

Original Article

Challenges to better health in local areas in Nigeria: Environmental health officers experience in Ondo State.

Abayomi Adebayo¹, Ogunfowokan A.A.² and Adenike Olaogun²

¹ Department of Economics, Obafemi Awolowo University, ILE-IFE, Nigeria. Tel: +2348035509227. e-mail: bayoade@oauife.edu.ng

² Department of Nursing Science, Obafemi Awolowo University, ILE-IFE, Nigeria.

Abstract

Aims: This article reports the analysis of a pilot survey conducted among the environmental health officers in Ondo State, Nigeria. The aim is to examine why unhealthy environmental behaviours are still pervasively coexisting with the presence of environmental officers in various local government areas in Ondo State.

Materials & Methods: Using a systematic sampling method, 41 respondents were selected during a study circle programme organized by the Ondo State Local Government Service Commission for Environmental Health Officers. Data was collected through a self administered questionnaire and analyzed using a descriptive analytical method.

Results: It revealed that the environmental officers could not effectively perform in their local government areas due to a list of administrative obstacles. The obstacles include: un-conducive work environment (85.4%), transport problem (68.3%), lack of equipment (68.3%), lack of operational fund (68.3%), shortage of personnel (63.4%), uncooperative attitude of the public (24.6%), insensitivity of politicians (68.3%) to importance of environmental health issues and lack of legal backing for effective enforcement of environmental laws (7.3%).

Conclusion: In conclusion the dream of meeting the millennium development goal in Nigeria with respect to health may be unrealizable, if the obstacles identified are not confronted at the local level. Thus, the paper recommends organization of sensitization workshop on the primacy of environmental health issues in achieving better health for Local Government Chairmen and councilors at the inception of every new local government administration.

Key words: Better Health, Environmental Health, and Millennium Development Goals

Introduction

Concern has been expressed about the disappointing growth performance of poor countries and among the many causal factors that economists have proposed, poor health stands out as an important issue (Howitt, 2005). The effects of poor health go far beyond physical pain and suffering on the sick. Learning is compromised, returns to human capital diminish, and environment for entrepreneurial and productive activities are constrained. Thus, no country can attain a high level of economic development with a population crippled by high infant and maternal mortality,

pervasive illness of its workforce, and low life expectancy. In essence, good health and physical well being are essential to the formation and maintenance of human capital and are key components for economic growth and sustained poverty reduction.

In the context of global health condition, Wallace (2004) states that, most low income countries are unlikely to achieve the Millennium Development Goals (MDGs) for health by the target date of 2015 with the current policies, institutions and many other factors. Baird and Shetty (2003) emphasized that meeting the health MDGs is more challenging

than the other goals for several reasons. First, the decline in infant and maternal mortality required to meet the target are especially steep. Second, improving health outcomes is linked not only to the provision of health services, but also to the interventions outside the health sector. Third, delivering health services effectively require the coordination of policies across a number of fields. These include public sector management policies that provide adequate incentives to health care providers, public health measures to protect the population and suitable regulations and quality control of private providers, who often deliver more health services than public providers.

In most states and local areas of the low income countries, apart from the problem associated with low income, large proportion of people are in a state of struggle with malnutrition, disease, and ill-health. The cause of the struggle revolves around; (i) lack of access to right and appropriate health service support. (ii) Lack of access to safe drinking water and (iii) living without appropriate sanitation facilities. These challenges have turned most local areas to endemic regions for diseases like typhoid fever, cholera, and diarrhea illnesses. For instance, on water availability, some 1.1 billion people go without safe drinking water, and 2.4 billion people lack access to adequate sanitation. Consequently, more than 2.2 million people die each year from diseases related to contaminated drinking water and poor sanitation {World Resources, 2000-2001: P110}. A report captured by Renneth and Rogoff (2003) indicated that the situation is expected to get worse as areas of freshwater scarcity and water stress expand. Also, there is a growing recognition that improving infrastructure is crucial, yet most countries do not factor in infrastructure in an integrated manner.

To be more specific, Nigeria's 2006 Millennium Development Goals Report (FGN, 2007) indicates

that in Nigeria, the under five mortality rate marginally improved from 201/1000 live births in 2003 to 197/1000 live births in 2004. This is far above the 49 per 1000 or less target required to meet the millennium development goal by 2015. In essence, it is very unlikely that Nigeria would meet the 2015 target of reducing under-five mortality. On infant mortality, the report shows that the trend continues to worsen, with the rate increasing from 100/1000 live births in 2003 to 110/1000 in 2005. In this case, to meet the millennium development goal Nigeria will need to reduce the infant mortality rate to less than 28 per 1000 by 2015. It is noted in the report that at the core of high rate of child mortality are high levels of malnutrition, unhealthy environments, and limited access to and utilization of quality health care services (MDGs, 2007).

In reference to the environment, there is a long history of concern about the effects of environmental conditions on health (Bentham, 1994). After seven years of the millennium, and with all the campaign on MDGs, illegal garbage dumps by roadsides and at open spaces are still in common use in most Nigeria's local communities. This practice has continued because officially planned and designated spots for garbage collection are not available. Besides, no consistent and reliable public or private initiative in operation to tackle this challenge in most local areas. Even in most urban areas where designated garbage collection spots exist, their inadequacies are reflected by heaps of dumps choking drainages along road sides and in market places. This poor local garbage management in public health provides breeding ground for insects and rodents.

The swarms of disease-spreading insect and flies from the dumps survive on gross un-hygienic food preparation and handling by food vendors in motor parks, bus stops and road sides in Nigeria. The observed conditions have negative health

consequences on the public and is an issue in the environmental health field. Important research questions on these are: Are local government chairmen unaware of these problems? Are there enforceable local legislations on food quality and hygiene? Are there still environmental health officers and inspectors in local government public health offices to handle these challenges? If the officers exist, what has been their performance in enforcing proper public health practices? In the context of the above research questions, this paper reports the analysis of a pilot survey conducted among the environmental health officers in Ondo State, Nigeria. The aim is to examine why unhealthy environmental behaviours are still pervasively coexisting with the presence of environmental officers in various local government areas in Ondo State.

Research method

Survey location: The data were collected in Akure, Ondo State Nigeria in June 2006 during a study circle program organized by the Ondo State Local Government Service Commission for Environmental Health Officers in all the Local Government in the state.

Sampling procedure: A total population of about 124 environmental health officers attended the

study circle program. A systematic sampling method was used to select 41 respondents as sample for the study. We followed the seat arrangement to pick every third participant on the seat roll, all through the hall where the program took place. Data was collected through self administered questionnaires that were issued to the respondents.

Analytical method: The questionnaire information was analyzed using SPSS software. Because of the nature of the information obtained, descriptive analytical method was adopted to capture the challenges impeding the effective performance of environmental health officers in Nigeria.

Results & Discussion

Demographic Characteristics

A total of 41 officers were interviewed and 85.4 percent are of Ondo state origin while 14.6 percent were from other states in Nigeria. The dominance of Ondo State indigene is expected because employment preference is given by most states in Nigeria to indigene of each state. There were 33 (80.5%) males and 8 (19.5%) females. The ages of the respondents ranged from 26 to 60 years and they were mainly adults in prime age. As regards their marital status 39 (95%) were married and of the remaining 2 officers, 1 was single and the other separated. Table (1)

Table 1: Demographic characteristics of environmental health officers, Ondo State, Nigeria

	Number	Percentage
Age Group		
26-30	02	04.90
31-35	09	22.00
36-40	12	29.30
41-45	04	09.80
46-50	10	24.40
X >50yrs	04	09.80
Total	41	100.00
Marital Status		
Single	1	02.40
Married	39	95.10
Divorced/Separated	01	02.40
Widowed	-	-
Total	41	100.00
Sex		
Male	33	80.50
Female	08	19.50
Total	41	100.00
Religion		
Christianity	39	95.10
Islam	02	04.90
Traditional Religion	-	-
Total	41	100.00

	Number	Percentage
Children		
Non	05	12.20
1-2	11	26.80
3-4	18	43.90
>4	07	17.10
Total	41	100.00
Highest level Education		
Secondary	01	02.40
Polytechnic	06	14.60
University	30	73.20
Others	04	09.80
Total	41	100.00

The analysis of their educational level, indicates that only 1 (2.4%) of the officers had secondary education. Thirty six (87.8%) of the respondents were tertiary school graduates and out of the 36 officers, 6 attended polytechnic while 30 officers held different University degrees. Examining their field of study, 27 (65.9%) were in Environmental Health, 9 (22%) in Health Education, 3 (7.3%) in

Public Health, and the remaining 2 officers were each in Waste Management and Disposal, and Occupational Health. It is important to note that 11 officers out of the 30 University graduates had up to Masters Degree. Thus, in terms of educational background, the officers had good and relevant education to enhance performance.

Table 2: Area of specialization and work experience of the environmental health officers, Ondo State, Nigeria.

	Number	Percentage
Field of Study		
Environmental Health	27	65.90
Occupational Health	01	02.40
Health Education	09	22.00
Public Health	03	07.30
Waste Management/Disposal	01	02.40
Total	41	100.00
Years of Experience		
6-10	06	14.60
11-15	14	34.10
16-20	13	31.70
21-25	02	04.90
26-30	06	14.60
Total	41	100.00
Present Rank		
Environmental Health Officer	03	07.30
Senior Environmental Health Officer	06	14.60
Principal Environmental Health Officer	07	17.10
Assistant Chief Environmental Health Officer	04	09.80
Chief Environmental Health Officer	21	51.20
Total	41	100.00

On the duration of work of the officers, 6 (14.6 %) had put in between 6 and 10 years, 27 (65.9%) had worked for between 11 to 20 years, and 8 (19.6%) for between 21 to 30 years. Consequent on their years of service and experience, 21 (51.2%) of the officers were chief environmental health officers. Others were: 3 (7.3%) environmental health officer; 6 (14.6%) senior environmental health officer; 7 (17.1%) principal environmental officer; and 4 (9.8%) assistant chief environmental health officer. To make for effectiveness and efficiency in performance, a number of in-service trainings have been offered to build the capacity of the officers. As

reflected on table 3, 10 (24.4%) have gone through training in communicable disease prevention; 8 (19.5%) in health education; 28 (68.3%) in environmental health and management; and 6 (14.6) in primary health care. It is worthy of note that the pilot survey analyzed in this study was carried out during a study cycle program organized by the Ondo State Local Government service Commission. The diversity of the in-service training and workshops suggests considerable investment in empowerment of the officers for effective performance of environmental health officers in all the local governments in Ondo State.

Table 3: Areas of in-service training received by the health officers, Ondo State, Nigeria.

In-service Training	Yes	No	Total
	Frequency (%)	Frequency (%)	
Communicable disease prevention	10 (24.40)	31 (75.60)	41 (100)
Health Education	08 (19.50)	33 (80.50)	41 (100)
Environmental Health and Management	28 (68.30)	13 (31.70)	41 (100)
Primary Health Care	06 (14.60)	35 (85.40)	41 (100)

Against the background analyses of areas of specialization and experience of the officers, the study examined the depth of knowledge of the officers on their role in confronting local environmental health challenges. This was done by asking the officers to make a list of what they perceive as the roles of a local environmental officer in the communities. For clarity of analysis, the responses on all the nature of environmental health services identified were streamlined into nine. The list generated from their responses is presented on table 4. Precisely, the table shows that 22 (53.7%) listed inspection of premises (House to house), 11 (26.8%) included control of anything that constitute health nuisance, 14 (34.1%)

identified monitoring of food handlers, hygiene and sanitation and 16 (39%) added participation in supervising sewage/waste collection and disposal. Besides, other roles that were listed include: collection of corpses by 4 (9.8%), Control of water and air pollution by 13 (31.7%), Vector and Pest Control by 11(26.8%), over seeing of Market Sanitation by 15 (36.6%), and health education by 21 (51.2%). Generally, the list of their responses fall squarely into environmental health services, however, there is a measure of worry in that 14 (34.1%) could only identify between one or two environmental health services that they were recruited to perform.

Table 4: Roles of Environmental Health Officers as Expressed by the Study Group, Ondo State, Nigeria.

Roles	Yes	No	Total
	Frequency (%)	Frequency (%)	
Inspection of Premises	22 (53.70)	19 (46.30)	41 (100.00)
Control of Nuisance	11 (26.80)	30 (73.20)	41 (100.00)
Food hygiene and Sanitation	14 (34.10)	27 (65.90)	41 (100.00)
Sewage/waste collection and disposal	16 (39.00)	25 (61.00)	41 (100.00)
Collection of Corpses	04 (09.80)	37 (90.20)	41 (100.00)
Control of water and air pollution	13 (31.70)	28(68.30)	41 (100.00)
Vector /pest control	11 (26.80)	30(73.20)	41 (100.00)
Market Sanitation	15 (36.60)	26(63.40)	41 (100.00)
Health Education	21 (51.20)	20 (48.80)	41 (100.00)

Performance

The research burden centers on observed pervasive unhealthy environmental behaviours. Besides, is the deplorable environmental health condition that was coexisting with the presence of environmental health officers in various local government areas in Ondo State, Nigeria. To gain insight on this, the officers were asked to indicate what each considered as obstacles to effective performance of their role. Based on table 5, the first main obstacle indicated by 35 (85.4%) of the respondents is un-conducive work environment. This is explained around lack of correct understanding of the importance of environmental health services by the

Local Government Chairmen. This obstacle is also captured by insensitivity of the politician to environmental health issues indicated by 28 (68.3) of the officers. Insight from discussion held during the study circle programme also pointed to lack of budgetary provision for the environmental health office activities by the local government authority. The lack of budgetary provision in some of the local government areas formed the foundation for other obstacles such as transportation, lack of equipment 28 (68.3%), lack of fund for operation 26 (63.4%), and shortage of personnel 26 (63.4%). Besides, 10 (24.4%) indicated uncooperative attitude of the public. And 3 (7.3%) complained of

lack of legal backing to enforce environmental health law. The result presented above simply shows that environmental health officers still exist in local government areas in Nigeria. Besides, they are well trained and have appropriate experience for effective performance. However, the officers are not practically effective because of a number of obstacles traceable to local government authorities' perception of the importance of environmental health issues. The wrong perception is not unconnected with insensitivity to heaps of dumps

choking drainages along road sides in most local communities and lack of officially designated location for dumping of refuse. These could have contributed to the unchecked observed deplorable practices of food vendors and handlers in local streets, bus stops and garages. Thus, while a lot of public resources flow monthly into payment of salaries and allowances for environmental health officers in most local government area, the administrative support for performance of activities is lacking.

Table 5: Obstacles to effective performance of environmental health officers, Ondo State, Nigeria.

Obstacles	Yes	No	Total
	Frequency (%)	Frequency (%)	
Suitability of work Environment	06 (14.60)	35 (85.40)	41 (100.00)
Transportation Problems	09 (22.00)	32 (78.00)	41 (100.00)
Lack of Equipment and Materials	28 (68.30)	13 (31.70)	41 (100.00)
Lack of Fund	26 (63.40)	15 (36.60)	41 (100.00)
Shortage of Personnel	26 (63.40)	15 (36.60)	41 (100.00)
Uncooperative Attitude of the Public	10 (24.40)	31 (75.60)	41 (100.00)
Lack of Legal Backing to Effective Performance	03 (07.30)	38 (92.70)	41 (100.00)
Insensitivity of the Politician	28 (68.30)	13 (31.70)	41 (100.00)

Appropriate and effective environmental health system, where it exists, must address all the physical, chemical, and biological factors external to people, and all the related factors that can potentially affect health. It is expected to target preventing disease and creating health-supportive environments. More specifically, there should be improvements in sanitation, drinking water quality, food safety, disease control, and housing conditions. Besides, good environmental health system should exist to handle emerging health risks arising from the pressures that human development places on the environment. In doing these, it contributes to improvement in quality of life and longevity. Improved health quality of life is important for productivity and it promotes economic growth.

In essence, to achieve better health in Nigeria, effective local environmental health system has important role to play. This is because, local households and communities need the knowledge and resources to recognize and respond effectively to preventable health problems. Besides, Formal

and informal education plays a major role, providing information and practical guidance on self-care, cleanliness, food preparation and nutrition are all important.

Conclusion and policy recommendations

The simple conclusion on the findings of this study is that environmental health issues are critical issues in public health and disease prevention. The local and poor people are the most affected by these critical issues. This group can be difficult to reach and mobilize in environmental health without effective local environmental health system and officers. Thus, the dream of meeting the millennium development goal in Nigeria with respect to health may be unrealizable, if the obstacles identified are not confronted at the local level.

As regards recommendations, the administrative obstacles identified are connected with wrong perception of local government authority on how critical environmental issues are in health. Thus, sensitization workshop on the primacy of environmental health issues in achieving better

health and longevity for Local Government Chairmen and councilors at the inception of every new local government administration would be useful in confronting the obstacles.

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