

A Case Study of Primary Healthcare Services in Isu, Nigeria

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Abstract

This qualitative community-based study explored the perceptions of residents, healthcare providers and administrators regarding community access to healthcare. Data were collected through focus group and personal interviews with 27 participants. Results indicated inadequate funding, poor facilities, absence of a doctor (s), and shortages of drugs as limiting access to healthcare.

Problem

There is an urgent need to align healthcare services with the healthcare needs of the community. Access to healthcare should be explored in the contexts of the community which the services are to be provided, rather than on building alone.

Residents of rural Nigeria lack access to adequate primary healthcare (PHC) and are not involved in the policy and design of the local healthcare system (Uneke et al; 2009).

Purpose

The purposes of this study were:

- to explore the perceptions of rural community residents and healthcare providers regarding residents' access to primary healthcare services in Isu
- to engage in community-based research to demonstrate its potential to promote residents access to healthcare services

Relevant Literature

Health is a fundamental human right (WHO, 2003)

African countries bear a greater burden of disease and deaths from preventable and terminal causes when compared to other countries. (World Bank, 2011)

Communities without access to healthcare experience high mortality and morbidity rates from preventable causes (Irwin et al., 2006)

Access to healthcare is reported to be inadequate in Nigeria (African Development Bank, 2002).

Healthcare must fit the needs of the people (Penchansky and Thomas, 1981)

Research Questions

RQ1. What are the perceptions of healthcare providers regarding residents' access to and use of primary healthcare services provided in rural Isu?

Specifically:

1a.What are healthcare providers' perceptions regarding the characteristics of the local government healthcare system that work well?

1b.What are healthcare providers' perceptions regarding the main challenges and barriers faced by the local government healthcare system?

1c.What are healthcare providers' perceptions regarding solutions to the main challenges faced by the local government healthcare system?

1d.What are healthcare providers' perceptions regarding the potential for closer relationships between the local government healthcare system and traditional healers?

RQ2. What are the perceptions of local community members regarding their access to and use of healthcare services in rural Isu?

2a.What are residents' perceptions regarding characteristics of the local government healthcare system that fulfill residents' needs?

2b.What are residents' perceptions regarding the main challenges and barriers faced by the local government healthcare system?

2c.What are residents' perceptions regarding solutions to the main challenges faced by the local government healthcare system?

2d.What are residents' perceptions regarding confidence in the local government healthcare system and in traditional healers?

RQ3. What are the perceptions of healthcare providers and residents regarding community-based research as a means of promoting the use of healthcare services among the rural residents of Isu?

Procedures

This was a **qualitative case study**.

The **27 participants** consisted of 3 healthcare administrators, healthcare providers (including 6 nurses, 6 midwives, and 6 traditional healers) and 12 residents.

Data collection was through **personal interviews** with healthcare administrators, and focus groups discussions with nurse/midwives, traditional healers and residents.

Data Analysis

Data analysis was guided by using **Colaizzi's seven-step phenomenological method** for qualitative data (Colaizzi, 1973, 1978).

Findings

The PHC system is mostly **focused on maternal health and child healthcare**.

The PHC system is faced with many challenges such as shortage of healthcare providers (doctors in particular), drugs, and supplies; lack of basic equipment and facility amenities; poor facility maintenance; and inadequate funding.

Residents still use and **recognize traditional healing** and medicine as part of their healthcare system.

Community input was seen as necessary to improve access to healthcare.

Doctor-run healthcare and comprehensive care would improve access.

Limitations

Study instrument was self-designed and may not have been sufficient to produce the best outcomes.

Researcher's limited experience may have affected data interpretation and analysis.

Conclusions

Recommendations

- **Employ a medical doctor** at designated healthcare centers to supervise nurses and midwives and to handle serious and life-threatening cases.
- **Provide subsidized/free care** to eligible residents, including infants and children.
- **Incorporate traditional healers** in the PHC system
- **Maintain facility and equip** all the healthcare centers.

Social Change Implications

Understanding the issues affecting residents' access to healthcare will help to inform local government leadership and stakeholders about the need to:

- improve community participation** in healthcare decision-making processes and in the implementation of effective healthcare services
- educate the community** on primary healthcare services and tailor those services to identified needs; and
- develop a ground-up model of a primary healthcare system** using available resources that satisfies the expressed needs of the people of rural Isu.