

ASSESSMENT OF PEOPLE'S UTILIZATION OF PUBLIC HEALTH FACILITIES IN SOME SELECTED COMMUNITIES OF JERE LGA BORNO STATE NIGERIA

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ABSTRACT

This study is to asses people's utilization of public health facilities in some selected communities of Jere Local Government Area of Borno State, Nigeria. The objectives were to: asses the evidences of people's utilization of public health facilities in the study area, investigate the effectiveness of those health facilities around, suggest way forward on how to improve those health facilities available; Data for the study were obtained from both primary and secondary sources, primary data were generated through inventory of health centres, visits to various health facilities where vital information were sieved through the administration of 400 questionnaires, structured interviews and participatory rapid appraisal (PRA) were all done, while secondary data were obtained from the extraction of reports of National Population Commission (NPC), Jere Local Government Primary Health Care Department (PHCD), records from Dispensary, Clinics and Hospital.

INTRODUCTION

Improved health and quality of life depends to a great extent on availability, distribution and utilization of health care facilities at affordable cost (Pukuma, 2014). Health Care Service is an important concern for increasingly growing population particularly in developing countries. Developing countries are experiencing unprecedented growth over the years (Arigbede, 2012). The emergent population is aligned with the increasing demand for healthcare service along with all other infrastructures and public service utilities required to ensure the basic quality of life. The need for health care varies in space, and the physical environment varies in characteristics from place to place and this invariably has implications for the pattern of demand for healthcare facilities.

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The spatial dimension is also important in utilization behavior since accessibility is a major determinant of the use of health care facilities (Arigbede, 2012). Adequate levels of access to Primary Health Care (PHC) are a major development issue. Improvement in PHC services paves the way for advancement in the quality of life. Yamauchi, (2007) stated that

planners have potential role in providing better coordination in the service provision of such facilities. Provision of basic public services like Primary Health Care has been a matter of interest for researchers, planners and policy makers for some decades. In-equality in health care refers to disparities in access to health facility to large extent (Oguntade, 2011).

Aim and Objectives of the study

The aim of this study is to assess people's utilization of public health facilities in some selected communities of Jere LGA Borno State Nigeria. The specific objectives are to:

- i. Asses the evidences of people's utilization of the public health facilities in the study area.
- ii. Investigate the effectiveness of those facilities around.
- iii. Suggest way forward on how to improve those facilities available.

Study Area

This section briefly introduces the location, climate, geology, relief, land form, soil and vegetation people and culture, drainage and socio-economic activities of Jere local Government Area.

Location

Jere Local Government Area (LGA) with headquarters at Khaddamari, is one of the 27 LGAs of Borno State, Nigeria. It is located between latitudes $11^{\circ} 40''$ and $12^{\circ} 05''$ N; longitudes $13^{\circ} 50''$ and $12^{\circ} 20''$ E occupying a total landmass of 169,000 km².

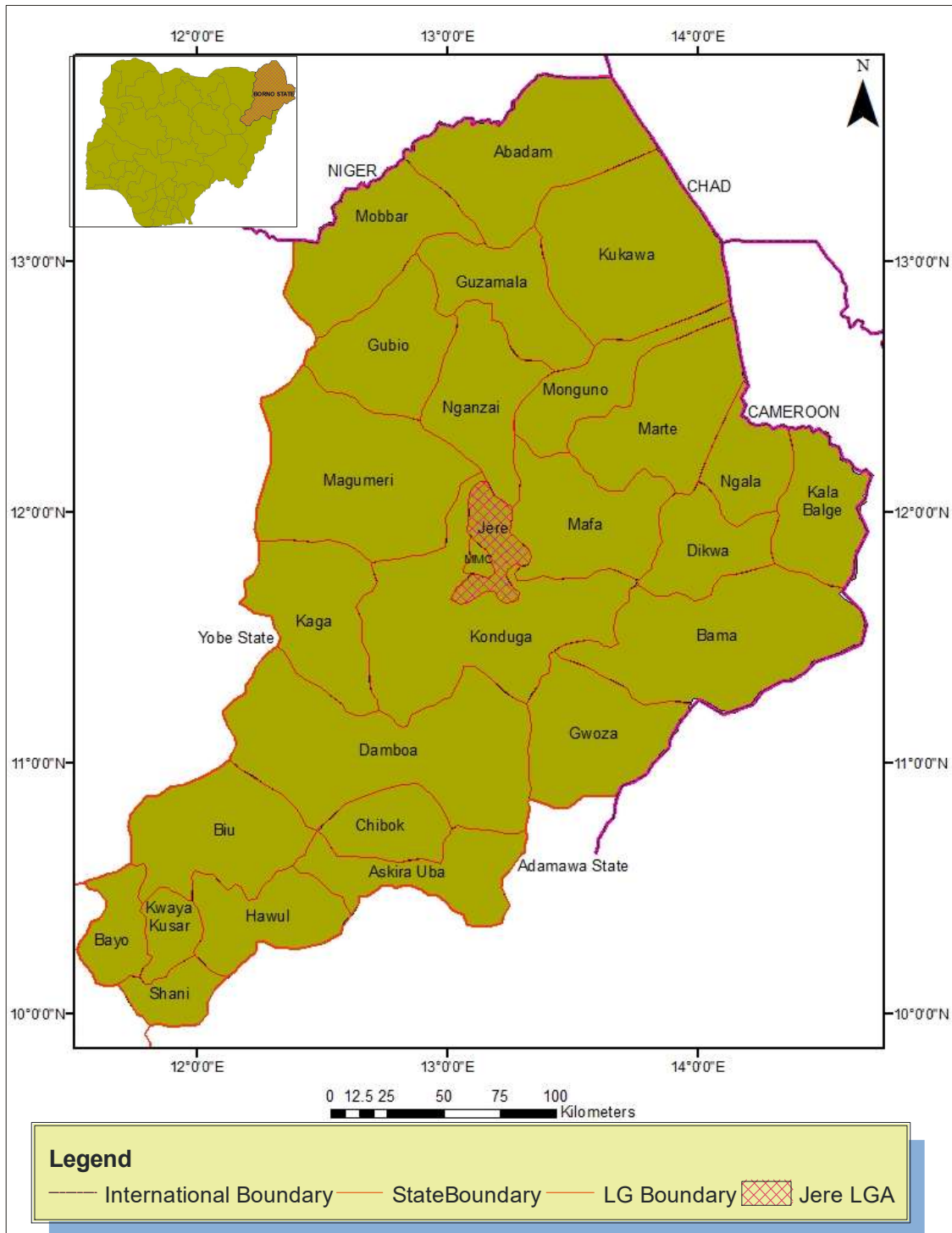


Figure:1. Nigeria showing Borno state and Jere Local Government the Study Area
Source: University of Maiduguri Spatial data base

Land form, Relief and Drainage

The major river in the area is the Ngadda River which originates from the flood spills of the Rivers Yedseram and Gombole and flows through the area where overbank flows occur. This resulted in the formation of the Jere Bowl and the Ngadda Channel which has been

identified as river channels sandwiched between a series of pond and marsh complexes (Nyanganji, 1994). Such environments generally referred to as Fadamas meaning lowland or floodplain or valley-bottom around a river. The area is populated by many ethnic groups but the predominant groups are Kanuri which make up about 60% of the population others are Marghi, Babur, Chibok, Shuwa, Gwoza, and Mandara 30% and other tribes accounted for 10% of the population (NMA, 2008).

Climate

Climate is characterized by wet and dry season, the annual minimum temperature ranges from 15-20°C and maximum range of 37-45°C. Three seasons have been identified, the cool dry (Harmattan) season (October-January), Hot dry season (February-May) and rainy season (June-September). Shehu, 1998. The amount of rainfall is usually (low), the mean annual rainfall receive is about 600mm. The highest rainfall is usually recorded in either July or August. Rainfall regime is single peaked and consequently crops can be grown once a year under a system of rain fed arable production (Oguntoyinbo, 1987.). The climate of the area is dry and hot for most part of the year with minimum temperature ranging from 15-20⁰ C and maximum range of 37-45⁰ C. The annual rainfall ranges from 500mm to 700mm characterized by high variability and intensity. The rainy season usually last from July to October with a relatively low humidity which is followed by a long dry season.

Soil and Vegetation

The vegetation of the area is directly related to the environmental factors of climate and soil as well as human interference through (farming, grazing and fuel wood exploitation). The entire area falls within the Sahel Sudan savanna vegetation. The impact of man in the form of cultivation, fuel wood exploitation and grazing contributed to a large-scale deforestation of the environment. The area is continuously over grazed because of its nutritive grasses by cattle, goat, sheep and this has contributed to keeping the vegetation down. The bush periodically burnt down especially during the dry season when the land is prepared for the rainy season cultivation. These activities have given rise to scanty vegetation composed of grasses and thorny trees. The grasses are short in most areas especially in the south, but taller trees are found in the North-East locally called Karau (Bukar, 1990). The trees are usually stunted and shrived in appearance with corky bark to reduce evaporation and resist fire. Soil of the study area consists mainly of clay, loamy with some sand horizons and gravels

Population and culture

Jere L.G.A has a projected population of 6,800,000 people with an annual growth rate 3.4% (NPC 2016).

Socio-Economic Activities

The primary economic activities of the people of Jere Local Government Area is agriculture, animal rearing and fishing so also as result, majority of the people are peasant farmer, herdsmen and fishermen. The farmers engaged on varied mix cropping system is practiced both rain fed and dry season farming. Most of the settled farmers are of the kanuri ethnic group while pastoralists in the area are mostly Shuwa-Arab, Fulani, Bodoi, Kwayam, and Buduma. Commercial activities are also being engaged by the people of Jere, tannery, buying, and selling of commodities among their way of life, asthey share boundary with Maiduguri.

METHODOLOGY

The data used in this study were generated from both primary and secondary sources;

The primary data was generated through inventory of health centres, visits to identified health facilities and other vital information studied were all obtained through the administration of 400 questionnaires, structured interviews and participatory rapid appraisal (PRA) were conducted to generate the required data across the health centres in the different political wards located across the study area.

Secondary data were extracted from reports of National Population Commission (NPC), Jere Local Government Primary Health Care Department, records at Dispensary, Clinics and Hospitals and ideas on related topics on the internet or dissertations.

Results and Discussions of Findings

Table 1: Distribution of Bed spaces in health facilities per selected wards

| S/N | Ward | Hospital | PHC | Dispensary | Maternity Clinic | Total |
|-----|---------------|------------|-----------|------------|------------------|------------|
| 1. | Alau | 0 | 0 | 7 | 0 | 7 |
| 2. | Maimusari | 0 | 20 | 5 | 10 | 35 |
| 3. | Old Maiduguri | 0 | 17 | 9 | 14 | 40 |
| 4. | Dusman | 0 | 0 | 11 | 0 | 11 |
| 5. | Khaddamari | 0 | 18 | 0 | 16 | 34 |
| 6. | Tuba | 0 | 0 | 5 | 0 | 5 |
| 7. | Gonglong | 0 | 0 | 11 | 17 | 28 |
| 8. | Dala | 100 | 37 | 0 | 31 | 168 |
| | Total | 100 | 92 | 48 | 88 | 328 |

Source: Field Survey, 2016

From the table above, the data collected was discovered that most of the health facilities especially the primary facilities have lesser number of bed spaces, unlike the secondary facilities which have more bed spaces to accommodate more patients. The number of beds in a health facility determines its capacity and level of utilization of such facility by the people, because a bed space is a basic requirement in healthcare delivery in any health facility. Table 1 shows the number of bed spaces in each category of health facilities.

Table 2: Distribution of Health Personnel per Selected Wards in Jere LGA

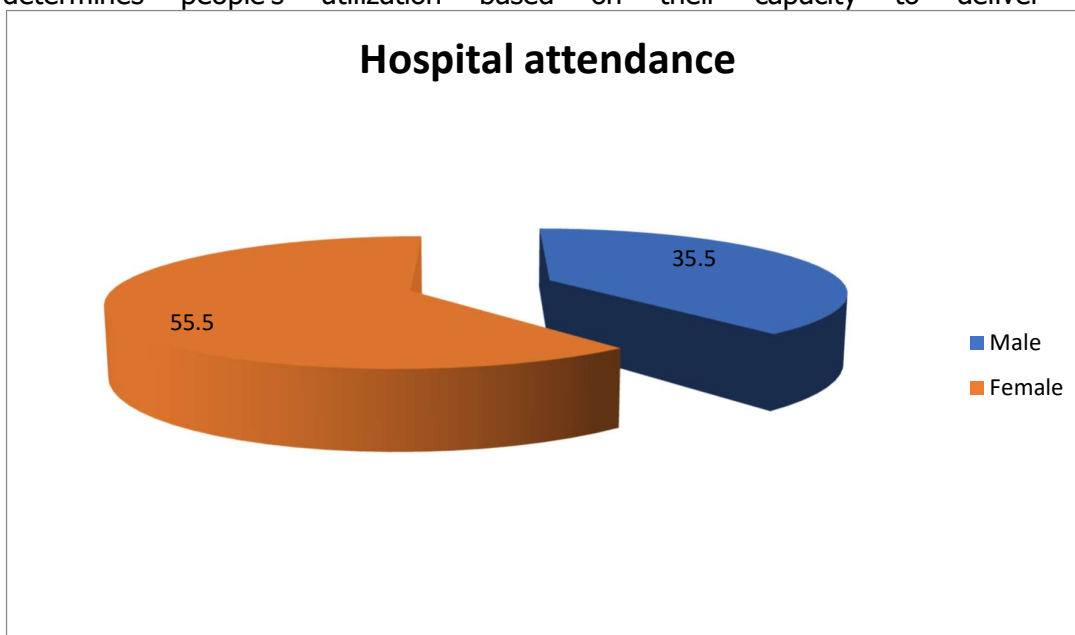
| Name of Wards | Doctors | Nurse/Midwives | Pharmacist | Radiologist | Lab. Tech | CHOs | CHEWs | Medical Record | TOTAL |
|---------------|----------|----------------|------------|-------------|-----------|----------|-----------|----------------|------------|
| Alau | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 |
| Maimusari | 0 | 12 | 0 | 0 | 2 | 1 | 10 | 1 | 26 |
| Old Maiduguri | 0 | 18 | 0 | 0 | 3 | 1 | 11 | 1 | 34 |
| Dusman | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 8 |
| Khaddamari | 0 | 12 | 0 | 0 | 2 | 0 | 9 | 0 | 23 |
| Tuba | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 8 |
| Gonglong | 0 | 4 | 0 | 0 | 1 | 0 | 8 | 0 | 13 |
| Dala | 6 | 72 | 4 | 1 | 8 | 2 | 10 | 2 | 105 |
| TOTAL | 6 | 118 | 4 | 1 | 16 | 4 | 69 | 4 | 222 |

Source: Field work, 2016

The health manpower such as Doctors, Nurses/midwives, pharmacist, laboratory technologist, community extension health workers (CHEWs), community health officers (CHOs) and record officers were computed for each health facilities. It was discovered that the health personnel especially the senior cadre are concentrated at the secondary facilities, while the primary health centres and dispensaries are under staffed.

This has negative effect on the functions of health facilities and services provided. This research revealed that Medical Doctors constitute about 4.3%, while Nurses/midwives 54.3%, pharmacists, 5.8% laboratory technicians 1.4%, CHEWs 26.8, CHOs 3.6% and Medical Record Officers 1.4%. More than half of the health personnel are in junior cadre. According to World Health Organization Global workforce statistics indicated that at least 2.5 medical staff (physician and Nurse/midwives) per 1,000 people is needed to provide adequate coverage with primary care interventions (WHO, World health report 2006). If there is short of this standard, this may result to too much work load on the health staff in attending to patient and that would have a significant effect on patient waiting time for consultation. The quality of services rendered is related to the level of manpower available.

This explains that it is not only for the facilities to be equally distributed but to have health personnel's who can deliver the services to people for which the facilities are created to serve. The number of health personnel in a health facility is one of the factors that determines people's utilization based on their capacity to deliver services.



Source: Field work, 2016

Figure: 1. Hospital Attendance

Figure 1 shows responds of respondents who have been attending health facilities. Almost all the respondents 90.9% claimed to use health facilities that are nearest to them for medical treatment, except 9.1% who engaged in self and Traditional way of medications, out of which 8% are female and 1.1 are male. female constitute the higher percentage of respondents who attend health facilities with 55.5% this may be as a result of female attending maternity and antenatal clinic during pregnancy and after delivery, with 35.5 % male. (Steinhauer, 2008), Stated that; the parents' failure to utilize health care services was a consequence of perceived needs, perceived threats, illness knowledge, autonomous health care choices, and faith in treatment.

CONCLUSION

In conclusion, the research has shown the frequency of people's utilization by visiting health facilities was also computed to know how often people use health facilities and the services provided to them. It was discovered that 55.5% of those who attend health facilities are females, 35.5% male that visited health facilities located in the area under study. Going

by objectives of this research paper, findings have concluded that; the public health facilities are not adequate in the study area viz-a-viz the population of the sample selected eight (8) political wards. The research indicates that most of the residence of the selected wards utilizes public health facilities for their health needs despite the limited number of health facilities.

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