

## THE CHALLENGES ASSOCIATED WITH CITIZENS' PARTICIPATION IN PRIMARY HEALTHCARE SERVICE IMPLEMENTATION AT THE GRASSROOTS IN OGUN STATE, NIGERIA

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### Abstract

A healthy person is a productive member of the society unhindered in his or her contribution to the nation's productive, economic, social and physical systems. This premise is supported within a healthcare system that integrates participation of its citizen at every stage of the healthcare process beginning at the grassroots through Primary HealthCare. Citizens' Participation is at the heart of Primary Healthcare, as the process by which members of a community share power with public officials in implementing fundamental decisions relating to a particular issue or sets of issues. However, in the Nigerian context, lack of citizens' participation has been a hindrance to primary healthcare implementation, where there is little evidence in the relationship between citizen participation and the primary healthcare system. This is in spite of citizen participation being a component of the National Health Policy towards the achievement of Universal Health Coverage. It is on this premise that this study examines possible challenges to citizens' participation in primary healthcare in Nigeria. With the assessment of selected rural communities in Ogun State, Nigeria, this paper highlights the challenges affecting effective citizens' participation through the analysis of data. It argues that, despite the promise of incorporation of citizen's participation in the Nigeria's Health Policy, poor enlightenment and funding are major hindrances to realizing this goal. It therefore recommends that there should be active inclusion in Community Health Committees, from which information, needs and awareness can be disseminated between citizens and policy makers; refocusing policy discussions from the formulation through implementation and feedback stages.

**Keyword:** Citizen Participation, Implementation, Ogun State, Primary healthcare

### 1. INTRODUCTION

Primary Healthcare as declared in 1978 at the Alma Ata Conference is essential healthcare based on practical, sound and socially acceptable methods that is made universally accessible to individuals in the community through their full participation (WHO, 1978). It is meant to address the peculiar health issues in communities through the provision of services that promote, prevent, cure and rehabilitate, with a key principle of community participation. Through citizen participation, individuals within the community are engaged as active participants in their own healthcare agenda and national development. This means that

citizen involvement and grassroots governance are opportunities to participate from the planning stage, implementation and through evaluation of the different programmes being carried out at the local level (Williamson, 2014; and Gberevbie, Joshua, Excellence-Oluye & Oyeyemi, 2017). It is a form of representative democracy, at the grassroots that is regarded as conventional means for change and action.

In the last forty years, citizen participation has become a widely promoted strategic tool in healthcare, leading to various studies analyzing its different forms, mechanisms, impact and relationship, and public policy process amongst others. There are specific studies on participation and policy formulation and implementation in environment and education policy (Khaledi, Agahi & Eskandari, 2012; and Tjahjono, Bisri, Soemarno & Ganis, 2014). Then closely to healthcare and health system, are studies conducted in Australia, South Africa and Scotland. These studies show evidence of increase in the outreach on immunization, child mortality, training and management of malaria and tuberculosis, and reduction in teenage pregnancy (Kironde & Kahirimbaanyi, 2002; Australian Government, 2008; Farmer & Nimegeer, 2014 and Bath & Wakerman, 2015).

However, in many developing countries in Sub-Sahara Africa, Nigeria specifically, it has been revealed that a large percent of their population are disadvantaged and marginalized with much of this stemming from the lack of citizen participation in the policy process. It was noted in Nigeria, under the leadership of Professor Olikoye Ransome-Kuti, former Minister of Health, that there were considerable achievements in the health system and health status of Nigerians based on primary health care (Aregbeshola & Khan, 2018). Through integrated services that took the will of the people and government into consideration, the Nigerian Health system under the policy driven primary healthcare developed and structured the health system. It was at this time that PHC came under the responsibility of local governments, one of the countries around the world to have this operation. During this administration, Nigeria was able to achieve almost 100percent immunization of children, leading to reduction in infant and child mortality rates. Also the management of communicable and non-communicable diseases such as malaria, tuberculosis and HIV/AIDS were possible. Regrettably, this success was not sustainable leading to dwindling trends and categorization of Nigeria within the low human index according to the United Nations Development Programme (UNDP), Human Development Index Report rated Nigeria 157 out of 181 countries (UNDP, 2018), thus reinforcing Omoleke's 2005 findings that showed low level of PHC policy and programme attainment.

As earlier affirmed there is a low level of citizen participation requiring necessary fillip to overcome democratic and health system deficits predicated on primary health care. The paper therefore, examines the challenges associated with citizen participation in primary health care policy implementation using Ado-Odo/Ota, Ogun State, Nigeria as focus.

## **2. METHODOLOGY**

This paper adopts an exploratory method based on field research to find out the challenges to citizen participation and its relationship to the performance of PHC policy implementation. Totaling 58 respondents, citizens and health workers were randomly chosen in Ado-Odo/Ota, Ogun State, Nigeria. The citizens chosen were those available at the PHC facilities to collect data. The citizens are adults aged 18 years and above that are familiar with the health system. The health workers were selected from among 8 groups involved in PHC implementation and comprises: matrons, health assistants, health attendants, community health officers, community health extension workers, pharmacists, pharmacist technicians, and/or lab technicians.

### *Data Collection and Analysis*

Data were collected from the 58 respondents, that is 31 citizens and 27 health workers. They were coded and analysed descriptively using Statistical Package for Social Science version 22. The data contained the basic socio-demographic information and responses to open-ended questions which were presented using frequency and mean distribution.

## **3. RESULTS AND DISCUSSION**

The Ogun State Strategic Health Development Plan acknowledges the role of citizen participation in their community health care in the realization of the National Health Policy based on PHC principles at the grassroots. Different structures were recommended in the achievement of this thrust in the policy and plan, such as the recognition that primary health care is the responsibility of the local government. At the local level are the distributions of operations at the Village, Ward and Local Level, which are supported through the creation of different associations, namely: Community Association and Ward Health Development Committee made up of individuals from the community to represent the citizens at the Ward and Local

Government levels on health needs and issues.

### **Socio-Demographic Characteristics Analysis**

#### Health Workers

In the course of this study, the three wards selected and their distribution of research instruments for the study is as follows: Atan (11), Iju (9) and Ota 1 (7). Among the 30 administered questions to the health workers, 27 were usable. The socio-demographics of their population show that majority of the respondents were women at 22 out of the 26 and only 4 men. This gave a percentage of 81.5percent against the male at 14.8percent. Conservatively, the respondents held Higher National Diploma (HND)/Bachelors of Science (BSc) Degree at 44.4percent while 33.3percent were Ordinary National Diploma (OND)/National Certificate of Education (NCE) holders; this shows that the workers are predominantly educated women.

#### Citizens

The outcome of the demography shows that majority of the 31 respondents were married (90.3percent), women (54.8percent) spread across the 3 randomly selected wards: Atan, Iju and Ota1. The age groups of the respondents are 21-30 at 32.3percent and 31-40 years at 38.7percent, making up majority of the respondents at 71percent. Furthermore, they are secondary school certificate holders that are traders by occupation at 61.3percent. The professionals represent 25.8percent and the unemployed and artisans at 6.5percent of the respondents. One key observation is that women are in the majority, but are relatively remunerated poorly and this has grave implications for the PHC system and healthcare delivery in Ogun State.

### **Citizen Participation Analysis**

#### Health Workers

Majority of the workers are familiar with the concept of citizen participation. 63percent see it as a mix of involving the citizens in matters relating to the development of their community's health; as community awareness and involvement of citizens; interaction between community development associations and the government; and interaction between the health officials and the government in attending to the health needs of the people. The key themes appear to be the involvement of citizens in their health needs while interacting with government. This in reality is the focus and aim of citizen participation as it pertains to health care discussion.

#### Citizens

Though the citizens sampled did not understand the concept of citizen participation, it was revealed that citizen participation finds expression in community associations at 80.6percent response level and market leader at 6.5percent totaling 87.1percent. They responded that through the community associations they are involved in health issues with the government and that at the committee level, they become aware of health through community/town unions and fora.

This is in line with the health workers responses that confirmed that majority of citizen participation were achieved through the community association mechanisms rather than direct, one-on-one participation. This affirms the issues of low education level and sensitization/enlightenment of the general population. Membership of community association is a function of education.

### **Observed Challenges**

#### Health Workers

Findings reveal diverse encounters, that the citizens want health care services to be free; inadequate funding; inadequate information; inadequate/lack of resources; inadequate space for the health care facilities and shortage of staffs for outreach; unwillingness of the citizens to share or open up on their health challenges. Also is ineffective communication due to poor communication from citizens due to low level of education, which hinders the goals of PHC and healthcare delivery in general.

#### Citizens

The major challenges are poor information flow, the citizens opinions are not taken into consideration by the government, poor leadership, and lack of transparency. The gap in communication resonates here as well, and this circumscribes PHC goal attainment.

#### 4. CONCLUSION

The interplay or pivotal role of communication between citizens and policymakers cannot be overemphasized. Information flow between citizens and healthcare givers/ health workers also contributes to successful healthcare policy implementation at the grassroots. These had been highlighted in this paper and underscore the robust discussion of issues and themes of this paper.

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#### REFERENCE LIST

- Aregbeshola, B.S. & Khan, S.M. (2018). Primary Health Care in Nigeria: 24 Years after Olikoye Ransome-Kuti's Leadership. *Frontiers in Public Health*, 5(48), 1-2.
- Australian Government, Department of Health. (2008). *Principles for Success for Primary Health Care in The Link Between Primary Health Care And Health Outcomes For Aboriginal And Torres Strait Islander Australians*. Australian Government, Department of Health.
- Bath, J., & Wakerman, J. (2015). Impact of Community Participation in Primary Healthcare: What is the Evidence? *Australian Journal of Primary Health*, 21(1), 2-8.
- Farmer, J., & Nimegeer, A. (2014). Community Participation to design Rural Primary Health Care Services. *BMC Health Services Research*, 14(130), 1-10.
- Gberevbie, D., Joshua, S., Excellence-Oluye, N. & Oyeyemi, A. (2017). Accountability for Sustainable Development and the Challenges of Leadership in Nigeria, 1999-2015. *Sage Open*, 7(4), 1-10.
- Khaledi, K., Agahi, H., & Eskandari, F. (2012). Explaining Rural Women's Participation in Extension Education Program: Case Study of Sanandaj City. *Online Journal of Education Research*, 1(3), 57-64.
- Kironde, S., & Kahirimbaanyi, M. (2002). Community Participation in Primary Healthcare (PHC) Programmes: Lessons from Tuberculosis Treatment Delivery in South Africa. *African Health Sciences*, 2(1), 16-23.
- Ogun State Ministry of Health (2010). Ogun State Government Strategic Health Development Plan (2010-2015). Abeokuta, Nigeria: Ogun State Government.
- Omoleke, I. I. (2005). The Primary Health Care Services in Nigeria: Constraints to Optimal Performance. *Nigerian Journal of Medicine*, 14(2), 206-212.
- Tjahjono, H., Bisri, M., Soemarno, Ganis, E. (2014). Public Participation towards the Formulation of Environment-friendly City Policy in Tulungagung. *International Journal of Applied Sociology*, 4(3), 74-81.
- United Nations Development Programme (UNDP). (2018). Human Development Indices and Indicators: 2018 Statistical Update: Nigeria. New York, NY.
- Williamson, L. (2014). Patient and Citizen Participation in Health: The Need for Improved Ethical Support. *The American Journal of Bioethics*, 14(6), 4-16.
- World Health Organization. (1978). *Primary Health Care: A Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978*. Geneva, Switzerland: World Health Organization and the United Nations Children's Fund.