The Effect of Poor Access To Healthcare Facilities In Emohua Local Government Area, Rivers State

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ABSTRACT
This study fixated on examining the effects of poor access to health care facilities in Emohua Local Government Area of Rivers State. The study adopted the use of survey research design, using both primary and secondary data. The primary data were collected through the use of questionnaire. The study was carried out in 14 selected communities. One research question, one specific objective and one hypothesis guided the study. Means and simple percentage was used to analyzed the research question while t-test statistic was used to analyze the hypothesis. The result, statistically revealed that actually there is poor access to healthcare facilities in the study area, but it does not lead, to the increase in the rate of occurrence of diseases and sudden deaths in the area. Judging from the findings of this piece of research, the researcher conclude by recommending that state Government and Local Government council should create and put in good condition internal road within and around the study area to ease access to healthcare facilities in the area, as this will reduce the burden of long distant walks and travels, as this will help to promote good patronage by the people of the area.
Keywords: Rural Development, Effects, Poor Access, Healthcare Facilities.

INTRODUCTION
Increase in global population is associated with a corresponding increase in economic activities. These productive activities result to environmental stress which is a product of increase pressure on the use of the resources of the environment. Hence, the destabilization of the natural ecosystem or simply referred to as environmental degradation is synonymous with uncoordinated and unplanned intensification of land use activities which often causes environmental pollution.

According to studies conducted by the World Health Organization (WHO, 2016), environmental risk factors apart from causing disabilities also account for high rate of death globally. Also epidemiological pre-clinical and interventional clinical studies have shown that environmental stress are associated with certain health challenges such as disorders, cardiovascular problems, skin diseases and many dysfunctional syndromes (Pascal and Thompson, 2015). It is therefore interesting to note that a well facilitated environment is a major determinant on the level of comfortability and quality of living of the populace of a given area (Uziah, 2014). Alluding to the fact that life is precious, the writers of this are of the view that a good living environment should consist of a well, effective, and efficient located healthcare facilities that will be easily accessible to the masses in the area. The provision of effective, efficient and accessible healthcare delivery is the responsibility of all the arms of government (Abbas, 2012).

However, due to high demand on and perhaps poor quality service delivery by the public health system, the private sectors is playing a visible complimentary role in the provision of healthcare facilities in assistance to the improvement of the environment.

Statement of the Problem
Within the study area, environmental pollution and poor sanitary habits of the people, have resulted to the outbreak and spread of environmentally induced diseases, some of these disease rampaging the area include malaria, typhoid fever, cholera etc. Available records from the few health centres in the area showed that these diseases have often time led to many deaths.

The outbreak of the above diseases sometimes leads to emergences. And in most cases, functional health facilities where victims of these diseases could be rushed to are lacking in the area. In some rare cases where there seems to be one it is hardly accessible to the people because of its location being too far from other communities; or that the facility is poorly equipped and under staffed. Thus, patients get stranded; without seeing a doctor, some end up leaving the orthodox treatment for herbal medicine, while in some other cases, the patient ends up dying with no one to attend to their problem (Amadi, 2016).

Hence the problem of this study state that the environment of the study area is in a horrible state especially during the wet seasons. In terms of sicknesses, access to functional health care facilities is very poor in the area. Scholars have carried out studies on environmentally induced diseases in many states of Nigeria but to the best of "my knowledge" none has been done in Emohua Local Government Area of Rivers State. That has prompted the researcher to concentrate this research on Emohua Local Government Area of Rivers State.

Aim /Objective of the Study
The aim of this study is to examine the effects of poor access to healthcare facilities in Emohua Local Government Area of Rivers State. To achieve the above state objective, the following specific objectives were pursued. They are to ascertain whether the health facilities are accessible to the various communities for the treatment of the environmentally induced diseases in the area.

Research Question
Springing from the problems in the study, this research is posed to address the following research question.

RQ: Are the health facilities in Emuoha local government area accessible for the treatment of the environmentally induced diseases in the area?

Research Hypothesis
The following hypothesis has been postulated to guide the study.

$H0_1$: Poor access to healthcare facilities causes increase in environmentally- induced diseases in Emuoha local government area.

CONCEPTUAL CLARIFICATION
Concept of Rural Development
In the past, development was mainly used to refer to economic situations and conditions. However, in recent years, it has been argued by Williams (2012) that agriculture is by no means the only possible occupation for rural dwellers as such a current and wider view of rural development has emerged. Numerous definitions of rural development within this framework exist in the literature. Rural development has also been defined as the outcome of a series of quantitative changes occurring among a given rural population whose emerging effects indicate a rise in the standard of living and favourable changes in the way(s) of life of the people involved. Lele (2015) Opined that rural development implies improving living standards of the masses of the low income population residing in rural areas and making the process of their development self-sustaining. The above statement indicates that rural development is associated with changes in economic and social structures that characterize development such as institutions, relationships and processes (Williams, 1978). Despite these varying definitions and conceptualization, the global view is that development tends toward transformational change in the socio-economic and tech-cultural well-being of the people (Ukpere, 2014).

However, Angaye (1995) cited in Ukeja (2013) argued, that development is a process involving improvements in the standard of living of the people, the acceleration of economic growth, the elimination of absolute poverty, reduction of inequality and unemployment, the acquisition of skills and provision of life amenities such as better food, housing, clothing, health, education, good water etc. Ukeja

(2013) concept of development also includes self-reliance as well as increase in all aspects of the masses living condition. Locational effectiveness and efficiency consists of the following building, access road and equipments.

When these things are in proper measure the well-being of the people will be enhanced.

The Concept of Environment

The concept of environment biologically speaking means the totality of all external and internal conditions affecting the existence, growth and welfare of organisms. In geographical lexicon, environment means the totality of man's surroundings or of any other living organisms. This surrounding is made up of physical, social and cultural conditions that affect the development and survival of that entity in any place of dwelling. In another instance, it refers to the physical and cultural elements in which living organisms and how it affects the development of such organisms (W.P. Cunnigham and M.A. Cunnigbam, 2004).

There is growing evidence that environmental conditions will play an important role in global population health, especially in rapidly urbanizing low-and-middle income dwellers. Recently, the Lancer commission on pollution and Health estimated that pollution was responsible for 9 million premature deaths in 2015 alone and that most of this (92%) occurred in low-and-middle income countries (Lancer Com. nd). The health and well-being of urban dwellers result from the complex structures that shape their cities. Some urban conurbations are more successful than others in providing resources and clean environment.

Luh and Bartram (2016) recently analyzed progress on drinking water and found that improvements in these services do not appear to be correlated with socio-economic characteristics, but are more likely the result of policies and governance.

Thus, achieving improvements in health and well-being in cities thus calls for better tracking and understanding of the role of environmental indicators, especially in urban environments.

Concept of Accessibility

A basic law of geographic is of the view that in a spatial sense everything is related to everything else but the relationship is stronger when items are near one another (Tobler, 1970). Observation holds, that interaction between places diminishes in intensity and frequency as distance between them increases. Consideration of distance implies assessment of accessibility. Accessibility is the central organizing concept of the access to destination study.

According to Kadri and Hannes (2010) accessibility is the means by which people can reach the desired activity sites such as those offering employment, shopping, medical care or recreation. The calculation of average scores is influenced strongly by the geometry of the unit area used, the settlement pattern and the population distribution. Access opportunity model (AOM) can be used with cost distance as well as kilometer distance. For the purpose of clarity, accessibility has been grouped into three groups: low accessibility, medium accessibility and high accessibility. In less developed countries (LDCs) frictional distance of 2.0 and 3.0 are commonly used (Adeyemo, 1988). The Average Opportunity Index (AI) for (i) or to any facility point ranges between 0 and I scores from 0 to 0.45 are categorized as low accessibility, 0.5 to 8.5 as medium accessibility and 0.9 and above as high accessibility (Adeyemo, 1988).

Primary healthcare is the foundation of total healthcare of any country. (Khursheed H. (2017). Hence, easy and affordable access to any service lays the foundation for its use. According to report in the rural areas of northern India, only 76.6% of the surveyed respondents knew about the presence of PHCs in their area. Out of these, only 36.3% utilized the services of these health centers. Effective intervention and community participation determine the outcomes of any public service. (Outreach visits are significantly higher in southern states than in northern state of Indian 89% and 93% of the surveyed expecting mothers in Tamil Nadu and Karnataka, respectively were visited by a female health worker in the trimester of the pregnancy, in comparison to 53% and 61% expecting mothers from Bihar and West Bengal, respectively. On availability of one or more elements in the complete package affects the utilization rates as well as the satisfaction of the PHCs). In the eight states of India, 11% beneficiaries were dissatisfied, 45% were partly satisfied, while 43% were satisfied with the services of the PHCs. The dissatisfaction was largely because of non-availability of a enough facilities and medicines.

Concept of Healthcare Facilities
The aim of locational decision for rural facilities is to improve the accessibility to the facilities, and maximize their utility. To achieve the major objective, the planning process must include the following; identifying the basic problem(s), major social categories of the population; measuring the existing human service provisions for each sub-categories of population; identifying potential central place and their zones of influence for the location of the facilities; identifying the necessary infrastructure that will be required for the most profitable utilization of basic resources; Designing procedures or programmes and locating sources of funding by which objectives can be meet in order of priority; monitor and guide the programmes toward reaching the objectives; and measuring results, progress and failure continuously.

In addition to the above stages of locational efficiency of healthcare facilities, Lassey (1977) suggest that the following activities are equally important: coordinating the activities of social institutions or agencies to provide improved service delivery across a single functional area and to provide for delivery of integrated and comprehensive services; examining and redirecting social institutions toward a future orientation, in accord with technological, social, economic and political changes which dramatically affect individuals and collective wellbeing of the masses. The researchers are of the view that in pursuing the foregoing goals to a realistic end, the three tiers of government in Nigeria (federal, state and local government) should be involve in coordinating and planning programmes, undertaking by public and private agencies, under the coordination and guidance of legislature and administrative bodies.

Federal, state and local government have historically been responsible for the provision of rural facilities. They finances and direct the provision of services at the local level. The state and federal governments could come in the area of supplying personnel, technicians and funding. Meanwhile, it is apparent that the local government will have to take greater responsibility in rural planning by locating local needs and priorities, providing personnel and funding the projects by generating their own resources. Equipping the local government healthcare facilities with qualified personnel will help them perform the healthcare services effectively and efficiently.

Theoretical Framework
Central place Theory- (Walter Christaller, 1933). The issue of social services and how well they are distributed has theoretical basis in the central place theory proposed by Walter Christaller in 1933. Walter explained that the number, size and distribution of human settlements depends on the concept of centrality. In reference to him the degree of which a society serves its 'subjects' is what determines its centrality. Johnson (1970) also lent his voice to the discussion on the concept of central place theory in relation to goods and services on offer at any point in time in the society. According to Johnson the 'centrality' of a place, in terms of how much goods and services are made accessible to consumers is what really matters. Berry (1997), Abler, Adams and Gould (1971) stated the principle of 'Central place theory'. These are 'threshold and range'. According to Berry, the threshold requirements are the conditions for entering into the provision of a services or production of goods. Abler et al (1971) have described the threshold as the minimum market (Pricex quantity) needed to bring goods and services into existence and to keep it going. Range represents the maximum distance that must be covered before goods and services can be consumed. Walter therefore refers to this as economic distance.

From our discussion, it is believed and acceptable that 'central place theory' is fully applicable to regional analysis and also used as a framework for planning settlement and sitting facilities. (Funnel, 1976) cited in (Arokoyu and Obokoh, 1991). In view of the above, we therefore argue that Walter's central place theory could be usefully applied to the study of healthcare facilities distribution and healthcare service delivery in the area.

MATERIALS AND METHODS
The Study Area

Fig 1: The Study area showing Communities.
Source: Digitalized from the original Map of Rivers State, Ministry of Labour and Survey Port Harcourt.

Emohua Local Government Area is one of the twenty-three local government areas in Rivers State. It was created in 1991. It is made up fourteen political wards with 48 communities. It is located between latitudes 4^0 44^1 and 5^0 15^1 North and between longitudes 6^0 0^1 6" and 6^0 15" East. Its size is approximately 5239km, its population as at 1991 was 154. 925; 201, 901 in 2006, and projected to 230, 397 in 2010.

It shares boundary with Ahoada- East at West, Ikwerre at east, Onelga at the North, Imo State at the extreme north-east, Abua/Odua at the South-Western axis, Asari-Toru at the South, and Obio/Akpo at the extreme South-East.

Research Design
Survey research design was adopted for the study, based on the fact that the study is a social survey.

Population of the Study
The forty-eight (48) communities of the study area constitute the population of the study. These forty-eight communities are located in the 14 political wards of the area.

Sample and Sampling Techniques
The study adopted the use of the simple random sampling techniques to randomly select 30% of the 48 communities. Thus 14 communities were randomly selected from the 14 political wards of the area at one community for each ward.

Administration of Instrument
Through the use of the Taro Yamene formular, the study made use of population-sample of 400 persons. 400 copies of questionnaire was administered to these randomly selected persons from 400 households.

Method of Data Analysis
The research question as posed was analyzed using simple percentage, mean and standard deviation, while the hypothesis was analyzed using suitable statistical tools.

Testing/ Analysis of Research Question /Hypothesis
RQ: *Are the healthcare facilities accessible to the people?*

Table 1: Accessibility of Healthcare Facilities to the people of the Area

S/N	Communities	SA	A	D	SD	Total
1	Ahia Ogbakiri	214	81	70	35	400
2	Oduoha Ogbakiri	60	62	67	211	400
3	Isiodu Emohua	217	101	33	49	400
4	Mgbuitanwo	35	70	81	214	400
5	Obelle	39	58	98	205	400
6	Ibaa	62	60	77	201	400
7	Mgbuohia Ndele	45	90	67	198	400
8	Imogu Rumuekpe	47	35	101	219	400
9	Elele Alimini	48	67	87	198	400
10	Omuosa Omudioga	48	67	87	198	400
11	Egbeda	205	87	50	58	400
12	Ubimini	117	93	90	100	400
13	Mgbu-Omuordu Rumuji	200	101	17	82	400
14	Rumuodogo	117	93	90	100	400
	Grand Total	1424	1065	1012	2099	5600
	Percentage(%)	25.43	19.02	18.07	37.48	100%

Source: Authors' fieldwork; 2018.
From the total of 5,600 (100%) data collected for the above question 1.424 (25.43%) responses were SA; 1065 (19.02%) were the Agreed response; while 1012 (18.07%) disagreed and 2099 (37.48%) strong disagreed to the question. Since there are more negative responses 3111 (55.55%) than positive responses. That is to say, more people strongly disagreed with the statement that the health care facilities are accessible to the people: But from table below the calculated mean ($\bar{X}$) of 2.83 is also higher than the criterion Mean ($\bar{X}$) of 2.50 hence we accepted the statement that the healthcare facilities are accessible to the people of the area.

Computation Based on Accessibility of Healthcare Facilities

N	$\bar{X}$	S^2	SD	EE	Criterion	Decision
400	2.83	1.26	1.12	0.053	2.50	Accepted

Testing/ Analysis of Hypothesis

H0$_1$: Poor access to the use of healthcare facilities does not lead to increase in rate of occurrence of the diseases /sudden death in the area.

Table 2

x_1	295	122	318	105	97	122	135	82	190	115	292	210	301	210
x_2	105	298	82	295	303	278	265	318	210	285	108	190	99	190

From the below table t-calculated of -1.41 is by far lesser than t-critical of 2.056 at df of 26 under the 0.05 alpha level. Hence, we accept the null hypothesis which stated that poor access to healthcare facilities does not cause increase in the occurrence of the diseases/ sudden deaths across the area; while the alternate hypothesis is hereby rejected.

Summary of t-computation for H0$_1$

n	df	t-cal.	t-critical	Alpha level	p-value	Result	Decision
14	26	-1.41	2.056	0.05	0.0000	Not signf.	H0$_1$ Accepted

DISCUSSION OF FINDINGS

Research question aimed to ascertain whether there are functional healthcare facilities in the area for the management of these identified diseases. Judging by the data presented in the study, majority of respondents totaling 3111 (55.55%) disagreed, while 2489 (44.45%) agreed. By implication there are more disagreed responses than agreed responses, hence it can be deduced that functional healthcare facilities are inadequate, in the area for the management of these diseases. And this can cause sudden deaths arising from the impacts of these diseases in the area.

The findings of the research hypothesis used in the study revealed that the "null hypothesis was accepted under 0.05 alpha level or significant level of the t-test. Although, the analysis of the data revealed that there is "poor access to healthcare facilities in the area as attested to by the various respondents, which is a true testimony of reality on ground which may cause increase cases of the diseases statistics, this is only but assumption. Statistically speaking, poor access to the use of healthcare facilities does not lead to increase in rate of occurrence of the diseases and sudden deaths in the area. In other words, there is no relationship between poor access to healthcare facilities and prevalent rate of disease occurrence in the area. It can be deduced from this finding that the increase in occurrence of diseases in the area is not as a result of the fact that the people have poor access to the healthcare facilities for the management of the diseases, rather, it may be due to other factors such as poor sanitary conditions of the concerned environment and socio-cultural lifestyle of the people of the area.

CONCLUSION

Based on our discussion so far the study concludes that, as long as these diseases found in the study area affects the socio- economic life of the people, solutions needs to be proffered. Also, there are no adequate functional healthcare facilities in the area for the management of these diseases. Also result show that the people have poor access to the use of the few functional healthcare facilities in the area. And there is also significant variation on the occurrence of these diseases in the area. The result of the findings based on the analyzed research question corroborate with works of other scholars who worked on other locations.

The null hypothesis use for the study was accepted and this means that poor access to healthcare facilities does not cause any increase in the rate of occurrence of the disease in the study area, rather this can because through other factors like poor sanitation habits of the people in the area.

RECOMMENDATION

Based on findings of the, the research hereby recommend that:

More functional healthcare facilities should be provided across the study area.

State government and local government council should create internal roads to access these facilities to reduce the burden of long distant walks and travels, as this will help to promote good patronage by the people of the area. In all stakeholders at all level should support in training healthcare staffs or personnel to assist in these health centres in the study area.

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