

# The Effect of Corrupt Practices in Health Care Delivery Systems: A Case Study of Bayelsa State

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**Abstract:** The term ‘Corruption’ in Nigeria remains a critical concern for many. It has eaten deep into the fabric of the countries socio-cultural and political economy lifestyle/governance systems. This paper examines the impact of corrupt practices in the health systems of Bayelsa state. It adopted a number of instruments such stratified sampling techniques, chi square tests, charts and primary questionnaire to respondents in 8 LGAs in generating and analysing data. The results showed that 53% respondents (non-practitioners) paid for visiting health facility which indicates that non-practitioners at the grassroots do pay extra for services that ought to be free. Also, 22% respondents (practitioners) agreed paying to be posted to different healthcare facility. This is also a clear exhibition of corruption in the healthcare sector which affect quality healthcare service delivery in Bayelsa state as medical practitioners such as nurses, doctors, and public health workers pay money to be posted to lucrative health centres. Thus, the hypothesis that corruption has no significant impact on healthcare delivery in Bayelsa State is rejected with the conclusion that corruption has a significant impact on healthcare delivery in Bayelsa state based on the perception of non-practitioners. The study recommends that the federal government should sustain its fight against corruption in the health sector of Nigeria. This recommendation is made to mitigate cog in the wheel of quality healthcare services delivery in Bayelsa State in particular and Nigeria in general.

**Keywords:** Bayelsa, corruption, healthcare, practitioners, non-practitioners.

## I. INTRODUCTION

Public discuss in recent times are centered on the rising issues of misappropriation, mismanagement and unaccountability in public finance and implementation, that are attributed to corrupt practices. More so, corrupt practices have become a disease that has eaten deep into the cultural, socio-political and economic fabric of most developing societies. In addition, the poor state of electricity supply, transport and education in Nigeria are attributed to the rising level of corrupt practices in these sectors which further hinders economic growth. Corruption in Nigeria is often profound in Government public investments, revenues, areas of maintenance and public infrastructure, which directly or indirectly impact on the quality of social infrastructure such as health care services. In same vein, corrupt practices pose a challenge in terms of providing quality health services in the country. From a broader perspective, a focus on examining the subject of corruption or corrupt practices is to give a better understanding of the extent, nature and impact of corruption

practices in the healthcare sector (EU, 2013) in other to prevent and control corruption as well as, effective measures within the health practice. In a nutshell, corruption hampers social, economic and political development. It lowers productivity, administrative efficiency as well as undermining the legitimacy of political and economic order. Also finances meant for aid and investment get into the accounts of corrupt officials and leaders, especially banks, in developing countries. Similarly a reverse flow of capital do lead to political and economic instability, poor infrastructure, education, health and low standards of living (Buscaglia and Ratliff, 2001)

## II. THEORETICAL FRAMEWORK

The harmful and detrimental effect of corruption is unimaginable. The impact of corruption to all facets of societies is on the front burner of most developing nations, development scholars, commentators, government at all levels and analysts. Much has been said and done on the subject matter. In order to understand corrupt practices within the health sector in Bayelsa state, this paper adopts the Public Choice and Public Administration Theory as the theoretical lenses to examine the impact of corruption in the health sector. Public choice theory is based on individuals ‘rational’ decisions that leads to a predetermined outcome, as the individual tries to maximize his or her utility. More so, it is argued that public officials become corrupt when the potential benefit for being corrupt outweighs the potential cost (Gjalt, 2007). Public administrative theory on the other hand, views corrupt practices from societal pressure and lack of integrity by individuals at various levels of institutions and organizations (Rose-Ackerman, 1999)

### *Empirical Literature*

A number of studies have examined how corruption or corrupt practices impact of society’s development and growth. For instance Dominic (2012) analyzed the impact of corruption on health services from opinion of respondents at the grassroots level in Ado-Odo/Ota Local government area in Ogun state. The respondents were drawn from Public Health and Antenatal clinics. The findings show that the cost of service, staff development, non-availability of drugs and consumables and equipment inadequacy, among others were positively and significantly related to corruption, which thus diminish the delivery of healthcare services at grassroots. Similarly, studies by Nagari, K. I., Umar, G., Abdul, F. A. (2013) on the impact

of corruption and economic development, based on secondary data and Ordinary Least Square analysis found that corruption negatively affects economic development. Also, Nwankwo, Odi, (2014) investigated the impact of corruption on the growth of Nigerian economy using granger causality and regression techniques. The study used Gross Domestic Product (GDP) as a proxy of corruption in their analysis. The study revealed that the level of corruption in Nigeria over the years has significant negative impact on economic growth in Nigeria. The implication of this study is that economy cannot grow fast without zero tolerance in corruption. In addition, Benjamin A. O. (2012) examined corruption in developing countries focusing on the levels, consequences and determinants of corruption, and found that corruption responds to standard economic incentive theory, whereby individuals do find alternate strategies to engage in corrupt practices. Similarly, Roohi and Masood (2012) studied 'petty corruption' within healthcare services in the slum areas of Karachi. The results reveal that residences in these areas of Karachi are forced to pay bribes in order to get the basic healthcare facilities. More so, people with better income and education understand the importance of good health, thus are ready to pay bribes for health services. Moreover, doctors, nurses and other administrative staffs within the health care units were actively involved in corrupt practices. In Nigeria, Adegboyega and Abdulkareem (2012), examines the extent to which corruption undermined consumers' access and effectiveness within the public health delivery system. They argued that corrupt practices within the sector are partly attributed to the high demand for health services coupled with low public access to health information and expenditure. They further argued that, corruption has made various health institutions to be ineffective, as scarce resources invested in the sector are wasted.

### III. METHODOLOGY

This study was carried out in Bayelsa State. It is one of the 36 states of the federation that was carved out of Rivers State in 1996. The State has boundaries with Rivers State to the West and North-West and Delta State to the East and South-East. The Gulf of Guinea lies to its South. Bayelsa State covers an area of 9,415.8 square kilometers. The State lies at latitude 4° 45' north and longitude 6° 05' east. According to the National Population Commission's 2006 report, the population of the state is put at 1,704,515, which are made up of 874,083 males and 830,432 females clustered in eight local government areas (Annual Abstract of Statistics, 2012).

In order to understand how corrupt practices impact on the health institutions in Bayelsa state, this paper administered 400 questionnaires to primary respondents in 8 local government areas in the state. The responses from the primary data was analyzed using instruments such as simple percentages and Chi-square test, charts and tables.

### IV. RESULTS AND DISCUSSION

Based on the distribution of questionnaires to respondents (see Table 1) and the number retrieved, we observed that

#### *Results and Discussion*

#### *Distribution of Respondents*

The study captured the eight (8) Local Government Areas in Bayelsa State, where four hundred questionnaire were distributed and 399 retrieved. The demographic information of the respondents is presented both in pie charts and tables.

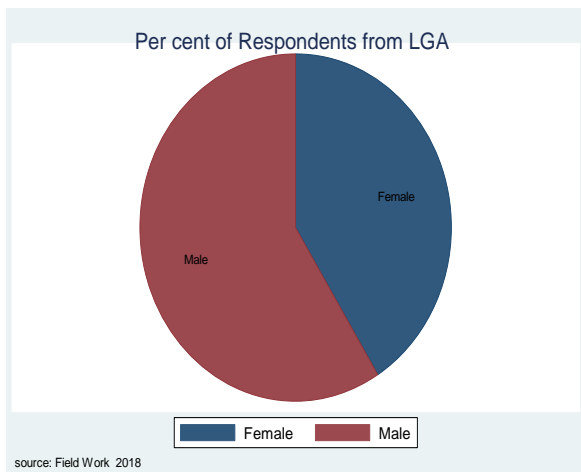
Bayelsa State is made up of eight (8) Local Government Area(LGA's), which comprises; Brass, Ekeremor, Kolokuma/Opokuma, Nembe, Ogbia, Sagbama, Southern-Ijaw and Yenagoa. The study covers the entire eight LGAs. A total number of four hundred (400) questionnaire were distributed across the eight(8) LGAs as fifty (50) copies for each of the LGAs. However, in Ekeremor LGA, forty-nine (49) out the the Fifty (50) were retrieved as it is shown in the stata output in table 4.1 below.

Table 1: Distribution of Respondents

Local Government Area	Frequency	Percentage
Brass	50	12.50
Ekeremor	50	12.50
Kolokuma/Opokuma	50	12.50
Nembe	50	12.50
Ogbia	50	12.50
Sagbama	50	12.50
Southern Ijaw	50	12.50
Yenagoa	50	12.50
Medical Practitioners		
Practitioners	49	12.25
Non-Practitioners	351	87.75
Gender		
Male	234	60.75
Female	157	39.25
Total	400	100

Source: Field Survey, 2018

The study focused on two categories of respondents which were classified as Health Practitioners and Non-Practitioners. A total of 400 questionnaire that were distributed, 351 which constitutes 87.75 per cent were Non-Practitioners, while 49 which constitutes 12.25 per cent were Medical Practitioners. Gender composition of those who responded to the questions, 39.25 per cent were female, while 60.75 per cent were male. The table 1 above shows the composition while percentages of respondents from LGAs are also shown below in a pie chart, indicating that we have more male respondents than female respondents.



Gender composition of respondents according to LGAs, 41.16 per cent are female, while 58.84 per cent are male. The percentages of respondents are also shown below in a pie chart, indicating that we have more male respondents than female respondents.

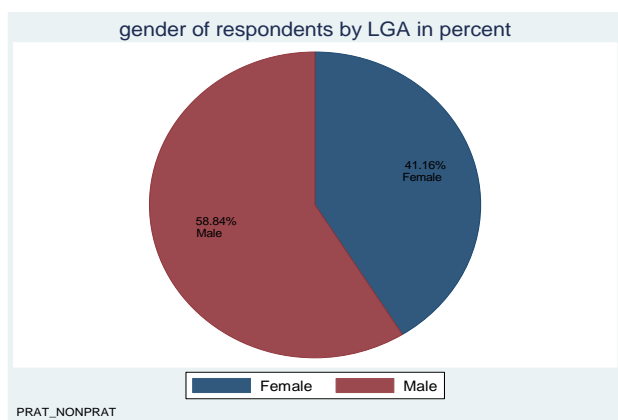


Table 2: Corruption Awareness of Respondents

Local Government Area	Respondents with Awareness of corruption	Percentage (%)
Brass	11	22.45
Ekeremor	8	16.33
Kolokuma/Opokuma	3	6.12
Nembe	6	12.24
Ogbia	6	12.24
Sagbama	9	18.37
Southern-Ijaw	4	8.16
Yenagoa	3	6.12
Total	49	100

The table 2 above is the analysis of the 399 respondents that were aware of corruption in the Nigerian health sector.

*Impact of Corruption on Healthcare Delivery*

*Research Question One:* Being a registered member of your hospital/ clinic, do you pay for visiting the facility? Do you

pay additional money for services that are supposed to be free?

This section was prepared for non-practitioners to respond as it concerns them being beneficiaries of healthcare services. The impact of corruption on healthcare delivery is examined based on practitioners’ perception and then on health care seekers perception, which are the non-practitioners. The results for practitioners are first presented and discussed followed by the results for non-practitioners. We shall start by discussing the non-practitioners.

*Non-Practitioners*

The results on the impact of corruption on health care delivery based on non-practitioners are presented in Table 3. It cross tabulates the perception of non-practitioners on the payment of additional money in exchange for service received and payment for visit to health facility.

Table 3: Corruption on health care delivery based on Non-Practitioners’ perception

Pay for visiting Health facility	Pay additional money for service received		
	No	Yes	Total (%)
No	137 (119.4)	27 (44.6)	164 (47)
Yes	115 (132.6)	67 (49.4)	182 (53)
Total	252 (73)	94 (27)	346 (100)

Chi-square =18.05 [0.000]

Note: (i) observed (expected) Values; (ii) Chi-square probability value in braces [ ]

Source: Authors’ Computation from Field Survey data, 2018

The results indicate that 53% respondents paid for visiting health facility and 47% did not. Also 27% paid additional money for receiving service(s) while 73% did not. If corruption has no significant impact on healthcare delivery it was expected that at most 50 respondents who paid for visiting health facility would have also paid additional money for services received, but more persons (67 respondents) actually paid. The chi-square critical value 18.05 was statistically significant at 1% level indicating that there is a significant difference between the expected responses and the actual. Thus the hypothesis that corruption has no significant impact on healthcare delivery in Bayelsa State is rejected with the conclusion that corruption has a significant impact on health care delivery in Bayelsa state based on the perception of non-practitioners.

*Practitioners*

The results on the impact of corruption on health care delivery based on practitioners are presented in Table 4. It cross tabulates the perception of practitioners payments made to be posted to different healthcare facility and if medical Staff are timely to work.

Table 4: Corruption on healthcare delivery based on Practitioners' perception

Medical Staff Timely to Work	Pay to be Posted to Different Healthcare Facility		
	No	Yes	Total (%)
No	10 (8.6)	1 (2.4)	11(22 )
Yes	29 (30.4)	10 (8.6)	39(78 )
Total	39(78)	11( 22)	50(100)

Chi-square =1.3695 [0.242]

Note: (i) observed (expected) Values; (ii) Chi-square probability value in braces [ ]

Source: Authors' Computation from Field Survey data, 2018

The results indicate that 78% respondents said that medical staff is timely to work and 22% are not timely to work. Also 22% paid to be posted to different healthcare facility while 78% did not. If corruption has no significant impact on healthcare delivery it was expected that at most 9 respondents who are timely to work would have also paid to be posted to different healthcare facility, but more persons (10 respondents) are actually timely to work. Similarly, if corruption has no significant impact on healthcare delivery it was expected that at most 22 respondents who paid to be posted to different healthcare facility would have also be timely to work, but less persons (11 respondents) do not. The chi-square critical value 1.3695 was statistically insignificant at 1% level indicating that there is no significant difference between the expected responses and the actual. Thus, the hypothesis that corruption has no significant impact on healthcare delivery in Bayelsa State is accepted with the conclusion that corruption has no significant impact on health care delivery in Bayelsa state based on the perception of practitioners.

#### *Impact of Corruption on Healthcare Service Delivery*

*Research Question Three: Do your facility have well trained and motivated Staff? Are supplies always the recommended consumables?*

The results on the impact of corruption on healthcare service delivery based on practitioners are presented in Table 5. It cross tabulates the perception of practitioners if facility have well trained and motivated Staff and supplies are always the recommended consumables.

#### *Practitioners*

Table 5: Corruption on Healthcare Service Delivery based on Practitioners'

Facility Have Well Trained and Motivated Staff	Supplies are always the Recommended Consumables		
	No	Yes	Total
No	2 (0.9)	3(4.1)	5(10 )
Yes	7 (8.1)	38 (36.9)	45( 90)
Total	9(18 )	41(82 )	50(100 )

Chi-square =1.8217 [0.177]

Note: (i) observed (expected) Values; (ii) Chi-square probability value in braces [ ]

Source: Authors' Computation from Field Survey data, 2018

The results indicate that 90% respondents said facility have well trained and motivated Staff and 10% said supplies are always the recommended consumables. Also 82% said supplies are always the recommended consumables while 18% do not agree that supplies are always the recommended consumables. If corruption has no significant impact on healthcare service delivery it was expected that at most 37 respondents said facility has First Aid Box, but more persons (38 respondents) said supplies are always the recommended consumables. Meanwhile, it was expected that at most 8 respondents said facility have well trained and motivated Staff, but less persons (7 respondents) said facility have well trained and motivated Staff. The chi-square critical value 1.8217 was statistically insignificant at 1% level indicating that there is no significant difference between the expected responses and the actual. Thus, the hypothesis that corruption has no significant impact on healthcare service delivery is accepted with the conclusion that corruption has no significant impact on healthcare service delivery based on the perception of medical practitioners.

#### V. CONCLUSION AND RECOMMENDATIONS

The impact of corruption on the Nigerian health sector was computed using corruption effect on healthcare service delivery in Bayelsa State. The results revealed that there is some level of corruption in the provision of healthcare services to healthcare seekers, especially in the area of additional payments made to receive services. It is also concluded that corruption has effect on service delivery as medical staff pays to be posted to choice areas which could negatively affect quality service delivery. Thus, the hypothesis that corruption has no significant impact on healthcare delivery in Bayelsa State is rejected with the conclusion that corruption has significant impact on health care delivery in Bayelsa state based on the perception of practitioners. Based on the findings, the study recommends that the federal government should sustain its fight against corruption in the health sector of Nigeria. This recommendation is made to mitigate cog in the wheel of quality healthcare services delivery in Nigeria.

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