Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

CHALLENGES IN ACCESSING HEALTH CARE SERVICES IN AWO-OMAMMA, ORU EAST LOCAL GOVERNMENT AREA, IMO STATE, NIGERIA: A CROSS-SECTIONAL SURVEY RESEARCH DESIGN.

Favour Uroko[1], Precious Rejoice Morgan[2]
Department of Religion and Cultural Studies, Faculty of the Social Sciences University of Nigeria Nsukka[1]
Department of Sociology and Anthropology, Faculty of the Social Sciences, University Of Nigeria, Nsukka[2]

Abstract

Background

Challenges in access to healthcare facilities, especially in rural settings, have been a great concern to some scholars, and thus, a lot of studies have been carried out on this issue. This study focuses mainly on the challenges of access to the healthcare delivery system in Awo-mamma. The study critically looked at the challenges faced by the people of Awo-mamma in Imo State.

Method

A simple random sampling method was used in selecting 200 respondents, and a convenience sampling method was adopted in selecting 3 interviewees for the in-depth interview, which represent both probability and non-probability sampling methods. Frequency and simple percentages were also used in the presentation, interpretation, and analysis of the data. The hypothesis was tested using Chi-Square (x2) inferential statistics, and it will help to bring out the relationship between different variables.

Results

The study discovered some of the challenges experienced by healthcare receivers, such as lack of money, distance, excessive wastage of time, unfair attitude of workers, etc., and those challenges experienced by healthcare givers, such as shortage of medical facilities, dilapidation of hospital buildings, ill-behaviour of patients towards medical staff, etc. These challenging factors make people seek medical attention/health care through other consequential means, such as patronizing the chemist shop, which lacks proper prescription, consulting the traditional cure, etc.

Conclusion

Sound health is a fundamental requirement for living a socially and economically productive life. Poor health inflicts great hardships on households, including debilitation, substantial monetary expenditures, loss of labor, and sometimes death.

Recommendations

Rural development policies should promote the creation of an enabling environment to enhance participation in modern healthcare delivery by organizing a sensitization program to create awareness about the importance of using modern healthcare facilities.

Keywords: *Health Care Delivery System, Awo-Omamma, community, Nigeria, Healthcare workers*
Submitted: 2024-09-07 Accepted: 2024-09-17

Corresponding author: *Favour Uroko[1]*
Email: *favour.uroko@unn.edu.ng*
Department of Religion and Cultural Studies, Faculty of the Social Sciences University of Nigeria Nsukka[1]

Introduction

In Awo-Omamma, Oru East Local Government Area, Imo State, Nigeria, the citizens do not have access to health delivery services and cannot afford to pay for them. In other parts of Nigeria, they are striving to keep pace with healthcare delivery because the sustainability and viability of any country's economic and social growth depends on the healthcare sector. This is because a nation with poor/low health outcomes would certainly not live up to its basic responsibilities. Unfortunately, in Awo-Omamma, Oru East Local Government Area, Imo State, Nigeria, the provision of healthcare facilities seems to be at a low ebb as many Nigerians are vulnerably exposed to the danger of death (Innocent, Uche, & Uche, 2014). This situation gives the impression that the political officeholders appear to be paying lip service to their dauntless statements that

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

healthcare facilities would be made available at every nook and cranny of the polity. Making health care accessible for all people requires that health facilities and management respond to the encounters of the changing world, the ever-growing population, and people's expectations for accessible and affordable health care service delivery.

The health sector in any economy is an important aspect of its growth and development. The provision of accessible healthcare delivery systems to communities in urban areas of developing nations in Africa needs skilled healthcare service providers. Around the world, the health status of the people in rural areas is generally worse than that in urban areas. The key themes in rural health are the same around the world and access is the major rural health issue. In South Africa, for instance, the infant mortality rate in rural areas is 1.6 times that of urban areas. Rural children are 77% more likely to be underweight or under height for age; 56% of rural South Africans live more than >5 km from a health facility; and 75% of South Africa's poor people live in rural areas. All countries have their levels of challenges in health care delivery and shortage of doctors and other health professionals in rural and remote areas. The provision of health services in rural and remote areas is significantly affected by limited funding and other resource constraints (Righetti, Strasser, Materu, & Herbst, 2013).

Again, in developing countries, there is considerable poverty and limited facilities and resources available for health care. At the same time, economic rationalist policies have led to reduced infrastructure in rural hospitals and government offices. All these are accentuated in the context of a serious shortage of doctors, nurses, and other health service providers in rural and remote areas. Rural health services require a sufficient number of doctors and other health providers who have the necessary skills to work effectively and comfortably in these areas. Poor people with disabilities living in rural societies experience unique problems in accessing health services. These are rooted in a life in poverty. Disabled people are particularly vulnerable, and their situation is further exacerbated in poor rural areas (Drew, & Funk 2010). In 2002, the United Nations (UN) member states agreed to establish the Millennium Development Goals (MDG), now Sustainable Development Goals (SDG), with one of their targets of improving the healthcare delivery system through access by persons living in the poorest countries, which in extension will reach those living in rural areas. Despite this inspiration, the desired healthcare outcomes remained unattained, and consequently, healthcare in most regions of the developing nations has continued to decline over the years due to limited access to healthcare. It is in this light that this study in which the semi-rural people of Awo-mamma need to be studied to ascertain issues and challenges of both healthcare delivery and reception. This study therefore explores access to the health care delivery system in Awo-mamma town, Imo State, to identify those challenges of access to the health care delivery system in Awo-mamma and potential provision for offering solutions.

In Awo-mamma town, the people face a series of stressors to access health care; the administrative process and the uninterested behavior of most staff, if not all, to their ill health, have a substantial influence on their decision to seek care at the health centers (Adeleke, Erinle, Ndana, Anamah, Ogundele & Aliyu 2014). The accessibility and utilization of healthcare facilities by rural dwellers are affected by numerous factors, which, according to Afolabi, Daropale, Irinoye, & Adegoke (2013), include: cost of care, protracted waiting time, inadequate health information, the unfriendly attitude of health care workers, drug shortage, gender, and economic status, which are seen as significant barriers to seeking medical attention at the health centers. Many low-income countries, Nigeria included, have not been able to meet the basic healthcare needs of their people, especially those in the rural areas. In Nigeria, there has been a growing recognition of the challenge of rural people's health issues and the need for them to be addressed (Sitbon, Humbert, Jaïs, Ioos, Hamid, Provencher, & Simonneau, 2005). There is a huge shortage of qualified practitioners in the rural areas. Accessing health care in rural areas is confounded by problems such as insufficient health infrastructure, the presence of chronic diseases and disabilities, and socioeconomic and physical barriers (Lack, Storch, Keeley, Geffken, Ricketts, Murphy & Goodman, 2009). Awo-mamma town has never been excluded from those communities/towns faced with these shortcomings in the national health sector. However, this research work will fill a huge knowledge gap in examining the challenges of access to the health care delivery system among rural people of Awo-mamma Oru East L.G.A., Imo State. Therefore, the information to be acquired from this study will in no small measure help the people of Awo-mamma, government authorities, the private sector, and other stakeholders in the healthcare delivery system and give a better alternative to the healthcare delivery system in Awo-mamma.

This study aims to provide evidence and identify the challenges of accessing health care to offer suggestions and recommendations that will address the issue. The main objective of this study is to identify the challenges of access to the health care delivery system in Awo-mamma, Oru East Local Government Area. First, this study analyzes the percentage distribution of respondents' reasons for not accessing hospitals/health care centers in their villages. Second, it gives the percentage distribution of respondents' opinions on where they seek medical attention when they are sick. Third, it provided the percentage distribution of respondents' opinions on where they seek medical attention when they are sick and the reasons for that, and also provided the percentage

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

distribution of respondents' views on observed challenges in the hospital.

Research Methodology

Study Design

This study adopted the qualitative and quantitative design. Data was obtained from respondents and also from participants.

Area of the Study

The study area is Awo-mamma in Oru East Local Government Area, Imo State, South Eastern Nigeria. The study was carried out from 2017-2023. Awo-mamma is situated in Oru East, 25 kilometers from and 62.5 kilometers from Onitsha. It covers about 89.2 square kilometer areas, making it the largest town in Oru East L.G.A. in terms of landmass. It lies in a tropical rainforest with hot and rainy seasons. It is bounded by other communities—in the north by Amiri, Mgbidi, and Otulu. In the east, it shares a boundary with Okwudor of the Njaba local government. In the west, it is bounded by Akabo, Oguta, Awa, Abiaziem, and Ngele, all in Oguta L.G.A.; in the south, by Eziama Obiato and the Njaba River. Autonomously, Eziawo, and Ofekata begat the 14 villages of Awo-mamma with a population of 34,230 people.

Study Population

The population of this study comprises rural people from six (6) villages, which are Isieke, Umuokwe, Ubachima, and Okwuorji, and staff from three (3) hospitals. This was because these areas have more population than other parts of Imo state.

Sample Size and Sampling Procedure

Drawing down to this study, a sample size of 200 adults from the age range of 20 to 65 was taken. This is because it is the age bracket that patronizes health centers a lot. The adoption of 200 adults was based on the intuition of the researchers. In this study, a simple random sampling technique was used in selecting six villages and three hospitals, which will give a total of 200 respondents. This sampling technique was chosen because it allowed the researcher to do a random selection from a sampling frame that gives every member of that population an equal chance of being selected and, as such, gave room for objectivity as no respondent will be targeted until after the count. Also, a convenience sampling technique was used in selecting the interviewees; very few persons were selected for the in-depth interview; the interviewees were made up of elders from the villages because they may not respond effectively to the questionnaire. The sample was chosen considering the limitation of time and resources available to the researcher for the study.

Instrument for Data Collection

The primary instrument that was used in collecting data for this study was a questionnaire. A questionnaire was used because it is cheaper, quicker, and as well more efficient for obtaining the amount of information that will be needed for the study. Additionally, there is a few qualitative data that was obtained using an in-depth interview. It is important because it gives the researcher more information about the people's thoughts and it also enables the researcher to explore new issues in depth, which the questionnaire is not able to cover.

Methods of Data Analysis

The Statistical Package for Social Sciences (SPSS) was employed in the analysis of the data through the questionnaire. Frequency and simple percentages were also used in the presentation, interpretation, and analysis of the data. Furthermore, descriptive content analysis was used to analyze the qualitative data from the in-depth interview.

Ethical consideration

The respondents were informed of the use of the information requested from them. They were also assured of the anonymity of their responses.

RESULTS

Table 1: Percentage distribution of respondents' reason for not accessing hospital/health care centers in their villages

Health care centre	Mentioned	Not mentioned	Total
Distance	47(59.5)	32(40.5)	200(100)
Unfair attitude of health worker	26(32.9)	53(67.1)	200(100)
Excessive time wastage before being attended to	13(16.5)	66(83.5)	200(100)
Lack of money	42(53.2)	37(46.8)	200(100)
Religious belief	2(2.5)	77(97.5)	200(100)
Total dislike for hospital	6(7.6)	73(92.4)	200(100)
Spouse refusal	1(1.3)	78(98.7)	200(100)

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

Source: *Field survey* 2019

Table 1 reveals that the most commonly mentioned reason for not accessing hospital/health care centers in their villages by respondents in the communities under study was distance which was mentioned by 59.5 percent of the respondents. Lack of money was the second most common reason why there is no hospital/health care center mentioned by 53.2 percent of the respondents in all the communities studied. About a third (32.9%) of the respondents mentioned the unfair attitude of health workers while another 16.5 percent of respondents mentioned excessive time wastage before being attended to, 7.6 percent mentioned total dislike for the hospital, 2.5 percent mentioned religious belief 1.3 percent mentioned spouse refusal as the reason for not accessing health facilities in all the communities studied.

Table 2: Percentage distribution of respondents' opinions on where they seek medical attention when they are sick

Medical attention	Mentioned	Not mentioned	Total
Chemist shop	137(68.5)	63(31.5)	200(100)
Hospital/health center	102(51)	98(49)	200(100)
Traditional cure	9(4.5)	191(95.5)	200(100)
Spiritual House	2(1)	98(49)	200(100)

Source: *Field survey* 2019

Table 2 reveals that the place where respondents seek medical attention when they are sick is a chemist's shop, which was mentioned by 68.5 percent of the respondents. Hospital;/health center was the second place where respondents sought medical attention when they were sick which was mentioned by 51 percent of the respondents in all the communities studied. Another 4.5 percent of the respondents mentioned traditional cures while another 1 percent of the respondents mentioned spiritual houses.

Table 3: Percentage distribution of respondents' opinion on where they seek medical attention when they are sick and reasons for that

Reason	Mentioned	Not mentioned	Total
It is cheaper	93(46.5)	107(53.5)	200(100)
It is more reliable	68(34)	132(66)	200(100)
No time wastage	33(16.5)	167(83.5)	200(100)
Distance is shorter	50(25)	150(75)	200(100)
Religious belief	6(3)	194(97)	200(100)
Cultural belief	-	200(100)	200(100)

Source: *Field survey* 2019

Table 3 reveals that the most commonly mentioned reason for choosing to go where they seek medical attention when they are sick is because it is cheaper which was mentioned by 46.5 percent of the respondents. Because it is more reliable was the second most common reason for choosing to go where they seek medical attention which was mentioned by 34 percent of the respondents in all the communities studied. About a second (25%) of the respondents mentioned distance while another 16.5 percent of the respondents mentioned no time wastage. Also, 3 percent mentioned religious belief and no respondent mentioned cultural belief.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

Table 4: Percentage distribution of respondents' views on observed challenges in the hospital

Challenges	Mentioned	Not mentioned	Total
Shortage of medical facilities	115(57.5)	85(42.5)	200(100)
Shortage of drug supply	46(23)	154(77)	200(100)
Lack of qualified doctors	25(12.5)	198(99)	200(100)
Dilapidation of hospital building	27(13.5)	173(86.5)	200(100)
Patients' ignorance of the availability of healthcare facilities	22(11)	178(89)	200(100)
Ill behavior of patients towards medical staff	20(10)	180(90)	200(100)

Source: *Field survey* 2019

Table 4 reveals that the most commonly observed challenge in the hospital is shortage of medical facilities which was mentioned by 57.5 percent of the respondents. Shortage of drug supply is the second most observed challenge in the hospital which was mentioned by 23 percent of the respondents in all the communities studied. Another 13.5 percent of the respondents mentioned dilapidation of hospital buildings while 12.5 percent of the respondents mentioned a lack of qualified doctors. Also, 11 percent mentioned patients´ ignorance of the availability of healthcare facilities and 10 percent of the respondents mentioned the ill behavior of patients toward medical staff.

Table 5: Percentage distribution of respondents' views on perceived challenges health providers encounter generally

Perceived challenges	Mentioned	Not mentioned	Total
Underpayment of staff	123(61.5)	77(38.5)	200(100)
Shortage of staff which results in longer working hours for available ones	39(19.5)	161(80.5)	200(100)
Inadequate and functional health facilities	53(26.5)	147(73.5)	200(100)
Shortage of drug supply	34(17)	166(83)	200(100)

Source: *Field survey* 2019

Table 5 reveals that the most commonly perceived challenge health providers encounter generally is underpayment of staff which was mentioned by 61.5 percent of the respondents. Inadequate and functional health facilities were the second perceived challenges health providers encounter generally improved which was mentioned by 26.5 percent of the respondents in all the communities studied. Next is a shortage of staff which results in longer working hours than available ones which was mentioned by 19.5 percent of the respondents. The least is a shortage of drug supply which was indicated by 17 percent of the respondents as the perceived challenges health providers encounter generally improved.

Table 6: Percentage distribution of respondents' views on how effective and accessible health care can be improved

Opinion	Mentioned	Not mentioned	Total
Reduction of cost	81(40.5)	119(59.5)	200(100)
Organizing awareness programs	91(45.5)	109(54.5)	200(100)
Educating staff on the right attitudes to put up	30(15)	170(85)	200(100)
By providing necessary medical facilities to hospitals	55(27.5)	145(72.5)	200(100)
Employing good number of trained/qualified health providers	20(10)	180(90)	200(100)
Renovating and replacing dilapidated hospitals	11(5.5)	189(94.5)	200(100)
Supplying usable drugs regularly	11(5.5)	189(94.5)	200(100)

Source: *Field survey* 2019

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

Table 6 reveals that the most commonly mentioned way that effective and accessible health care can be improved is by organizing awareness programs reason which was mentioned by 45.5 percent of the respondents. Reduction of cost was the second most common way effective and accessible health care can be which was mentioned by 40.5 percent of the respondents in all the communities studied. Next is by providing necessary medical facilities to hospitals which was mentioned by 27.5 percent of the respondents, 15 percent of the respondents indicated educating staff on the right attitudes to put up, 10 percent of the respondents indicated employing a good number of trained/qualified health providers, 5.5 percent of the respondents indicated by renovating and replacing dilapidated hospitals while 5.5 percent of the respondents indicated by supplying usable drugs regularly.

Discussion of Finding

The findings revealed that factors such as long distances to healthcare facilities, negative attitudes of healthcare workers, excessive waiting times, lack of financial resources, religious beliefs, and spousal refusal all hinder the community's access to hospitals and health centers. These results align with Huot et al. (2019), who noted that the distance between communities and specialized healthcare services can create burdens for both patients and healthcare providers. Dapaah (2016) further posited that Concerns have been raised over how certain healthcare professionals interact and speak with patients at medical facilities. Sometimes medical professionals—nurses in particular—treat patients or clients poorly. Patients may be abused by them; some nurses treat patients rudely and harshly, and medical professionals frequently treat patients they know well and promptly. Collaborating further, Reis et al. (2005) discovered in a Nigerian study that a sizable portion of medical personnel had prejudiced views and acted unethically toward patients who had HIV/AIDS.

This study also reveals that many women, along with others, tend to seek out traditional healing centers due to factors such as distance, the attitude of healthcare workers, excessive waiting times, financial constraints, and religious beliefs. These findings are consistent with Karmakar et al. (2012), who explored the preference for traditional healthcare systems in both urban and rural areas of Noakhali District, Bangladesh. They found that most respondents were highly motivated to use traditional medicine, with approximately 79% favoring it due to its perceived safety and lower cost compared to modern medicine, while only 21% preferred modern treatments. Similarly, Yuan, Ma, Ye, and Piao (2016) emphasized the significance of natural products and traditional medicine, noting that systems like traditional Chinese medicine, Ayurveda, Kampo, traditional Korean medicine, and Unani have flourished and become well-regulated in various parts of the world.

Factors such as cost, reliability, time, distance, religious beliefs, and cultural beliefs, as highlighted in Table 3, influence where people seek medical attention when ill. The most common place respondents seek care is at chemist shops. This aligns with Afolabi, Daropale, Irinoye, and Adegoke (2013), who stated that the cost of care and long waiting times are significant barriers to seeking treatment at hospitals or health centers. Similarly, Kiwanuka et al. (2008) pointed out that delayed or absent referrals to specialized care from lower-level health facilities further limit access to healthcare services. Access to healthcare is crucial for the people of Awo-mamma due to increasing health issues, yet many face financial barriers to obtaining care (Adebayo et al., 2015). Despite the availability of hospitals and healthcare centers in Awo-mamma, a lack of awareness about health insurance schemes and their benefits contributes to the preference for chemist shops. According to 93 respondents (46.5%), the primary reason for choosing chemist shops is their affordability.

The study further reveals that a shortage of medical facilities is a major challenge in accessing healthcare services. This finding aligns with Jeffers, Bognanno, and Bartlett (1971), who noted that a population's need for medical services requires an accurate understanding of health conditions, a clear standard of "good health," and full knowledge of how modern medicine can address health issues. However, they acknowledged that current diagnostic procedures are unable to provide perfect insight into the health of either populations or individuals. Additionally, Edema (2023) highlighted that some CEOs of federal hospitals have been involved in procuring drugs through proxies and misappropriating Drug Revolving Funds into non-official accounts. In a related study by Chukwuneke (2015) on medical incidents in developing countries, including Nigeria, 23 out of 32 respondents (71.8%) cited a lack of available drugs as a reason for not visiting health centers, while 28 respondents (87.5%) expressed concern about the absence of healthcare providers. Regarding the health centers' ability to meet their needs, 29 respondents (90.6%) believed that ineffective treatment and lack of care were significant barriers to visiting these facilities, except as a last resort when other options had failed.

The study also highlights that health providers face several challenges, including underpayment, staff shortages, inadequate healthcare facilities, and limited drug supplies. These findings are consistent with Edonmi's (2023) study on brain drain, which reported that Nigerian health workers are significantly underpaid and overworked. The average monthly wage of a health worker in Nigeria is considerably lower than what a counterpart in the Western world earns in just a few hours, and wage payments are often delayed

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

for months. Sani (2023) also emphasized that low salaries are a major factor driving many doctors to seek better-paying opportunities in other countries.

The study further revealed that improving access to effective healthcare can be achieved by reducing costs, organizing awareness programs, and educating staff on patient care. This aligns with Eke's (2023) findings, which highlight the critical need to improve health insurance coverage in Nigeria, as it would enhance the overall health and well-being of the population. Eke also discussed the challenges facing Nigeria's healthcare system and suggested strategies to expand health insurance coverage. Similarly, Shaskan (2022) emphasized the importance of mentorship and expertise for scaling mental health services, along with training in refining deep scaling strategies to increase the social and health impact of existing models. Amedari and Ejidike (2021) suggested that implementing anti-corruption measures in the health sector could improve access to care and health outcomes without additional financial resources. They pointed out that effective public financial management, resource allocation for pro-poor programs, and a well-designed primary care-focused service package could significantly benefit Nigeria's decentralized health system. Additionally, they emphasized the role of community health committees in enhancing accountability and transparency at primary healthcare facilities. They proposed that the National Primary Health Care Development Agency (NPHCDA) coordinate joint action plans between these committees and their respective facilities to promote the efficient use of resources and improve access to quality healthcare across hospitals.

The data analysis revealed several reasons and challenges affecting access to healthcare in Awo-mamma. These challenges include the distance to health centers, the shortage of medical facilities, and the financial burden of healthcare services on the people. The healthcare delivery system in Awo-mamma is inadequate in addressing the community's health needs due to these factors. The research demonstrated that access to healthcare in Awo-mamma is significantly hindered by long distances to health centers, insufficient medical facilities, and the high cost of services. These barriers contribute to poor health outcomes for the population, which in turn negatively impacts their social functioning and economic productivity due to increased stress, financial strain, and unreliable medical services.

Conclusion

The study on healthcare access challenges in Awo-Omamma, Oru East Local Government Area, Imo State, Nigeria, reveals several key obstacles that hinder effective healthcare delivery for the local population. Although healthcare facilities exist in the area, significant barriers prevent residents from receiving timely and adequate care. These challenges include poor infrastructure, a shortage of healthcare professionals, limited access to essential medications, financial difficulties, and inadequate transportation systems. The infrastructural challenges are reflected in under-equipped healthcare centers, a lack of modern medical equipment, and insufficient facilities to meet the growing healthcare demands of the population. The shortage of medical professionals, such as doctors and nurses, worsens the situation, resulting in long waiting times and a decline in the quality of care. Limited access to essential medicines further aggravates the problem, as patients are often required to travel long distances to acquire necessary medications, which is both time-consuming and expensive. Financial difficulties are a major barrier, particularly for low-income residents, as the cost of healthcare services, medications, and transportation can be prohibitively high. This financial strain often leads to delayed medical care, worsening health conditions, and increased morbidity and mortality rates. Furthermore, the poor transportation network in Awo-Omamma makes it difficult for residents, especially those in remote or rural areas, to access healthcare facilities. Bad roads, a lack of public transport, and long distances to health centers complicate timely access to medical services, which is especially concerning in emergencies where quick access to care is critical. Addressing these challenges requires a comprehensive approach. Improving healthcare infrastructure, recruiting and training more healthcare professionals, and ensuring a steady supply of essential medicines are crucial steps. Additionally, financial assistance programs for low-income families and improvements to the transportation network will enhance access to healthcare services. Collaboration between the government, non-governmental organizations, and community leaders is essential in developing and implementing strategies to overcome these barriers. By tackling these issues, the overall health and well-being of Awo-Omamma residents can improve, ensuring everyone has access to the healthcare they need. This comprehensive approach will not only strengthen healthcare delivery but also support the socio-economic development of the community.

Limitation of the Study

This study on the challenges in accessing health care services in Awo-Omamma, Oru East Local Government Area, Imo State, Nigeria, encountered several limitations that may affect the generalizability and depth of the findings. First, the study was limited to Awo-Omamma, which may not fully represent the healthcare challenges in other regions within Oru East or the broader Imo State. The relatively small sample size restricts the ability to generalize the findings to the entire local government or

other regions in Nigeria. Second, the survey relied on self-reported information from participants, which may introduce bias. Respondents might have misreported or exaggerated certain aspects of their healthcare experiences, either due to memory recall issues or social desirability bias. Third, although the study considered some cultural aspects affecting healthcare access, it may not have fully captured all societal and gender-based influences, which could be significant in rural settings where traditional beliefs impact health-seeking behavior.

Source of funding
There was no funding from any external body other than the authors.

Conflict of interest
No conflict of interest exists between the authors or with anyone.

Recommendations
Sound health is a fundamental requirement for living a socially and economically productive life. Poor health inflicts great hardships on households, including debilitation, substantial monetary expenditures, loss of labor, and sometimes death. This study therefore has shown that there are challenges in accessing healthcare facilities in Awo-mamma. To this end, based on the findings, the following strategies can be employed to improve access to the healthcare delivery system in Awo-mamma.

1. Rural development policies should promote the creation of an enabling environment to enhance participation in modern healthcare delivery by organizing a sensitization program to create awareness about the importance of using modern healthcare facilities.
2. There should be the establishment of public health centers in the core rural areas. This will increase the proximity and accessibility of rural people to public health facilities.
3. Governments at all tiers should ensure equitable accessibility to healthcare delivery across rural areas by deploying more medical and paramedical staff to the rural areas.
4. States should be mandated to provide health insurance coverage to all residents. Making health insurance optional for states over the years has affected the ability of the NHIS to increase the level of coverage for the people.
5. It is not enough to have a national health insurance policy, it is important to ensure that health insurance coverage is provided to the poor and most vulnerable populations as a matter of the human right to health. Based on this, state governments should enroll poor residents in a private health insurance plan and bear the responsibility of paying the monthly premium per person to Health Maintenance Organisations (HMOs).
6. Political actors, policymakers, and all stakeholders in the health sector should establish a government-funded social and financial risk protection scheme through a general tax financing system for the poor and vulnerable, and invest in basic infrastructure for health care in rural areas for quality health care service delivery.

References
1. Adebayo, E. F., Uthman, O. A., Wiysonge, C. S., Stern, E. A., Lamont, K. T., & Ataguba, J. E. (2015). A systematic review of factors that affect uptake of community-based health insurance in low-income and middle-income countries. *BMC Health Services Research*, *15*(1), 1-13.
2. Adeleke, I. T., Erinle, S. A., Ndana, A. M., Anamah, T. C., Ogundele, O. A., & Aliyu, D. (2014). Health information technology in Nigeria: Stakeholders' perspectives of nationwide implementations and meaningful use of the emerging technology in the most populous black nation. *American Journal of Health Research*, *3*(1-1), 17-24.
3. Afolabi, M. O. (2013). Growth effect of small and medium enterprises (SMEs) financing in Nigeria. *Journal of African Macroeconomic Review*, *3*(1).
4. Afolabi, M. O., Daropale, V. O., Irinoye, A. I., & Adegoke, A. A. (2013). Health-seeking behavior and student perception of health care services in a university community in Nigeria.
5. Amedari, M. I., & Ejidike, I. C. (2021). Improving access, quality and efficiency in health care delivery in Nigeria: a perspective. *PAMJ-One Health*, *5*(3).
6. Chukwuneke, F. N. (2015). Medical incidents in developing countries: A few case studies from Nigeria. *Nigerian Journal Clinical Practice 18*(7), 20-24.
7. Dapaah M. J. and Senah K. A., HIV/AIDS clients, privacy and confidentiality: the case of two health facilities in the Ashanti Region of Ghana, *BMC Public Health Journal*. (2016) **17**, no. 1
8. Drew, N., & Funk, M. (2010). *Mental health and development: targeting people with mental health conditions as a vulnerable group*. World Health Organization.

9. Edema, G. (2023). Federal hospital CEOs diverting drug funds, PSN alleges, *Punch*,30th November.
10. Edonmi, D. (2023). Brain drain: Underpaid and overworked health workers in Nigeria. https://www.dandc.eu/en/article/due-underpayment-and-overload-thousands-trained-health-workers-are-leaving-nigeria-find#:~:text=Nigeria's%20health%20workers%20are%20grossly,to%20be%20delayed%20for%20months.
11. Eke, M. (2023). Strategies To Improve Health Insurance Coverage In Nigeria. *DailyTrust*, 11 November.
12. Huot, S., Ho, H., Ko, A., Lam, S., Tactay, P., MacLachlan, J., & Raanaas, R. K. (2019). Identifying barriers to healthcare delivery and access in the Circumpolar North: important insights for health professionals. *International journal of circumpolar health*, *78*(1), 1571385.
13. Innocent, E. O., Uche, O. A., & Uche, I. B. (2014). Building a solid health care system in Nigeria: challenges and prospects. *Academic Journal of Interdisciplinary Studies*, *3*(6), 501.
14. Jeffers, J. R., Bognanno, M. F., & Bartlett, J. C. (1971). On the demand versus the need for medical services and the concept of" shortage". *American Journal of Public Health*, *61*(1), 46-63.
15. Karmakar, P., Islam, M. M., Kibria, M. G., Hossain, M. S., & Sattar, M. M. (2012). Prevalence, belief, and awareness of preferring traditional healthcare system in urban and rural people of Noakhali district, Bangladesh. *International Current Pharmaceutical Journal*, *1*(9), 229-234.
16. Lack, C. W., Storch, E. A., Keeley, M. L., Geffken, G. R., Ricketts, E. D., Murphy, T. K., & Goodman, W. K. (2009). Quality of life in children and adolescents with obsessive-compulsive disorder: base rates, parent-child agreement, and clinical correlates. *Social Psychiatry and Psychiatric Epidemiology*, *44*, 935-942.
17. Reis C., Heisler M., Amowitz L. L., Moreland R. S., Mafeni J. O., Anyamele C., and Iacopino V., Discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria, *PLoS Medicine*. (2005) **2**, no. 8, 743–752,
18. Righetti, P., Strasser, R., Materu, P., & Herbst, C. H. (2013). Becoming a Health Worker Student. *The Labor Market for Health Workers in Africa: A New Look at the Crisis*, 319-33.
19. Sani, N. (2023). NMA Laments Poor Salaries Of Health Workers, Funding. https://leadership.ng/nma-laments-poor-salaries-of-health-workers-funding/
20. Shaskan, N. (2022). Improving Health Care Access in Rural Nigeria and Kenya. June 9. https://solve.mit.edu/articles/improving-health-care-access-in-rural-nigeria-and-kenya
21. Sitbon, O., Humbert, M., Jaïs, X., Ioos, V., Hamid, A. M., Provencher, S., & Simonneau, G. (2005). Long-term response to calcium channel blockers in idiopathic pulmonary arterial hypertension. *Circulation*, *111*(23), 3105-3111.
22. Yuan, H., Ma, Q., Ye, L., & Piao, G. (2016). Traditional medicine and modern medicine from natural products. *Molecules*, *21*(5), 559.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 9 (2024): September 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i9.1343
Original Article

PUBLISHER DETAILS

SJC PUBLISHERS COMPANY LIMITED

SJC Publishers Company Limited

Catergory: Non Government & Non profit Organisation
Contact: +256 775 434 261 (WhatsApp)
Email: info@sjpublisher.org or studentsjournal2020@gmail.com
Website: https://sjpublisher.org
Location: Scholar's Summit Nakigalala, P. O. Box 701432,Entebbe Uganda, East Africa