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# THE IMPACT OF POLICY PROCESS, ECONOMIC GROWTH, SCHEME DESIGN AND MOBILIZATION ON HEALTH CARE SERVICES AMONG THE RURAL DWELLERS OF SOKOTO STATE, NIGERIA.

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# DOCTOR OF PHILOSOPHY (Ph.D) UNIVERSITI UTARA MALAYSIA

2015

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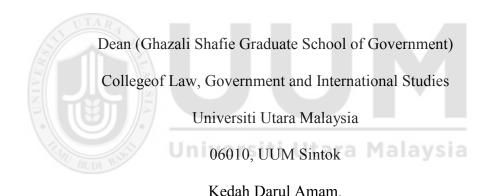


A Thesis submitted to the Ghazali Shafie Graduate School of Governmentin fulfilment of the requirements for the Doctor of PhilosophyUniversiti Utara Malaysia

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#### ABSTRACT

This study examines the relationship between policy process, economic growth, scheme design and mobilization, and heathcare services among the rural dwellers of Sokoto state, Nigeria. This is done with the aim of providing the dwellers with healthcare services that are lacking in the countryside of Sokoto state. There are many factors which hinder the provision of these healthcare services to the delivery which include insufficient funds, lack of good governance, poor policies on healthcare services, poverty, poor scheme design, poor community mobilization and sensitization and corruption. Of these several problems, this research focuses on four major factors, namely policy process, economic growth, scheme design and mobilization as independent variables and healthcare services as the dependent variable. The study uses convenience sampling in which samples were drawn from the 23 local governments of the state that comprise 3,000,000 rural dwellers. Data was collected through the self-administered method by sending questionnaires to 800 rural dwellers in the state. A total of 54 items were captured in the questionnaire. The studyevaluates the relationship between healthcare services and these variables. Multiple regression analysis was used to predict the significant contribution of the four variables. All the instruments were adapted from the past studies. The Statistical Package for Social Sciences (SPSS) version 18 was used to analyze the data and test the hypotheses. The findings of the study show that a positive relationship between healthcare services and the four variables. The correlation coefficient between policy process and healthcare services as 0.251 while economic growth and healthcare services it was 0.166. For scheme design and healthcare services, it was 0.260, while formobilization and healthcare services, it was0.119. The Multiple regression analysis shows that the variables are correlated and have a uniquely significant role in providing healthcare services. This shows that the result of this study can be used to address the problems facing the rural dwellers in their demand for quality and affordable healthcare services in their areas.

Keywords: Healthcare Services, Rural Dwellers, Sokoto State, Nigeria

#### ABSTRAK

Objektif kajian ini adalah untuk membincangkan hubungan di antara proses dasar, pertumbuhan ekonomi, reka bentuk skema dan mobilisasi, dan perkhidmatan penjagaan kesihatan dalam kalangan penduduk luar bandar di negeri Sokoto, Nigeria, dengan tujuan untuk menyediakan penduduk luar bandar dengan akses kepada perkhidmatan penjagaan kesihatan yang kurang terdapat di kawasan luar bandar negeri Sokoto. Terdapatbanyak halangan dalam penyediaan perkhidmatan penjagaan kesihatan kepada penduduk luar bandar, antaranya dana yang tidak mencukupi, kekurangan tadbir urus yang baik, dasar-dasar perkhidmatan penjagaan kesihatan yang lemah, pembasmian kemiskinan, reka bentuk skema yang lemah, mobilisasi masyarakat miskin dan rasuah. Daripada masalah-masalah tersebut, kajian ini memberi tumpuan kepada empat faktor utama iaitu proses dasar, reka bentuk skema pertumbuhan ekonomi dan mobilisasi sebagai pemboleh ubah bebas, dan perkhidmatan penjagaan kesihatan sebagai pembolehubah bersandar. Persampelan mudah digunakan, yang mana sampel telah diambil daripada 23 buah institusi kerajaan tempatan di negeri sokoto yang terdiri daripada 3,000,000 penduduk luar bandar. Data dikumpulkan melalui kaedah tadbir kendiri dengan menghantar soal selidik kepada 800 penduduk luar bandar di negeri ini. Sebanyak 54 item telah digunakan dalam soal selidik. Kajian ini mahu menilai hubungan antara perkhidmatan penjagaan kesihatan dengan pemboleh ubah-pemboleh ubah ini. Analisis regresi berganda telah digunakan untuk meramalkan sumbangan utama daripada keempat-empat pemboleh ubah. Kesemua instrument disesuaikan daripada kajian lepas. Pakej Statistik untuk sains sosial (SPSS) versi 18 telah digunakan untuk menganalisis data dan menguji hipotesis. Dapatan kajian menunjukkan hubungan yang positif antara perkhidmatan penjagaan kesihatan dan keempat-empat pemboleh ubah. Pekali kolerasi antara proses dasar dan penjagaan kesihatan perkhidmatan adalah 0.251, manakala bagi pertumbuhan ekonomi dan perkhidmatan penjagaan kesihatan adalah 0.166, untuk reka bentuk skema dan perkhidmatan penjagaan kesihatan adalah 0.260, dan untuk mobilisasi dan penjagaan kesihatan perkhidmatan adalah 0.119. Analisis regresi berganda menunjukkan bahawa pemboleh ubahpemboleh ubah tersebut berhubung kait dan mempunyai peranan penting yang unik dalam menyediakan perkhidmatan penjagaan kesihatan. Ini menunjukkan bahawa hasil kajian ini berguna untuk menanganimasalah yang dihadapi oleh penduduk luar bandar dalam permintaan mereka untuk mendapatkan perkhidmatan penjagaan kesihatan yang berkualiti dan berpatutan di kawasan luar bandar.

Kata Kunci: Perkhidmatan Penjagaan Kesihatan, Penduduk luar bandar, Sokoto state, Nigeria

#### AKNOWLEDGEMENT

I wish to first of all thank God Almighty – Allahfor sparingmy life, sustaining meand enabling me to complete my thesis write up, I wish to express my acknowledgement to many people whom Iam indepted to for being instrumental to the successful completion of my thesis. My special thanksgo to my formidable supervisor Associate ProfessorMadya Dr Azhar binHarun for teaching me the art of research and scholarly writing, 1 will like to express that He is a great teacher, father and model of scholarshipand excellence. Associate ProfessorMadya Dr Azhar binHarun is best describe as scholastic "leader"whose impact will ever remaingreen in my memory for his interest and genuineconcern.

I will like to express my appreciationtoAssociate Prof. Kamaruddin Abdulsomad, Dr Abdullah Sumrahadi and Dr Suria Saniwa Bin Wan Mahmood for their roles as reviewers during my Ph.D proposal defence. Their useful comments and suggestions have helpedin sharingand making this thesis a better one.

Universiti Utara Malavsia

Additionally, 1 would alsolike to thank the management of Usmanu Danfodiyo University Sokoto, for all financially supporting my research. My appreciation goes to my Dad and my Mum, my wife, my children for their support and understanding. Also my appreciation goes to Prof Alti, Dr B.B Kasim, Dr Sunusi Ahmed, Dr M.M Kirfi and all my other faculty members for their prayers and support. I also wish to thank the staff of Graduate School of Government for their support and encouragement during the course of the study.

Also my gratitude goes to Dr Salihu A Adelabu, Dr Abdullahi Hassan Gorondutse, Dr Sanusi Lautech, Haliru Muhammad,my classmate, friends and other well wishershave wonderfully helped in my success.

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## LIST OFABBREVIATIONS

- NHIS National Health Insurance Scheme
- CBHIS Community-Based Health Insurance Scheme
- FSHIP Formal Social Health Insurance Programme
- USSHIP Urban Self-Employed Social Health Insurance Programme
- WTP Willingness to Pay
- NPC National Population Commission
- WHO World Health Organization
- WB World Bank
- FMH Federal Ministry of Health
- MDG Millennium Development Goals
- UHC Universal Health Coverage
- KPI Key Performance Indicators
- SPSS Statistical Package for Social Sciences



#### CHAPTER ONE INTRODUCTION

#### **1.0 Background of the Study**

Health care services are the act of taking preventive or essential therapeutic measures to improve a person's well-being. May be done with surgery, the ordering of medicine, or other alterations in an individual's existence. These services are naturally offered through a health care system made by hospitals and physician. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Access to health care varies across country groups, and individuals, mainly prejudiced by social and economic circumstances as well as the health policies in place. States and authorities have different policies and plans about the personal and population-based health care goals within their societies. Health care systems are organizations recognized to meet the health needs of target populations. Theirs exert shape varies between national and subnational units. In some countries and authorities, health care planning is spread among market members, while, in others, planning happens more centrally among governments or other organizing bodies.

In all cases, according to World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; well-trained and adequately paid workforce; reliable information on which to base decisions and

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