

ORIGINAL ARTICLE

Millennium development goals—Knowledge and attainability as perceived by doctors: A case study

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Abstract

Objective: To audit the knowledge of doctors and evaluate their disposition toward the attainment of the Millennium Development Goals (MDGs).

Materials and Methods: Semi-structured questionnaires requesting information about knowledge of the acronym “MDGs” were administered on willing doctors at three tertiary health centers: University of Ilorin Teaching Hospital, Federal Medical Centre, Bida, and Federal Medical Centre, Yola. Data were analyzed using frequency tables and simple statistical methods.

Results: One hundred and eighty-three doctors participated in the study, comprising 65 (35.5%) from Bida, 18 (9.8%) from Yola, and 100 (54.7%) from Ilorin, with a male to female ratio of 2:1 ($P < 0.05$). Thirty-nine respondents (21.3%) had no fore knowledge of MDG ($P < 0.05$). Only 77 (42.1%) of the respondents who had fore knowledge of “MDG” knew the number of goals to be eight ($P < 0.05$). Among those who had fore knowledge of MDG, only 34 comprising 15 (10.4%, Bida), 1 (0.7%, Yola), and 18 (12.5%, Ilorin) could correctly list a minimum of four of the MDGs ($P < 0.05$). Only 12 (8.3%) of the respondents believed that the MDGs are very achievable.

Conclusion: There is an absolute need for more elaborate publicity on the MDGs among doctors as they are key players if attaining the MDGs is to be a reality.

Key words: Millennium development goals, knowledge and attainability, evaluation of doctors knowledge

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Introduction

The Millennium Development Goals (MDGs) are eight goals adopted by 189 nations and signed by 147 Heads of State and Governments during the UN Millennium Summit in September 2000 with the aim of attaining these goals by the year 2015.^[1,2]

The eight MDGs are to: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability, and develop a Global Partnership for Development.^[1]

The MDGs 4 to 6 have a direct bearing on health issues:

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reduction of infant mortality; improvement in maternal health; and control of HIV/AIDS, malaria, and other illnesses.^[2] Goal 3 (empowerment of women) has to do with projects in sexual and reproductive health^[3]—a recognition that health is central to global agenda of reducing poverty and an important measure of human well-being in its own right.

Human resources are the crucial core of a health system. Human resources are in very short supply in health systems in low- and middle-income countries compared with high-income countries.^[4] Human resources have been described

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as “the heart of the health system in any country,”^[4] “the most important aspect of health care systems,”^[5] and “a critical component in health policies”.^[6]

Health workers are expected to be quite familiar with the MDGs because the goals have bearing on health either directly or indirectly. With the MDG target date of 2015 just 6 years away, the need to assess the awareness and disposition of doctors to the MDGs becomes necessary. With this, we audit the knowledge of doctors in three tertiary health centers: University of Ilorin Teaching Hospital, Federal Medical Centre, Bida, and Federal Medical Centre, Yola and evaluate their disposition toward the attainment of these goals.

Materials and Methods

Semi-structured questionnaires requesting information about knowledge of the acronym “MDGs,” the number of goals, correctly listing the goals, knowledge that the MDGs are time bound, the time frame for the goals, and the attainability of the goals were administered on willing doctors at the three tertiary health centers. The acronym “MDGs” was deliberately used in the questionnaires to prevent suggestive questions. The completed questionnaires were returned immediately by the participants. Scores were awarded to the aspect of the questionnaire testing ability to list the MDGs (zero for not able to name any of the MDGs, 50% for listing up to four goals accordingly and 100% for listing the eight goals correctly). Confidentiality was maintained. Data were analyzed using frequency tables and simple statistical methods.

The preliminary reports of this study were presented at the 39th Paediatric Association Of Nigeria Conference (PANCONF) in Lagos.^[7]

Results

One hundred and eighty-three doctors participated in the study, comprising 65 (35.5%) from Bida, 18 (9.8%) from Yola, and 100 (54.7%) from Ilorin. The total number of males was 121 and females 62, giving a male to female ratio of 2:1 [Table 1].

One hundred and forty-four respondents comprising 43 (29.9%) from Bida, 11 (7.6%) from Yola, and 90 (62.5%) from Ilorin had heard of the acronym “MDG” before the study [Table 2].

Only 30 (69.8%), 5 (4.5%), and 42 (46.7%) of the 43, 11, and 90 respondents from Bida, Yola, and Ilorin, respectively, who had fore knowledge of “MDG” knew the number of goals to be eight [Table 3].

Among those who had fore knowledge of MDG, only 34 comprising 15 (10.4%, Bida), 1 (0.7%, Yola), and 18 (12.5%, Ilorin) could correctly list a minimum of four of the MDGs [Table 4]. One hundred and twenty-seven (88.2%) of the participants consisting 50 (27.3%, Bida), 12 (6.6%, Yola), and 65 (14.1% Ilorin) correctly answered that the MDGs are time bound [Table 5]. Only 65 (51.2%) of those who know that the MDGs are time bound correctly stated that the aim is to attain these goals by the year 2015 ($\chi^2 = 54.26$; Table 5).

Twelve (8.3%) of the respondents believed that the MDGs are very achievable, 44 (30.6%) believed that they are not achievable, 96 (66.7%) believed that they are achievable with more efforts, while 31 (2.7%) were not sure whether the goals could be achieved or not.

All respondents opined that the publicity is grossly inadequate

Discussion

This study offers a unique snapshot of the knowledge of doctors in the three tertiary health centers about the MDGs, now more than midway to the target date of 2015. This picture is not encouraging, reinforcing the conclusions of

Table 1: Gender distribution of the 183 respondents

Center (n)	Response		χ^2
	Yes	No	
Bida (65)	43	22	13.57
Yola (18)	11	7	1.78
Ilorin (100)	90	10	128.0
Total (183)	144	39	120.5

$P < 0.05$

Table 2: Response of the 183 doctors to knowledge of the acronym “MDG”

Center (n)	Gender		χ^2
	Male	Female	
Bida (65)	39	26	5.20
Yola (18)	12	6	4.0
Ilorin (100)	70	30	30.0
Total (183)	121	62	38.0

$P < 0.05$, MDG = Millennium development goals

Table 3: Response of the 183 doctors to knowledge of the correct number of goals in MDGs

Center (n)	Response			χ^2
	Right	Wrong	Not sure	
Bida (65)	30	30	5	28.85
Yola (18)	5	6	7	0.50
Ilorin (100)	42	25	33	6.51
Total (183)	77	61	45	12.59

$P < 0.05$, MDG = Millennium development goals

Table 4: Ability of the 183 doctors to list the 8 MDGs

Center (n)	Scores			χ^2
	Zero	<50%	≥50%	
Bida (65)	6	44	15	54.6
Yola (18)	12	5	1	15.5
Ilorin (100)	48	34	18	20.28
Total (183)	66	83	34	30.44

$P < 0.05$, MDG = Millennium development goals

Table 5: Knowledge of the time bound for the MDGs

Response to the question "Is the MDGs Time Bound?"				
Center (n)	Response			χ^2
	Yes	No	No idea	
Bida (65)	50	1	14	89.22
Yola (18)	12	2	4	14.0
Ilorin (100)	65	7	28	77.61
Total (183)	127	10	46	176.61

Response to the question: "What Is The Time Limit?"				
Center (n)	Response			χ^2
	2015	Any other year	No idea	
Bida (50)	20	15	15	89.22
Yola (12)	12	0	0	14.0
Ilorin (65)	29	28	8	77.61
Total (127)	61	43	23	176.61

$P < 0.05$, MDG = Millennium development goals

the UN Report published in September 2008 that while we are half way to 2015, we are much less than half way to achieving most of the MDGs.^[8]

The awareness of doctors in the three health centers about MDGs is significantly low. The largest number of respondent who had heard of the acronym "MDG" before the study (90, 62.5%) were from Ilorin center. This is probably because Ilorin is a Teaching Hospital, a much larger center with well-established residency training programs.

Only 77 (42%) of the total respondents knew the number of the goals to be eight, with Bida center having the largest respondents with positive answer. Previous health-related programs such as Alma Ata declaration on primary health care with slogan such as "Health for all by the year 2000"^[9] became more popular after their expiration. The year 2000 has come and gone, yet accessibility to quality healthcare delivery is still being sought. The Child Survival Revolution was launched in 1980s with emphasis on survival strategies such as Growth Monitoring, Oral Rehydration Therapy, Breast Feeding, Immunization, Family Planning and Female Education, which could have immediate and long-term effects on the health of children. The Convention on the Rights of The Children of 1989 by the General Assembly of the United Nations and World Summit for Children held in 1990 are other examples.^[10,11]

The sad fact is that in most instances there is no institutionalized mechanism to involve or consult health professionals in national health policy setting, although they are expected to play a central and determining role in the pursuit of the reform objectives.^[12] When health professionals are involved in health policy making, it is often on ad hoc basis. It is therefore not surprising that only 8.3% of the respondents believed that the MDGs are very achievable, this is in keeping with the doubts expressed regarding the possibilities of achieving MDGs within the time frame.^[13,14]

Human resources are the crucial core of a health system,^[15] but they have been a neglected component of health-system development.^[4,6] Developing capable, motivated and supported health workers is essential for overcoming bottle necks to achieve national and global health goals. Uncertainty, ignorance, guess work becloud the knowledge and believe in attainability of the MDGs among the respondents. This could make the goals relating to health (reduction in child mortality; improvement in maternal health; and combat HIV/AIDS, malaria, and other endemic diseases) "hard to achieve."^[16] There is need for continuing education to update knowledge and skills of health workers in order to respond to new and rapidly changing challenges of health care.

Conclusions

Health is wealth, it is based on this premise that health providers are valued and respected. Development in all its forms is only possible when there is health. This is why, at least, three of the Millenium Development Goals (MDGs) fall within the spectrum of health. The challenges of the MDGs are staggering and there is still a long way to go to keep our promises to current and future generations. There is an absolute need for more elaborate publicity on the MDGs among doctors, as they are key players, if attaining the MDGs is to be a reality.

References

1. WHO:Health in the Millenium Development Goals. Available from: <http://www.who.int/mdg/goals/en/> [Last cited on 2011 Jan 30].
2. Millennium Development Goals Available from: http://en.wikipedia.org/wiki/Millennium_Development_Goals [Last cited on 2011 Jan 30].
3. Engendering the Millennium Development Goals on health. Department of Women's Health, WHO 2003.p.1-11.
4. Dodd R, Cassels A. Health, development, millennium development goals. *Ann Trop Med Parasitol* 2006;100:379-87.
5. Hongoro C, McPake B. How to bridge the gap in human resources for health. *Lancet* 2004;364:1451-6.
6. Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder A, et al. Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2003;9437:900-6.
7. Adegboye MA, Eze EC, Adegboye OA, Solomon A, Abdullahi U, Ahmed G. Millennium Development Goals: Knowledge and attainability as perceived by health workers- A preliminary report. In: Proceedings of the 39th Annual General and Scientific Conference of the Paediatric Association of Nigeria

- (PANCONF 2008), Jan 21-25, 2008; held at Lagos – Nigeria; 76-77.
8. UNECA: Assessing Progress in Africa towards the Millennium Development Goals. Available from: <http://www.uneca.org/cfm/2008/docs/AssessingProgressinAfricaMDGs.pdf> [Last cited on 2011 Jan 30].
 9. WHO: Primary health care. Available from: http://www.who.int/topics/primary_health_care/en/ [Last cited on 2011 Jan 30].
 10. UNICEF: Convention of the Right of the Child Available from: <http://www.unicef.org/crc/> [Last cited on 2011 Jan 30].
 11. UNICEF: World summit for Children Available from: <http://www.unicef.org/wsc/> [Last cited on 2011 Jan 30].
 12. Girma S, Yohannes A G, Kitaw Y, Ye-Ebiyo Y, Seyoum A, Desta H, Teklehaimanot A. Human Resource Development for Health in Ethiopia: Challenges of Achieving the Millennium development Goals. *Ethiop J Health Dev* 2007;21:216-31.
 13. Dyer O. UN predicts that millennium development goals will be missed by a wide margin in Africa. *BMJ* 2005;330:1350.
 14. Dare L, Buch E. The future of health care in Africa. *BMJ* 2005;331:1-2.
 15. Dussault G, Dubois CA. Human resources for health policies: A critical component in health policies. *Hum Resour Health* 2003;1:1-16.
 16. Okonofua EF. Achieving the millennium development goals in Africa: How realistic? *Afri J Reprod Health* 2005;9:7-14.

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