years plus or minus five years because the capacity of individuals for productive work reduces after age 60 years (Nabofa, 2009). Older adults can therefore be described as persons who have retired from active service having attained the age where the body systems have reached a state of functional degeneration in its movement towards natural death.

According to Ogbe (2009), unless adequate preparation is made in anticipation of the body changes associated with old age, the retiree may find problem of adaptation more stressful, due to the progressive loss of physiological capacities that eventually culminates in death. It could therefore be deduced that older adults, having retired from active service, need to find means of preparing for the inevitable end of life since they may not be of service to society anymore. Older adults can therefore be left to die since they are of no use to society. This could be why where one finds well developed maternal and child health services in the developed countries, a vacuum exists in the elderly healthcare (McLigeyo, 1997). Also older people are often overlooked in disasters and conflicts, and their concerns are rarely addressed by emergency programmes or planners (World Health Organisation [WHO], 2008).

The fact remains that the aged have played a key role in the accumulation and transmission of knowledge down the years. The attributes of maturity and wisdom are usually associated with advanced years and

the corresponding grey hairs and wrinkles (Kalesanwo, 2007). This is why the elderly are respected and are regarded as the custodians of morals, norms and culture. They act as adjudicators in family conflicts, mentors, advisers, managers and administrators of the day-to-day affairs of the community. They preserve the values of the community, possess knowledge, wisdom and eloquence, and are entrusted with ancestral traditions. They deserve to live just as the other younger and more privileged members of society.

The older adults represent a very significant proportion of humans. The proportion of older people is growing faster than any other age group (Hutton, 2008). A lot could be discerned from Hutton's claim and projections that in 2000 one in ten, or about 600 million people in the world were 60 years or older and that by 2025, this figure is expected to reach 1.2 billion people, and in 2050 around 1.9 billion. He estimated further that in developing countries, where 80% of older people live, the proportion of those over 60 years old in 2025 will increase from 7% to 12%.

Life expectancy at birth has increased globally from 48 years in 1955 to 65 in 1995, and is projected to reach 73 in 2025. By 2050, people over 80 years old are expected to account for 4% of world's population, up from 1% of today. The United Nations Economic Commission for Africa (2007) went further that Nigeria, the most populous country in Africa, currently has the highest older persons' population in Africa where the population of older adults is growing rapidly; 5% of the total population is aged 60 and above. It estimated that by the year 2025 the population of Nigerians aged 60 years and above will be 25.5 million people or 9.9% of the entire population. This large proportion of our population cannot just be left to die. Our humanitarian and healthcare services must therefore wake up to the reality of equally catering for the health needs of the elderly. The necessity to improve older people's well-being and quality of life is now being recognised in international policy and in some national health strategies (Department of Health, 2001; World Health Organisation 2002). There is a definite need to put in every effort to enhance older adults' health.

Though, chronic diseases such as cardiovascular diseases (CVD), cancer, diabetes, osteoporosis, arthritis and communicable diseases have been shown to be among the leading causes of death at older ages (Bourne, Morris, Charles, Eldemire-Shearer, Kerr-Campbell & Crawford, 2010; Brooks, Fahey, White & Baldwin, 2000), Fahey, Insell and Roth (2003) had since

demonstrated that many of the ill health conditions associated with old age are not due to ageing. They observed that most of these health problems that culminate in death of older adults are actually due to the neglect and abuse of the body and mind. This assertion was supported by Ehrman, Gordon, Visich and Keteyian (2003) that the natural physiological processes of ageing and associated conditions are enhanced by those conditions that are inadvertently created due to lifestyles and health seeking behaviour among others.

Health seeking behaviour, the most important determinant of a person's health, is influenced heavily by healthcare utilization, the use of healthcare services (Awoyemi, Obayelu & Opaluwa, 2011). Healthcare utilisation of a population is related to the existing external environment. The political, physical and economic influences of healthcare facilities utilization were what Nnamuchi (2007) described as a people's external environment. According to Hargreaves (2002), the deterioration currently experienced in the healthcare sector is directly attributable to the long years of kleptocratic repressive military dictatorship and widespread corruption and mismanagement of that political era.

Prior to the mid-1980s, the health sector witnessed robust growth, and access to healthcare was readily available at public hospitals and clinics at no charge except in rural areas. The United Nations Commission on Human Rights (UNCHR, 1999) asserted further that there was rot in our country's healthcare sector and that this rot was evident in the patchwork of decrepit public health infrastructure strewn across the country, most of which are severely understaffed and suffer extreme shortages of even the most basic equipment and medicines. In other words, the physical environment may not be very conducive for the older adults to utilise.

Even in spotty instances where medical treatment and consultation are available, escalated cost means that millions are effectively shut out of the system (Hargreaves, 2002). Older adults may not find it easy to fund the exorbitant costs associated with healthcare in modern day Nigeria since their economic power has been reduced drastically by retirement. Healthcare expenditure, according to UNDP (2006), as a percentage of GDP was 1.3% in 2003, representing a decline from 2.2% in 2000. This level of spending could make it difficult to provide even the most basic of services. In addition, there is a concern that the budgeted figures may not be representative of the actual amount spent on health as there continues to be a gap between the two figures. The FMH

(2007) agreed that it is not clear whether the budgetary allocations were actually spent on health services or wound up in private hands. In this kind of economic environment, the older adults seem to have no hope of utilizing available healthcare facilities. It is not even certain whether the direct financial assistance offered to older adults in Ekiti State (The Guardian Newspaper of Tuesday 26th June, 2012) is getting to them or not.

Now that older people's right to life, in terms of wellbeing and quality of life, is being recognised (WHO, 2002), it is necessary to determine their health seeking behaviour in the form of health facility utilisation. The Federal Ministry of Health (FMH, 2004) claimed that it has provided very conducive external environment for healthcare service utilisation in the form of Primary Health Care which has made health services available, accessible, acceptable and affordable by every individual. This claim needs to be verified for the older adults in line with Anderson's (1995) model of health services utilization which demonstrated that suitability of a people's external environment is among the determinants of public healthcare facilities utilisation. This research was therefore carried out to find out the suitability of older adults' external environmental for utilizing public health facilities in Delta Central Senatorial District of Delta State.

Research Question:

The following research question was generated to guide this study. "Will the external environment (political, physical, and economic influences) be perceived to be suitable for the utilisation of healthcare facilities by older adults in Delta Central Senatorial District?"

Delimitations of the Study

The study is delimited to the following:

1. The eight (8) Local Government Areas that make up ----------or constitute Delta Central Senatorial Districts namely, Ethiope East, Ethiope West, Ughelli North, Ughelli South, Sapele, Okpe, Uvwie and Udu local government areas.

2. Only retired civil servants aged 60 years and above, and are registered as pensioners with Delta State Pensions Management Board were the older adults studied.

Methodology

Research Design

The research design adopted for this study was the descriptive survey research design of the ex-post facto type. Egbule and Okobia (2001) postulated that descriptive survey

research design provides a basis or explanation for the current state of affairs through the systematic collection and analysis of accurate data. An ex-post-facto type of research is a systematic empirical inquiry, in which the investigator does not have direct control of independent variables because their manifestation have already occurred or because they are inherent and cannot be manipulated (Kerlinger & Lee 2003). Since both dependent and independent variables were not manipulated in this study, this design was deemed appropriate and adopted for this study.

Population of the Study

The study population comprised all the retired civil servants listed on the Delta State Pensions Management Board as retirees from Delta Central Senatorial District of Delta State. The total number of retirees registered with the Delta State Pensions Management Board, as residing in Delta Central Senatorial District of Delta State, as at the end of the year 2011 is 4,575 made up 2, 070 males and 2, 505 females.

Sample and Sampling Procedure

The total sample size used in this study was made up of 400 participants. This sample size was determined by the Cochran's sample size formula for categorical data (Bartlett, Kotrlik & Higgins, 2001):

$$no = \frac{(t)^2 * (p)(q)}{(d)^2}$$

Where no = required sample size

t = table value for selected alpha level of significance, 0.05 = 1.96.

(p)(q) = estimate of variance = 0.25, since p = maximum possible proportion (0.5) while q = 1minus maximum possible proportion (0.5).

d = acceptable margin of error for proportion being estimated = 0.05 (error researchers were willing to except).

Therefore the sample required for this study is

$$no = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} = 384$$

This number was rounded up to 400 so that an equal number of 50 respondents can be used from each of the eight local governments in the district. The Cochran's sample size formula was used so that generalisations can be made to the whole of Delta State and those older adults who are not registered with the State Pensions Management Board. This is in line with Bartlett, Kotrlik and Higgins' (2001) recommendation that the Cochran's sample size formula could be used for

obtaining an adequate and representative sample size that would enable generalisations to be made to a given population even if the sample is obtained from just a part of the population.

Purposive sampling technique was used to select a total of 50 respondents from each of the eight (8) Local Government Areas in Delta Central Senatorial District in Delta State. The reason for choosing this sampling method is in accordance with Nworgu's (1991) assertion that purposive sampling technique ensures that only elements relevant to the research are included and guarantees that extra care is taken to select those elements that satisfy the requirements of the research. This sampling method ensured that an adequate number of male and female retirees were selected from each of the local governments as participants.

Research Instrument

A self-structured questionnaire titled "External Environmental Determinants of the Utilization of Public Orthodox Health Facilities among Older Adults Questionnaire (EEDUPOHFOAQ)" was used to collect data. The questionnaire was divided into two sections. Section 'A' comprised items on socio-demographic characteristics of the respondents while Section B elicited data regarding the suitability of older adults' external environment for their utilisation of public healthcare services. The responses in section 'B' were structured based on a four point Likert-type rating scale ranging from "4" for strongly agree to "1" for strongly disagree.

Validity of the Instrument

Face and content validity was established by five experts in health educational measurement and evaluation of Delta State University, Abraka. The questionnaire was vetted, in terms of clarity of the questions; the suitability of the variables and capability of the questionnaire to elicit the required information for the study. The instrument was found by these experts to possess face and content validity.

Reliability of the Instrument

The research instrument was pre-tested by administering the questionnaire to 30 retirees who attended the Delta State Retirees Workshop from Delta South Senatorial District of Delta Sate of Nigeria. Respondents from Delta South Senatorial District were used because they were not part of the population studied and so did not produce any 'halo effects' on the actual copies completed and used. The filled and returned copies of the questionnaire were analysed using Chrombach alpha reliability scale. The

analysis yielded an alpha coefficient of 0.89. This value obtained was regarded high enough to establish the reliability of the instrument for this study.

Method of Data Collection

The researchers personally administered the questionnaire to the respondents during the meetings of the Delta State Retiree Association. Completed copies of the questionnaire were collected from the respondents, immediately after completion on the same day, to avoid questionnaire mortality and forestall a situation where some respondents may be influenced in their responses by others.

Data Analysis

Completed copies of the questionnaires were sorted and coded by the researchers. Data obtained were analysed using frequency counts and percentages.

Table 1: External environmental influences of healthcare facilities utilisation among older adults in Delta Central senatorial district

External Environmental Influences of Healthcare Facility Utilisation among Older Adults Item	Frequency of Responses in number and percentages			
	Strongly Disagree	Disagree	Agree	Strongly Agree
Existing political environment in Delta Central Senatorial District is favourable to utilisation of public orthodox healthcare facilities by older adults.	176 (44.0%)	200 (50.0%)	24 (6.0%)	0 (0.0%)
Existing physical environment in Delta Central Senatorial District is favourable to utilisation of public orthodox healthcare facilities by older adults.	40 (10.0%)	40 (10.0%)	312 (78.0%)	8 (2.0%)
Existing economic environment in Delta Central Senatorial District of Delta State is favourable to utilisation of public orthodox healthcare facilities by older adults.	8 (2.0%)	312 (78.0%)	56 (14.0%)	24 (6.0%)

Table 1 shows that though the physical environment in Delta Central Senatorial District is favourable to the utilisation of public healthcare facilities by older adults, majority, 376 (94%) and 320 (80%) of the respondents indicated that the political and economic environments respectively are not favourable to the utilisation of public health facilities by older adults.

Discussion

Though the physical environment was perceived to be suitable for the utilisation of public health facilities by older adults in Delta Central Senatorial District, the political and economic environments were perceived as impediments to the utilisation of public health facilities by older adults in this research. The finding that the political environment was not suitable for older adults to utilise public health facilities implies that Nigeria has not recovered from the long years of kleptocratic repressive military dictatorship and widespread corruption and mismanagement of that political era (Hargreaves, 2002). The precipitous economic decline following the military usurpation of power in Nigeria which Nnamuchi (2007) claimed were the markers of the genesis of many of the intractable challenges besetting the healthcare system is thus supported by this finding.

The finding that the economic environment in Nigeria was not perceived to be conducive for utilisation of public health facilities by older adults in Delta Central Senatorial District of Delta State could be the fallout of what the FMH (2007) was lamenting about that it is not clear whether budgetary allocations were actually spent on health services or wound up in private hands, and so further supports this finding that. This finding thus gives empirical backing to the claim of Hargreaves (2002) that the exorbitant costs associated with healthcare in modern day Nigeria has effectively shut out millions out of our healthcare system. Clearly, there is no way an economic environment of this nature can support the older adults who may not find it easy to fund the prevailing exorbitant healthcare costs. This is because their economic power has reduced drastically due to their retirement from active service.

Conclusion

It was concluded that though the older adults in Delta Central Senatorial District may possess the positive health behaviour of appropriately utilising available public health facilities, they may not be practicing it due to the perceived politically and economically harsh environments. This is because the political and economic environments of the

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Recommendations

Based on the findings of this study, the following recommendations are made:

1. Contributory health insurance in which the government/employer pays the lion share should be mandatorily put in place so that at old age people will continue to utilise public healthcare facilities just as they did in their [illegible] days

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Recommendations

Based on the findings of this study, the following recommendations are made:

1. Contributory health insurance in which the government/employer pays the lion share should be mandatorily put in place so that at old age people will continue to utilise public healthcare facilities just as they did in their financially buoyant days.
2. As a political solution, government should ensure that direct financial assistance is offered to older adults in the society so that they can continue to meet up with their healthcare needs.
3. The political environment should be rearranged in such a way that it recognises the need for the pension pay to retirees is commensurately reviewed upward each time Government carries out upward review of workers' salaries. This would reduce the effect of the ever increasing inflation on the older adults.

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