

Public Perception and Use of Health Facilities in Nigeria: The Case of Beggars in Sabon Gari Local Government, Zaria, Kaduna State

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Abstract

In every society, the choice of whether to utilize health care facilities or not is made by the people. In Nigeria, not all categories of people in the society utilize the available health care facilities such as hospitals and clinics, due to factors which vary from person to person or group to group. This study therefore, examines beggars' perception of and/or disposition to health care facilities in Sabon Gari, Local government of Kaduna State, Nigeria, with a view to knowing whether beggars utilize the health facilities in the area or not, and identifying the factors which influence their utilization or otherwise of the facilities. Both the primary and secondary data were explored for the study while the questionnaire and interview methods were used in data collection. Results have shown that beggars do not utilize health care facilities in the area because they perceived that the facilities are not meant for low socio-economic status persons. The study recommended that the government should organize intensive campaigns among beggars and other low socio-economic status persons on the need to change their perception of health facilities in their communities.

Keywords: Utilization, Social status, Healthcare, Perception

1. Introduction

One major concern of every nation is how to establish a reliable health care delivery system for the people. This is because health is the foremost determinant of human contribution to development and nation building. It is obvious therefore, that developmental achievements of any country are predicated upon how laudable its health care delivery strategy is. This implies that when a nation's health sector is recording successes, it means that her efforts to develop are yielding the expected results.

In Nigeria, after the nation's independence in 1960 succeeding governments have made efforts to improve the health status of the people. Year after year, large sums of money are committed to the health sector especially for the provision of health care facilities in all the nooks and crannies of the country. That notwithstanding presently, health facilities are not only inadequate but the available ones are also in very poor conditions. It is quite obvious therefore, that despite the large sums of money being committed to the health sector, it has not recorded reasonable improvement. On this issue, Leo (2010:42) has stated that, "Nigeria's health indices have been described as one of the worst in the world with women and children constantly losing their lives to one epidemic or another". Similarly, Metiboba (2011:457) has observed as follows:

... Nigeria had one of the lowest national health budgets in Africa. It is partly as a result of the under-funding in the health sector that has made its quality of services to be quite low. Health facilities at all levels are simply non-operational. Besides, the poor and deplorable state of the available health facilities only translates to inefficient and ineffective healthcare delivery

Still in this respect, a national newspaper, Daily Trust (June 18, 2013:31 has reported:

Dr. Zakari (Director of Public Health in Kaduna State Ministry of Health) in an interview, told Daily Trust that the poor condition of primary health care system is a national issue and that it is not only restricted to Kaduna State.

Despite the above-mentioned state of affairs, succeeding governments in Nigeria has been able to provide some health care facilities-primary, secondary and tertiary – though they are grossly inadequate. The question therefore is, are the available health care facilities accessible to all and sundry? What is the disposition of the underprivileged members of the Nigerian Society to available health facilities? To this end therefore, the main objective of the paper is to examine the disposition of beggars (a low socio-economic status group) to available health care facilities in Sabon Gari Local Government, Zaria, Kaduna State, Nigeria. It seeks to find out beggars' perception of health facilities in the area; whether they utilize them or not, and the factors which influence their utilization or otherwise, of the facilities.

Sabon Gari Local Government Area is in Zaria, Kaduna State, in Northern Nigeria. It is one of the core areas of Zaria a significantly large city in Northern Nigeria. Though larger percentage of the inhabitants are Hausas (one of Nigeria's three majority ethnic groups) who are the natives. There are also a large number of people (belonging to other ethnic groups) from other parts of the country such as Yorubas, Igbos, Tivs, Igbiras, Igalas, Idomas, Efiks, Edos etc. Sabon Gari Local Government plays a vital role in the development of Kaduna State. This is because a good number of national oriented educational institutions are located there. These include Ahmadu Bello University, which is one of the largest universities in Nigeria, the Nigerian College of Aviation (the only one in Nigeria), the Nigerian Military School, the Nigerian Army Depot, Ahmadu Bello University Teaching Hospital (a tertiary health care centre), etc.

There are quite a number of health care facilities in the area. They range from primary, secondary to tertiary health care delivery facilities. There are few private hospitals and clinics in the area. Furthermore, like other cities in Nigeria, the residents of Sabon Gari, Zaria include low, middle and high social- economic status persons. Obviously, there are beggars in Sabon Gari just like other Nigerian cities. They include male and female, young and old social categories of persons who engage in street begging on daily basis. They are indeed, low socio-economic status persons.

2. Method

Basically, the data for the study were collected from both primary and secondary sources. A sample size of ninety (90) respondents was drawn from the study area. The study population consisted mainly of beggars in Sabon Gari community, Zaria, Kaduna State, Nigeria. In selecting, the respondents both the stratified and simple randomization techniques were used. In doing this, the community was divided into four sections – A, B, C and D (i.e. North, South, East and West). Eighteen (18) respondents were selected from each of the four sections using the simple random sampling technique. Both questionnaire and interview methods were used in data collection. The questionnaire was interpreted for the beggars who are mostly illiterates.

3. Results and Discussion

Data were collected from both male and female respondents. Out of a total of ninety respondents, 56 percent are females while 44 percent are males (see table 1). All the respondents are adult beggars from 18 to 60 years. However, those between 32 to 60 years constitute the majority. Table 1 also shows that this category constitutes 60 percent of the respondents and most of the respondents are illiterates. Table 1 further shows that 82 percent of the respondents never acquire any formal education. The few that managed to obtain formal education did not go beyond the primary school. Table 1 shows that only approximately 11 percent of the respondents completed primary school education. This is the highest

level of education attained by any of the respondents. With respect to marital status, a clear majority of the respondents are unmarried. In table 1 this category constitutes 78 percent while those who are widows constitute just 18 percent.

Table 1: Social-demographic characteristics of respondents

	Frequency	Percentage
Sex		
Male	40	44
Female	50	56
Total	90	100
Age		
18-25 years	16	18
26-31 yrs	20	22
32-49 years	28	31
50-60 years	26	29
Total	90	100
Level of education		
No formal education	74	82
Primary school dropout	6	7
Completed primary school	6	7
Secondary school dropout	4	4
Completed secondary school	0	5
Others	0	0
Total	90	100
Marital status		
Single	70	78
Married	--	-
Separated	4	4
Divorced	--	-
Widowed	16	18
Total	90	100

In this section, data are analyzed and the results are discussed. The data has shown that beggars are aware of all the available health care facilities in the study area. That is, they are conversant with the locations of hospitals and clinics in the area.

Table 2: Respondents' awareness of available hospitals and clinics in the area

Response type	Frequency	Percentage
Aware of hospitals and clinics	84	93
Not aware of hospitals and clinics	6	7
Total	90	100

Table 2 shows that 93 percent of the beggars are aware of the presence of health care facilities (hospitals and clinics) in the area. This implies that the problem of the beggars with regards to the utilization of health care facilities in the area is not ignorance. Thus a male beggar said:

As a street beggar, I walked from street to street and I know where hospitals are located here in Zaria. I saw

health workers in white attires going in and out of some health centers whenever I passed by.

When asked whether they have ever visited any hospital or clinic in the area, most of the respondents said that they have. However, they do not visit hospitals or clinics frequently when they are sick.

Table 3: Responses on whether respondents have ever visited any hospital or clinic in the area

Response type	Frequency	Percentage
Has visited hospital/clinic	68	76
Never visited hospital/clinic	22	24
Total	90	100

Table 3 shows that 76 percent of the respondents have visited hospitals or clinics at one time or the other, while 24 percent never visited any health care facility. However, those that visited hospitals/clinics did so once, (that is, they are infrequent) though they often fell sick. This implies that they are not better than those who never visited any health care facility. This is because after the first visit, they didn't go back despite their persistent ill-health conditions. In this respect an adult male beggar said:

I often enter hospital premises to beg for money and sometime ago I asked whether I could be treated. I made one attempt and failed and did not attempt to go there for treatment again.

Table 4: Responses on how frequent respondents have visited the hospital/clinic after first visit

Response type	Frequency	Percentage
Frequently	5	6
Not frequently (no other visit than the first)	85	94
Total	90	100

Table 4 shows that 94 percent of the respondents who have visited hospitals did not return there after their first visit while only 6 percent repeated the visit. This implies that a number of factors have discouraged the respondents from visiting health facilities after their first visit.

Table 5: Respondents' views on why they do not visit hospitals/clinics when they are Sick

Response type	Frequency	Percentage
Fear of being turned back	20	22
Feeling of inferiority	28	31
Lack of trust for hospital treatment	4	5
Hospitals/clinics are located far away	38	42
Total	90	100

Among the numerous factors which discouraged respondents from visiting hospitals/clinics, fear of being turned back by hospitals/clinics staff, feeling of inferiority and distance of hospitals/clinics from respondents are the most significant. Table 5 shows that 42 percent of the respondents said that they are discouraged by long distance; 31 percent by their feeling of inferiority and 22 percent by the fear of being turned back by hospital staff. However, virtually, all the respondents trust hospital treatment (medical approach). Nevertheless, they could not utilize the facilities because of the factors mentioned above.

With respect to the fear of being turned back by hospitals/clinics staff, an interviewee said, “I feel that we are not as neatly dressed as to be accepted into hospital/clinic environment”. This is the view expressed by all those interviewed. However, this is a feeling. This is because none of them said that he/she has been turned back by any hospital or clinic staff. Respondents also feel inferior because they are poor and cannot express themselves in English language, which they think is the language of communication in the hospitals/clinics environment. This is also a feeling because it was observed that most of the nurses do speak Hausa which is the predominantly spoken (native) language in the area. They usually communicate with illiterate patients using Hausa language. With respect to the issue of location of hospitals and clinics, those interviewed said that they regarded the location of hospitals/clinics as too far away because they do not have the money to pay for transportation to the locations. According to some of them, they won’t have considered the hospitals/clinics as far away if they have access to some means of transportation.

Table 6: Respondents’ perception of health care facilities (hospitals/clinics)

Response type	Frequency	Percentage
They are meant for the rich	46	51
They are meant for the educated	2	2
They are out of the reach of the masses	36	40
They are not adequately equipped	6	7
Total	90	100

Respondents perceived hospitals/clinics as facilities meant for the rich and that these health facilities are out of the reach of the poor masses. Table 6 shows that 51 percent of the respondents believe that hospitals and clinics are meant for the rich while 40 percent believe that they are out of the reach of the masses. This perception influences the respondents’ indifference to health care facilities. However, observation at the public hospitals/clinics in the area revealed that all categories of people are welcomed. That is, people of different socio-economic statuses are attended to. But in private clinics, services are costly hence, only the middle and high socio-economic status people visited them. It should be noted that the private clinics are insignificant because their capacity and equipments are lower compared to the public hospitals/clinics. Moreover they are very few in the area.

4. Conclusion

Like in other developing countries, in Nigeria, health care facilities are far from being proportionate to the need of the populace. This is essentially due to the ever-increasing population of the country. There are also the problems of inadequate personnel and outdated equipments in hospitals. Nevertheless, there are public health facilities spread across different parts of the country. However, some categories of people especially the low socio-economic status persons do not utilize available health facilities because of poverty and their low social status which informed their generally negative perception of the facilities.

Since all Nigerians have the fundamental human right to health, certain steps should be taken to encourage the low socio-economic status persons across the country to change their negative perception of health facilities and start utilizing the available ones. Government should embark on an enlightenment campaign among to sensitize various categories of people belonging to the low-socio-economic status level on the need to make use of available health facilities. Such enlightenment campaigns should be done among groups such as market men and women, beggars, artisans, hawkers etc. Indigenous languages should be used for conducting the campaigns. Furthermore, the government should collaborate with the private sector and philanthropists in creating mobile clinics in the remote rural areas as well as slum parts of urban areas where the low-socio-economic status persons mostly live. This would bring health care facilities closer to them. Also, government should empower beggars by training them in

various vocations such as tailoring, shoe repairing, welding, vulcanizing, automobile repairing, etc, which would bring about some improvement in their economic condition.

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References

- Daily Trust (2010). "NGO starts House for the Elderly" *Daily Trust*, July 6,
- Daily Trust (2013). "Health Bill Will Improve Health Care". *Daily Trust*, June 18. p.31.
- Fadeyi, A.O. (2010). "Millennium Development Goals: Assessment of Nigeria's Health Sector". Proceedings of 15th Annual Conference of Nigerian Anthropological and Sociological Association (NASA), Zaria, Nigeria, p.190-197.
- Gwarmari, D. (2010). "Sociological Analysis of Street Begging in Sabon Gari Community, Zaria, Kaduna State" A B.Sc Project, Department of Sociology, Ahmadu Bello University, Zaria, Nigeria
- Ibrahim, H.; Alhassan, A.; Wakili, I.; Musa, I.; Bello, M. and Aliyu, R. (2010). "Nigeria's Loosing Battle Against AIDS" *Weekly Trust*, April 17, p.2-3, 16.
- Ismail, A. (2010). "Sociological Analysis of Street Hawking in relation to Child Labour in Sabon Gari Local Government Area, Zaria, Kaduna State" A B.Sc Project, Department of Sociology, Ahmadu Bello University, Zaria, Nigeria
- Kyari, F. (2003). "Population Growth and Health Needs: A Case study of Plateau State" In. National Population Commission (ed). *Data Needs for sustainable Development in the 21st Century*. Abuja; National Population Commission p. 123-133.
- Leo, R. (2010). "Empowering Youths to Improve the Health Indices," *Daily Trust* Tuesday June 16, 2010, 10.
- Metuboba, S. (2011). "Nigeria's National Health Insurance Scheme: The Need for Benefiting Participation," Proceedings of the 16th Annual Conference of Anthropological and Sociological Association of Nigeria (ASAN), 457-462
- Oluwabamide, A. (2010). "The Role of the Family in Rural Health Care Delivery in Nigeria" Proceeding of the 15th Annual Conference of Nigerian Anthropological and Sociological Association, 223-231.
- World Health Organization (2004). *Maternal Mortality Estimate 2000*. Geneva: Department of Reproductive Health and Research, WHO.