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EQUITABLE ACCESS TO HEALTHCARE IN NASARAWA STATE; THE VENEZUELA EXPERIENCE AND CHALLENGE FOR SOCIAL WORK PROFESSION

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ABSTRACT
Equitable access to health care services by all populace of Nasarawa State has been the desire of the government of Nasarawa State. However, realizing health for all remains a misery in the State as access to conventional medicine that guarantees better healthcare services is not affordable by all. The objective of this paper therefore, is to ensure a health system that guarantees equitable access to healthcare services by all citizens in the State. A sample of 505 respondents was drawn from a total population of 1,192,057 using Yamane sample size determining formula. The research instruments were structured questionnaires and in-depth interview guide. The questionnaire was administered to 400 household heads, while in-depth interview was conducted on 105 community members occupying socio-economic statuses. The paper was predicated on one key question that demanded respondents' perception on the type of healthcare system that guarantees equitable and wholistic healthcare in Nasarawa State. Data collected were analysed using Statistical Package for Social Sciences. The result revealed that community-based integrated healthcare system is the option. This is a healthcare system that combined both orthodox and alternative medicine in the treatment of ailments. The advantages of this health system over the hitherto segregated system include: wholistic care with greater access to healthcare service and improved health condition as a result of blends of experts. The paper concluded by recommending the establishment of community-based integrated healthcare system in rural communities of Nasarawa State.

Key words: Equal access, Healthcare services; Inclusive healthcare; Integrated healthcare

ABSTRAIT
L'accès équitable aux services de santé pour toute la population de l'État de Nasarawa a été le souhait du gouvernement de l'État de Nasarawa. Cependant, réaliser la santé pour tous reste une misère dans l'État car l'accès à la médecine conventionnelle garantissant de meilleurs services de santé n'est pas accessible à tous. L'objectif de ce document est donc de garantir un système de santé garantissant un accès équitable aux services de santé pour tous les citoyens de l'État. Un échantillon de 505 répondants a été tiré d'une population totale de 1 192 057 personnes en utilisant la formule de détermination de la taille de l'échantillon de Yamane. Les instruments de recherche étaient des questionnaires structurés et un guide d'entretien approfondi. Le questionnaire a été administré à 400 chefs de ménage, tandis que

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des entretiens approfondis ont été menés auprès de 105 membres de la communauté occupant des statuts socio-économiques. Le document reposait sur une question clé qui exigeait la perception des répondants sur le type de système de santé qui garantit des soins de santé équitables et holistiques dans l'État de Nasarawa. Les données recueillies ont été analysées à l'aide du progiciel statistique pour les sciences sociales. Le résultat a révélé que le système de santé intégré communautaire est l'option. Il s'agit d'un système de santé qui combine à la fois la médecine orthodoxe et alternative dans le traitement des maux. Les avantages de ce système de santé par rapport au système jusqu'ici séparé comprennent: des soins holistiques avec un meilleur accès aux services de santé et une amélioration de l'état de santé grâce à des mélanges d'experts. Le document a conclu en recommandant la mise en place d'un système de santé communautaire intégré dans les communautés rurales de l'État de Nasarawa.

Mots clés: égalité d'accès, services de santé; Soins de santé inclusifs; Soins de santé intégrés

INTRODUCTION

The need for all citizens of nations to access healthcare services is defined by Universal Health Coverage Policy of the United Nations (UHCPUN). At the 73rd Session of the United Nations General Assembly, it was resolved that an accelerate approach be given to the strategic programme that seek to increase universal health coverage (UHC). In this context, access to qualitative heath and essential health-care services as well as safe, effective, quality and affordable essential medicines for all remains a necessity. As a result of that, the United Nations employed all its member states to ensure universal health coverage for their citizens. This policy is also defined in terms of inclusive healthcare policy that guarantees equitable access to healthcare for all irrespective of socio-economic status.

Before the advent of orthodox medicine as appropriate healthcare system, traditional medicine existed to attain to all sort of ailments suffered by the people within the various cultural entities in Nigeria (Adesina 2003). This idea was further elaborated by Adefolaju (2011), where he traced the history of traditional medicine in Nigeria as being well ahead colonialism. Both authors (Adesina 2003 & Adefolaju 2011), affirmed that traditional healthcare system served the health needs of the people. Adesina (2013) drew attention to a Nigeria, that was rich in herbal medicine and had eminent and respected herbalists to take care of the teeming population outside the orthodox medicine. In trying to justify a health system that is appropriate in line with inclusive health care, Atun, de Jongh, Secci, Ohiri and Adeyi (2010) saw a collaboration between the existing segregated healthcare systems as the option for all-inclusive healthcare. This form of healthcare system is operational in China and India. Nigeria, like many other African counties, is rich in medicinal plants that have proved effective for common ailments (Hirt & Lindley 2008). Isola (2013), in a study also confirmed that African traditional medicine has a lot to offer in saving lives of African citizens and beyond the continent.

However, no healthcare delivery is without associated cost. Cost as a factor, therefore, has been identified by Alubo (2008), Annan (2008), World Bank (2004) and Donnel (2007) and Anzaku (2019) as a serious factor that prevent a section of the society from accessing orthodox healthcare. This may be a hindrance to the realisation of the agenda of equitable access to healthcare services by Nasarawa State government, for its citizen. It may as well

explain one of the reasons for recourse to alternative healthcare by many citizens. It is expected that the orthodox healthcare and its advantages over the herbal medicine, would have made herbal medicine receive low patronage. This has not been the case, because herbal medicine is still being used globally as of today.

Despite agitations by health personnel against taking herbal medicine as unscientific and unsafe; most people, especially the poor continue to patronize herbal medicine all over the world (WHO, 2003 & 2015). In Nigeria, both orthodox and traditional medication are used for various ailments. This fact has been proven by Akeju, Oladapo, Vidler, Akinmade, Qureshi, Solarin and Adetoro (2016), who found out that women utilize multiple care givers during pregnancy, with a preference for traditional providers. There is a strong sense of trust in traditional medicine, particularly those provided by traditional birth attendants (TBAs) and traditional bone setters who were long-term residents in the community. How to achieve inclusive healthcare in Nasarawa State devoid of neoliberal healthcare strategy has to be determined by the people of Nasarawa State.

THE PROBLEM AND COMPARISON

Despite a well-articulated plan for inclusive healthcare policy by Nasarawa State government, her people still experience exclusive healthcare delivery (NSMH, 2010-2015). This is because, at the expiration of her programme of health for all by 2015, there was still exclusion in healthcare delivery in the State. The inability of the State to actualize its objective of inclusive healthcare system may not be unconnected with the neoliberal health policy among other factors. The neoliberal health strategy is based on ability to pay. thus, making health a market commodity rather than a human right (Ridha 2014; Muntaner, Salazer, Benah & Armada, 2006). Neoliberalism of health care according to Ridha (2014) limits the role of the government to that of a facilitator of policies for market purposes. The sociological implication of this may be hinderance for a section of the population access to quality orthodox healthcare services. Realizing that inclusive healthcare policy may hardly be achieved under neoliberalism, the need to find an option that ensure inclusive healthcare in Nasarawa State calls for this paper.

Borrowing from the Venezuela example, Nasarawa State government could fine an option for her citizens. Venezuela has been able to build a successful and compelling alternative to neoliberalism in community health that serves her people (Brin, 2005 & Feo, and Siqueira, 2004).). Though many of the elements outlined in the 1984 Ottawa Charter for Health Promotion have failed to gain traction in wealthy countries, they are evident in Venezuela's Misión Barrio Adentro (Carless, René, Guerra & Francisco 2006).

There is the evidence that the Nigerian health care system is yet to develop into a functional surveillance system of healthcare (Welcome, 2011). The evidence by Welcome (2011) calls for a well-grounded health sector in place. It is therefore pertinent to seek a workable healthcare system that guarantees equitable access for our people; particularly Nasarawa State, the study area.

Questions

Two questions are considered under this paper. These include:

1. What could be the alternative healthcare system that may guarantee inclusive healthcare for the people of Nasarawa State?
2. What advantages could such an alternative healthcare system has over the existing segregated healthcare systems in Nasarawa State?

Objectives of the Paper

1. To determine an alternative healthcare system that could guarantee inclusive healthcare for the people of Nasarawa State.
2. To ascertain the advantages of this alternative healthcare system over the existed segregated healthcare systems in Nasarawa State.

CONCEPTUAL EXPLANATIONS

This paper has three key concepts. These concepts are community based integrated healthcare, equal access and healthcare services.

Community Based Integrated Healthcare

A health-based definition of integrated healthcare according to WHO (2016), is the promotion of the comprehensive delivery of quality services across the life-course. The system is designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care. Community-based integrated healthcare has been proven to produce overwhelming proof that the role of polyvalent home visits and outreach services is highly relevant to the rural communities in Romania (Pop, 2014). The definition of community-based healthcare in the context of this papers looks at a mutual collaboration between health providers (orthodox and traditional) healthcare providers that is community based and with the involvement of community members in the decisions of healthcare system. That is taking into account the types of healing processes that may involve the culture/beliefs of the people. For instance, medical practitioners have recognised the services of traditional birth attendants (TBAs) in rural areas in Nigeria as traditional midwives. They have even gone ahead to accord them trainings to enhance their functions.

Equal Access

According to Human Rights, equal access to health care is the prevention of discrimination to ensure equality of access in the provision of methods, techniques and services that contribute to health and other related matters. It is the availability of specific services; the accessibility of services to the public; the acceptability of the services to different cultures, sexes, and age groups; and the quality of the services (CESCR, 2000). It is an ideal toward which a society is committed to equality of opportunity and equal respect for its people (Gutmann, 1983). The concept of equal access to healthcare is the ability of a government to create equal opportunities to all her members to afford healthcare services. There should be no limitation regarding ability to get medical services obtainable in such a society either as a result of socioeconomic status, gender, creed, or nationality. This is what is not attainable in Nasarawa State.

Inclusive Healthcare System

The World Health Organisation (WHO, 2016) defined inclusive healthcare system as an approach that strengthens people-centred health systems that is comprehensive in nature, taking into account the needs of the people. This may also imply the need to involve people in decisions that concern them in matter of healthcare delivery. Often at times, beneficiaries are not involved.

Healthcare Services

These are services provided by both the orthodox and traditional healthcare givers. This includes all kinds of services aimed at getting relief from ailments or illnesses. These include: Physical, spiritual, social and mental. They are efforts made by herbalists, social workers psychologists' medical doctors, nurses/midwives, laboratory scientists among many others; toward well-being of the sick.

THEORETICAL FRAMEWORK

This paper adopted the Chronic Care Model-(CCM) for discussion of findings. This model is one of the most well-known and widely applied integrated care models. The CCM was developed in 1998 by a group of researchers from the McColl Institute for Healthcare Innovation in USA (WHO, 2016). The model was developed in recognition of health system failures to meet the needs of people with chronic illnesses and provide a comprehensive framework for the organization of health services in order to improve outcomes for people with chronic conditions (Coleman, Austin, Brach, & Wagner 2009). The model consists of six main domains: Community, Health system, Self-management support, Delivery system design, Decision support and Clinical information systems. However, this paper based its discussion on the community domain; and its key strategy is mobilisation of community resources to meet the needs of patients. Through establishing effective partnerships with community, its participation in community programmes can improve their wellbeing. Activities within the community domain include advocacy to adequately represent patient interests in setting the healthcare agenda. The choice of the model is based on extensive systematic literature review that brought together evidence-based factors with a positive impact on patient outcomes, quality of care and cost savings (WHO, 2002).

METHODOLOGY

The study employed inductive method of data collection**.** It uses survey design where the respondents were contacted and information elicited. The target audience were the household heads within the three senatorial districts of Nasarawa State. from each of the three zones a total of five (5) INEC electoral wards were selected using random sampling and fish bowl technique. A total of fifteen (15) INEC electoral wards were selected using the technique. The advantage of this is in its ability to give every electoral ward equal opportunity to be selected. From the 15 electoral wards, 400 household heads were selected from a total population 1,192,057 using Yamane sample size determination formula. Because of possible omission or unreturned questionnaires, the researcher added 10% of the sample (40) thus making the total sample to be 440. The formula is given as:

$$n = \frac{N}{1+N(e)2}$$ n

$$= \frac{1,192,057}{1+1,192,057\ (0.05)2}$$

where: n= required sample size n

$$= \frac{1,192,057}{1+1,192,057\ (0.0025)}$$

N = Total population of study=1,192,057 = 399.9

$(e)^2 =$ level of precision=0.05%

1 = Unity (a constant)

Approximately=400

For the purpose of generating equal sample, therefore, the researcher and research assistants relied on the Primary Health Care Centre (PHC) Enumeration List, available at the Primary Health Care Center in each of the Political Wards. The list served as the sample frame for the random selection of (29) household heads per electoral ward for the administration of the questionnaire. The figure, twenty-nine (29), for each electoral ward was gotten from the sample size of (440) divided by the total number of wards (15) electoral wards with a balance of five (5). The remaining (5) questionnaires were added to the zone with the least respondents. The household heads constituted the respondents in this study. Accidental random sampling was employed where the researcher met and administered questionnaire to only family head within the ward and within the frame time. For in-depth interview, Purposive sampling was used for drawing a sample 105. Two categories of the population were used. These include communities within the electoral wards and the statuses. Fifteen (15) districts/wards and seven statuses were chosen as the sample. From each of these wards/districts or communities, seven (7) statuses each were selected and conducted in-depth interview. The total respondents for in-depth interview were 105 (15x7=105). Seven Focus group discussions (FDGs) were conducted on the respondents based on the selected statuses. Data so gathered were analysed using Statistical Package for Social Sciences (SPSS version 21).

FINDINGS

Question 1.

What could be the alternative healthcare system that may guarantee inclusive healthcare for the people of Nasarawa State?

Table 1: Rating of preferred alternative Healthcare System by respondents

S/No	Preferred healthcare system that can ensure inclusive healthcare	req	
	Traditional healthcare system	27	60
	The conventional healthcare system	5	11
	Tradomedical health system/a health system that combines traditional and conventional medicine in healthcare delivery	34	1.70
	A healthcare system that is founded purely on the culture and beliefs of the people.	3	.59

Table 1 summarizes the most preferred healthcare system that is expected to ensure inclusive healthcare in Nasarawa State. The option is the combination of traditional and orthodox or conventional medicine. The rating by majority of respondents (N=334 or 81.70%), is a clear evident of an integrated healthcare system than the existing fragmentated healthcare delivery systems. This choice confirms Boone's (2000) contention that "healthcare providers are forging ahead into a challenging world that requires collaboration between healthcare providers for effective and wholistic care. Respondents from in-depth interview believed that integrated healthcare would solve the problem of fragmented healthcare. Instead of having two health systems that take different consultation, a unification of both systems will do a great deal of help. Majority (N=95 or 90 .50%) of the discussants were of the opinion that a combination of both healthcare systems is a better option. A discussant (community Extension Worker: CHEW) in charge of a Primary Healthcare Centre in Aragye electoral ward in Doma LGA was of the opinion that, certain ailments that traditional healers are known to excel in could be given the benefit of doubt for effective collaboration. The female respondent argued further thus:

> I have come to understand that certain herbal remedies are effective for certain ailments. Such remedies if verified and tested, they could be used. Though medically, they may be regarded as unsafe, their safety can be guaranteed by collaboration. Integration of such with the orthodox may result into synthesized or improved medication for further development.

The statement by the discussants agreed with the definition of inclusive healthcare system by WHO (2016) that it is an approach that strengthens people-centred health systems that is comprehensive in nature, and taking into account the needs of the people. In the same vein, it proves the impact of the Chronic Care Model theory founded on integration of healthcare system as a solution to solving health system failures pointed out by Coleman, Austin, Brach, and Wagner (2009). The choice of integrated healthcare by the respondents also affirmed the contention by Adesina (2003) and Adefolaju (2011), that traditional healthcare system served the health needs of the people even before the advent of conventional healthcare system and therefore cannot be neglected. That is, the need for a collaborated healthcare system as indicated by the respondents may be an outcome of their past experience with traditional medicine in the treatment of ailments.

Question 2. What advantages does such alternative healthcare system has over the existing segregated healthcare systems in Nasarawa State?

Table 2: Rating of Possible Advantages/Benefits of Integrated Healthcare System

S/No	Possible advantages of integrated healthcare system	Freq.	
	Collaborative efforts and better attention in health care	279	8.29
	An indigenous healthcare system that is people centred	349	85.37
	Holistic healthcare or treatment	349	85.37
	Improved healthcare delivery with reduced cost	339	82.93
	Better health condition for the people	344	4.15
	It blends the expertise of various field for holistic care	354	6.59
	Gives greater access to healthcare services	354	86.59

The Opinions of respondents in table 2 acknowledged seven (7) benefits of community-based integrated healthcare system where the advantage of "it blends the expertise" tops the list (N=354 or 86.59%). Other benefits include: the realisation of 'an indigenous healthcare system that is people centred', 'greater access to healthcare services', improved healthcare delivery with reduced cost, better health condition for the people among others. The acknowledgement of healthcare benefit associated with integrated healthcare in this study confirmed the earlier findings by Blumenthal, Moss, Garside, Dawson, Chassin, and Galvin (1998) who earlier in their study recommended a collaboration between health professionals for better service delivery. Their findings revealed that alternative or herbal remedies complements orthodox medicine in the process of healings.

For in-depth interview, majority of discussants (N=92 or 87.62%) said community-based integrated healthcare services will grant the rural communities' greater access to an all-inclusive healthcare. They attributed greater access to healthcare services by the people to reduction on the cost of healthcare. A good number of discussants (N=72 or 68.60%) also shared their concern on the need to ensure collaboration in the rural communities in the State because, there is the advantage of a blend of experts working together. A respondent appealed to the concerned authority thus:

> It is certain that, traditional medicine (herbal or spiritual) will continue to complement orthodox medicine. For example, traditional bone setters and the use of herbs for ailments will continue to co-exist with hospital or medical centres in Nigeria. I wish to appeal to government to consider establishing collaborated medical centres for this purpose.

On the issues of medical experts coming together, another discussant expressed his feelings in the following words:

> The coming together of traditional and conventional healthcare providers will help to overcome limitations in healthcare, especially where an ailment is above either of the two expects. This is where collaboration or specialties will come to play.

The expressions by the various discussants above is in line with the World Health Organisation (WHO, 2016), that the need to promote integrative healthcare is to ensure comprehensive delivery of quality services across the life-course; which is designed according to the multidimensional needs of the population across settings and levels of care.

SUMMARY OF FINDINGS

i. The study revealed the need for community-based integrated healthcare in rural communities of Nasarawa State. This has to do with collaboration between traditional and orthodox medicine providers for wholistic cure.
ii. Reasons for the need of community-based integrated healthcare include: a health system driven by community health needs, that recognised beliefs and traditions of the people, enhances engagement and complies with communities' own health care system, that is built on traditional public health approaches that are responsive and reduces fragmentation; thus, leading to greater access to healthcare services.

iii. The benefits of this health system include: better attention in healthcare, people oriented, and treatment is wholistic at less cost and improved health condition as a result of blend of experts coming together.

IMPLICATION OF THE FINDINGS

This finding implies the need for policy review in healthcare system in Nasarawa State. The fact that conventional medicine has claimed superiority in healthcare delivery, is not established in this study, rather this study has brought to limelight that certain ailments cannot be adequate responded to by the orthodox healthcare; hence the need for government of Nasarawa State to re-strategize it health policy if they are to achieve inclusive healthcare. This finding has informed Social Workers for action, especially to advocate for policy change to overcome exclusive healthcare in Nasarawa State. The finding has also task Social Workers to mobilize stakeholders in health sectors to further discuss and come to term with regards to alternative medicine with a view to achieving inclusive healthcare, probably borrowing from the Venezuela example.

CONCLUSION

Given the findings in this work, the integration of orthodox and traditional medicine is a necessity for improved healthcare delivery and greater access to healthcare services for the rural people of Nasarawa State.

RECOMMENDATIONS

i. Social Workers and Community Health Workers are to mobilize communities and authorities in the health sectors to come to common understanding on the need for collaborative efforts among the two health providers in the State.
ii. The government of Nasarawa State could sponsor researches in the area of traditional medicine for policy implication. This implies the need for possible policy review.

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