

**THE ROLE OF TRADITIONAL INSTITUTIONS IN THE  
ADMINISTRATION OF HEALTH SERVICES: A CASE STUDY OF  
UGBORODO COMMUNITY, WARRI SOUTH-WEST, DELTA STATE**

**BY**

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**UNIVERSITY OF BENIN,  
BENIN CITY,  
NIGERIA.**

**OCTOBER, 2023**

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**BEING A PROJECT SUBMITTED TO THE INSTITUTE OF PUBLIC  
ADMINISTRATION AND EXTENSION SERVICES, UNIVERSITY OF  
BENIN, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
AWARD OF MASTER DEGREE IN HEALTH PLANNING AND  
MANAGEMENT (MHPM)**

**OCTOBER, 2023**

## DECLARATION

I affirm that this project is my own work and that appropriate credits have been given where references were made.

Uwawah, Omawumi

**MAT. NO. PG/IPAES0600854**

**2023.**

## CERTIFICATION

We hereby certify that this research work was carried out by **UWAWAH, OMAWUMI (Miss)**, in the Institute of Public Administration and Extension Services, University of Benin, Benin City. We also certify that the work is adequate in scope and quality in partial fulfilment of the award of Master Degree in Health Planning and Management.

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External Examiner

## DEDICATION

To

The Almighty God, the unifier of all nations and the author of wisdom

And to

Those that believe in collaborative effort especially in the area of health services and health control among the people in our various communities.

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‘Like play, like joke’, the journey of a thousand mile begins with a step. Indeed, God Almighty is faithful. To those who stood by me throughout the period of this program I shall be truly grateful.

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## **ABSTRACT**

The study examined the role of traditional institutions in the administration of health services in Ugborodo Community, Warri South-West LGA, Delta State. The research adopted sociological method of research utilizing both the primary and secondary sources of data. Five research questions were raised to guide the study. The population of this study consists of traditional leaders in Ugborodo community. The study adopted simple random sampling techniques in selecting the respondents from the Ugborodo community and respondents were chosen randomly from the community to make total of one hundred and fifty respondents. The data collected were analyzed using Statistical Package for Social Sciences (SPSS). The findings of the study revealed that health services have saved many lives in the community, medical care and drugs in health centre increase the rate of the people wellbeing. Staff perform well in taking care of patients, health centre have high health management and support for patients by traditional institution. The study concluded that WHO identified health not as the absence of disease but more holistically as a state of complete physical, mental, and social wellbeing.

**Keywords:** Role, Traditional institution, health, health services, health services administration, community, vaccination/immunization



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# CHAPTER ONE

## INTRODUCTION

### 1:1 BACKGROUND OF THE STUDY

Health care system is an integral part of societies across the world. Health care system include a wide range of activities, organisations, professional and resources dedicated to maintaining and improving the health and well-being of individuals, communities and societies. Health care system is all encompassing and usually consists of different elements that are connected in a way as to form a compact whole. These elements include health care providers, facilities, government agencies and others playing a vital role in delivering medical care, promoting preventive measures, conducting research and developing health policies.

The health care system ensures that health services are available to the generality of the people. These health services refer to the very specific medical and non-medical interventions that is made available to individuals for the purpose of diagnosis, prevention and treatment of illness and to promote general wellness. This can also entail preventive care such as vaccination, health screening and health education that is geared towards promoting healthy lifestyle and preventing disease.

It should be stated, that efficient and effective health care system are crucial to achieving optimal health care outcomes. These requires collaboration from stakeholders to ensure accessibility, affordability and quality health care and services to everyone. The intersection of health care system on health services can prove to be fundamental to its success. Health care service, categorized into primary, secondary and tertiary vary from one country to another. This variation is dependent on such factors as health care policies, funding mechanism infrastructure available and cultural and traditional norms in operations.

In Nigeria for instance, the health care system is managed by the federal, state and local government levels (Adeyemi 2005 Gupta et al! 2003). Each level is responsible for aspects of health care like specialised treatment, general care and basic medical services. In recent years however, primary health care has become very fundamental as major health responsibilities had been given to it to be saddled with the responsibility of providing major health services. The National Primary Health Care Development Agency (NPHCDA) is a national body saddled with the responsibility of ensuring that citizens have access to good health care. This mandate is executed by collaboration with different groups to build a system in communities to make health care delivery better.

The secondary health services providers also play important role and are very visible in communities today. However, primary health care centres are found in many local government and act as means of dispensing health care to mostly rural dwellers. In view of this, it is expected that primary health care services will play an important role in the dispensation of health care. This is particularly important because traditional environment play an important role in health care services. In Nigeria, traditional institutions are by implication expected to lend a helping hand in the administration of health services. These roles are as ascribed by the local government reforms of 1976. The reforms positions traditional institutions in communities to assume certain responsibility that will be complementary to the local Government. This has correlation with the need to assist in administration of health services especially as local Government were directly linked with primary health care delivery.

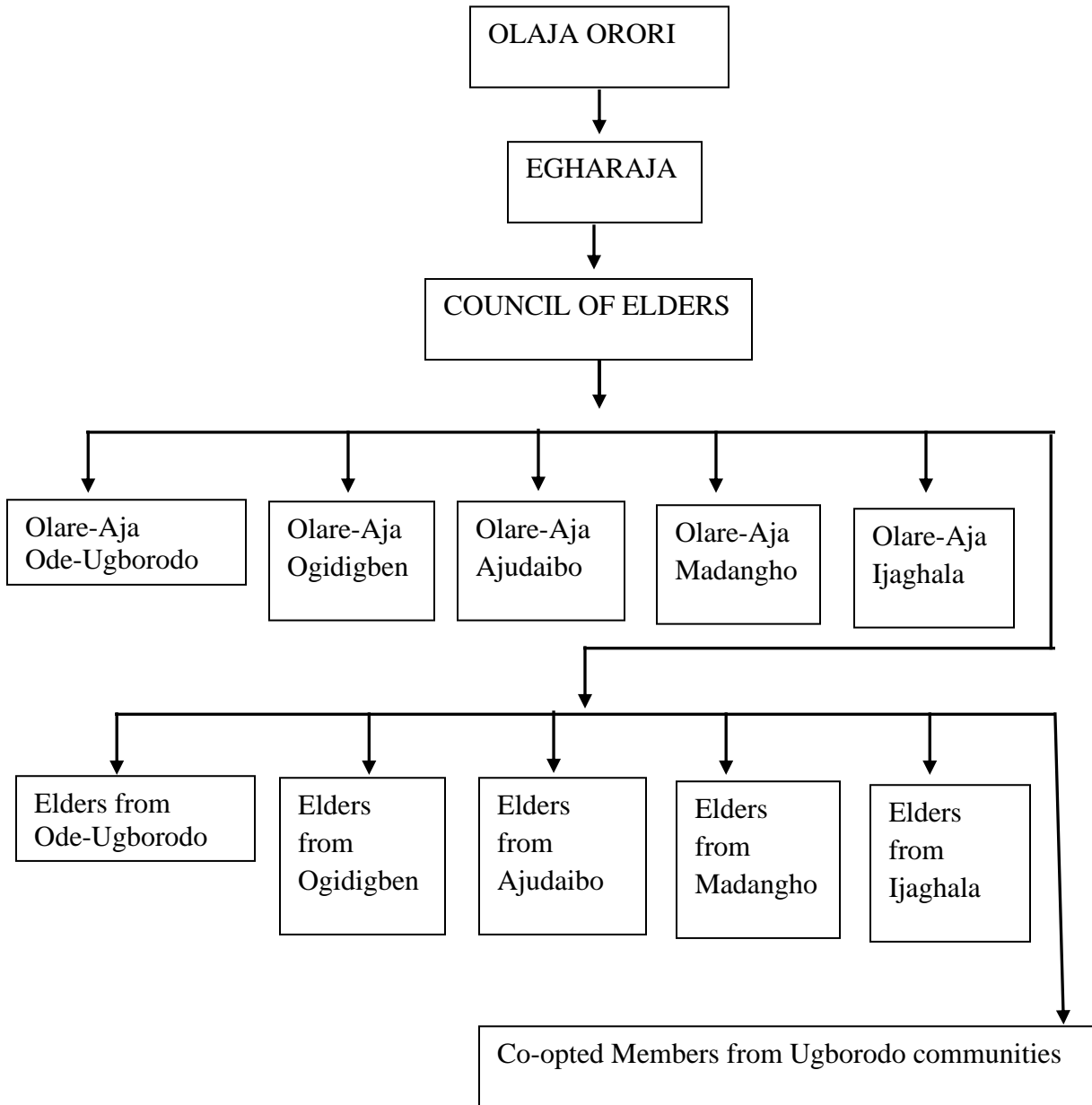
In pre-colonial and post-colonial Nigeria, traditional institutions were veritable pair of administrative structure of government (Mile, 2007). According to Abdullahi (2001) there were warrant chiefs in some parts of Nigeria during colonial times. These chiefs were recognized by the colonial government and played roles in community administration and developments. These roles

were also played in post-colonial era. In several sphere of life, the traditional institutions have been called upon to assist in administrative functions. The health sector is no different.

The importance government attaches to health care services has led to the inclusion of several stakeholders in the delivery of health care services. The need to achieve Universal Health coverage is precipitated upon the need for everyone to have access to good health care services and not having to worry about the ability to afford it (Ranabhat et al 2020). The above taken into consideration, the importance of health care service delivery means that collaborative efforts are needed to ensure that the provision of health care is effectively and efficiently implemented. It is with this in focus that this study aims to examine the role of traditional institutions in accomplishing stable health care delivery in Ugborodo community in Warri South West Local Government area of Delta State Nigeria as a case study.

Ugborodo has a rich history. It is alleged to have been founded by Ijebu fishermen who came down the Niger River. Two brothers and their five sons fanned out to form the various communities of Ugborodo. Hence, they refer to themselves as “Ikpere ale meje – Ikpere (Ugborodo) of seven sections”. The five founding fathers are namely: Oriri, Abome, Kromini, Oyen, Eloko, and the people of Ugborodo are the descendants of these families. Ugborodo was a thriving community with its own ruler, Olaja-ori, before the famed movement of the Iwere (Itsekiri) royal family from the Benin royal family over 500 years ago; but Ugborodo has now accepted the hegemony of the Olu of Warri. Ugborodo enclave existed before the Europeans arrived and they are Ode-Ugborodo Town, Ogidigben Town, Madangho Town and Ajudaibo and Ijaghala Towns, and the word Ugborodo (as distinct from Ugborodo Town): that exist around this estuary of the tributary of the Niger as it flows into the Atlantic Ocean. The community is headed by Olaja Ori (the chief priest) and Eghare- Aja and the Council of Elders

# THE HIERARCHICAL STRUCTURE OF UGBORODO COMMUNITY



**Keys:**

Olare-Aja: The oldest man in town

Elders: These are men from age grade 70 years and above who are credible and are recognized for their contributions to the growth and development of the community

Coopted members: these men are less than 70 years but they are known for their contributions to the development of the community and they can be from any of the villages

## **1.2: STATEMENT OF THE PROBLEM**

The Administration of health care services is critical to the achievement of the universal health coverage advocated by the World Health Organization (WHO). This is however a tall order in some rural communities because of several factors ranging from difficulties of terrain, decay in infrastructure, inadequate manpower, and ineffective supervision.

In Nigeria, provision of health care services is bedevilled but challenging situations that the government is grappling with. The challenges and constraints in the health care sector are many (Egbe: 2014, Oyekale: 2017, Adam and Awunor 2014). Insufficient health personnel, poor funding, inadequate resources, dilapidated infrastructure and non-existent support structures are some of the factors militating against the effective provision of health care services.

In instances where government is able to make provisions for the delivery of primary health care, the dividends sometimes elude the citizenry especially in rural areas. The absence of proper administration of the health services is believed to be at the centre of this failure. This is a void that traditional institution can easily fill in view of their interconnectedness to the people. This is the crux of the issue that this study seeks to examine.

This work believes that there is a lacuna between policies and health systems and the actual implementation of utilization of policies and health care services particularly in rural areas.

This gulf can be bridged with the involvement of traditional institution involvement in the administration of health care services. It is the intersection of traditional institution with administration of health care services that this work therefore seeks to investigate.

## **1.3: OBJECTIVES OF THE STUDY**

Objective is the summary of the purpose of any study. It describes the intention of any research or project. It has been identified as the driving force of any study (Doody, Bailey, 2016).

The objective of this study is divided into two parts: general objective and specific objectives. The specific objective of this study therefore, is to examine the roles of traditional institutions in the administration of health services delivery in Nigeria using Ugborodo Community of Warri South-West Local Government arear of Delta State, Nigeria as a case study.

The following are the general research objectives of this study and they are to;

1. Examine if there is a relationship between traditional institutions and health service delivery.
2. Ascertain how cordial relationship between health providers and traditional institutions can create effective health services in rural communities.
3. Recognize the implications of lack of interest by traditional institutions in the provision of good health services delivery in rural communities.
4. Examine that for effective health service delivery in rural communities, the traditional institution should be involved in the management of health service delivery.
5. Identify how traditional institutions can complement the successful administration of health services in rural communities in Nigeria.

#### 1.4: RESEARCH QUESTIONS

In order to achieve the objectives of this study, the research will aspire to ascertain;

1. Is there a relationship between traditional institution and health service delivery?
2. Can cordial relationship between health providers and traditional institution create effective health services in rural communities?
3. Does lack of interest by traditional institution cause a major problem in the provision of good health services in rural communities?
4. Will there be conflict in effective health service delivery in rural communities if traditional institution is not involved in the management of health services?

5. How can traditional institutions complement the successful administration of health services in rural communities in Nigeria?

#### 1.5: HYPOTHESES

1. There is no relationship between traditional institution and health service delivery
2. Cordial relationship between health providers and traditional institution cannot create effective health services in rural communities
3. Lack of interest by traditional institution does not cause major problem in the provision of good health services in rural communities
4. If traditional institution is not involved in the running of health services, there will be conflict in effective health provision in rural communities.
5. Traditional institutions cannot complement the successful administration of health services in rural community in Nigeria.

#### 1.6: SIGNIFICANCE OF THE STUDY

Studying the role of traditional institution in the administration of health services in Ugborodo community is important from a sociological perspective because our society today focuses on the development in various areas such as health, social, economic and political aspects. This study is important because it will help researcher find solutions to documents on the role of traditional institution in the administration of health services most especially how it affects Ugborodo community and also show how traditional institutions are carrying out community development programmes, not just in Ugborodo community but also in other areas. Furthermore, it will also assist the government in supporting traditional institutions in communities towards healthcare administration. In simple words, this research work aims to help people understand the important role that traditional institutions play in community healthcare development programmes.

It also investigates the difficulties these institutions face. This might help them to give helpful criticism and may also help other researchers to build upon their work.

### **1.7: SCOPE OF THE STUDY**

The purview of this study is the investigation and exploration of the role of traditional institution in the administration of health services. To be specific the work is limited to the use of traditional institution in Ugborodo community as a case study.

### **1.8: LIMITATIONS OF THE STUDY**

In writing a research paper one is usually encumbered with a lot of unforeseen issues, problems are bound to happen. In this particular research, the researcher faced several problems along the way. The people being surveyed were not willing to help by filling the questionnaire. However, with dogged persistence, the researcher was able to elicit the cooperation of those to be interviewed when it became clear that it was for the good and development of the community. Another major challenge that really delayed the process of this study was the incessant communal clashes that reduced the community residents, thereby reducing the number of respondents to one hundred and fifty (150). Lastly, the bad road made the journey to the area of research very difficult, thereby leading to high increase in the cost of transportation.

### **1.9: DEFINITION OF TERMS**

**Role:** This refers to the assigned duties that people or things have in a specific situation or operation in this study. It is related to the expected jobs or duties that a community institution has or should have for the good of its members and community.

**Traditional Institution:** A control authority is a person or group of people chosen by a community to oversee and make decisions for their society. This authority has power and is accepted by the people to govern and manage their daily lives according to the community's customs and traditions

**Health:** WHO 1948 defines - Health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

**Health Services:** This is a public service providing medical care to people in a society. Gessert et al (2015) say that being healthy means having a body that works well, feeling good emotionally, and having good relationships with other people. It's not just about not being sick.

**Health Services Administration:** It means making plans, giving directions, and organizing medical and health services. Health Service Administrators are people who oversee different places in the healthcare system. They might manage a whole building, a specific area for treating patients, or a doctor's office for a group of doctors.

**Community:** A community is a group of people who share things like where they live, beliefs, and traditions (wikipedia.org)

**Vaccination/Immunization:** Vaccination: The use of vaccines to stimulate your immune system to protect you against infection or disease  
Immunization: The process of making you immune or resistant to an infectious disease through vaccination (www.verywellhealth.com)

**Telemedicine:** Telemedicine is the use of **technology to provide health care** remotely, such as through phone, video, or internet etc.

**Adaptive:** Having an ability to change to suit changing conditions  
(<https://dictionary.cambridge.org>)

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### LITERATURE REVIEW

##### 2.1 Introduction

Administration of Health Care Services is the omnibus activity that involves the management and organization of health care systems for the delivery of health care services. It is an all-inclusive and complex operations that incorporate wide range of activities and duties that are important to the realization of provision of quality health care for individuals and populations. Wolper (2010) alludes to the numerous facets of the modern health care system as performing several functional and operational roles.

The purview of this operational roles includes planning and policy, management of the system, management of the health care information, financing and monetary control, quality control, safety, advocacy, ethical and legal issues. Administration of health care services, therefore, is crucial to the effective and result oriented management of health care systems in a way that optimizes all factors important to the improvement of health care quality and delivery to individuals and communities. Administration of health care services have evolved over the years. From its earliest beginning, administration of health services focused on hospital management allowing professionals to manage them.

The importance and indispensable nature of health care services demands a dynamic approach to its administration. In view of this facts, noticeable development and growth has taken place over the years which has seen a great transformation. The evolution of administration of health care services dates back to ancient times. In more specific terms, administration of health care services is as old as the history of mankind. In different eras and civilizations, health care services have been administered by religious institutions, healers and community-based systems.

In ancient and medieval times across great civilization like Greece, Egypt and Roman eras, Priests, Physicians and healers were custodian of administrations, and provider of health care services. They performed their healing through spiritual and naturalistic approaches. These also included religious order and monastic systems. Remarkable changes occurred in the renaissance to the modern era accentuated by advancement in science and emergence of educational institutions dedicated to medical studies. These gave rise to emergence of hospitals and medical professions.

The growth of healthcare services has been in leaps and bound from renaissance period. The industrial revolution, professionalism of healthcare and development of health insurance are all important landmarks in the evolutionary stages of health care services administration. The advancement of teaching which reverberated also in medicine brought about significant changes in healthcare administration which now included data management and increased efficiency in health care delivery. All these received participation of government and governmental intervention. The need for cooperation amidst governments across the world has introduced global perspective to the administration of health system and services. In view of these, and benefiting from globalization, healthcare services administration continues to evolve and demand adaptation to the changing health care services landscapes. The scope of health care administration has broadened to include other perspective like integration of technology for greater efficiency in the management of healthcare services, management of the health of the population and a shift towards patient and value centered care model.

As an important player in health sector with a population of over 200 million, the Nigerian health care services is an offshoot of the global healthcare systems and pursues the same ends as

that of the global trend. In particular, the Nigerian healthcare sector bears particular ionization that **emanate** from her sociopolitical experience and history.

## **2.2. History and development of Health care services in Nigeria**

Nigeria has a pluralistic health service system with public and private health providers, with both modern and traditional health service systems. Health Service provision is the concurrent responsibility of the three tiers of the Government.

Federal Government is dependable and responsible for Health Service System in Nigeria. The Federal Government enforce policy for Health Services through the Federal Ministry of Health (FMOH). Therefore, the health Service System in Nigeria is pluralistic (Global Fund to fight against AIDS, (2021). It comprises Health Service Division into Federal Government, State Government and Local Government Health Service System. These three divisions are further pluralistically, grouped into three levels which are Tertiary, secondary and primary health service.

### **Federal Government:**

It is the responsibility of the federal government to achieve the Sustainable Development Goals in their country as per health services. They make and enforce laws and policies, frameworks and standards for health and well-being are in place and acted on in the entire nation. The Federal Government takes care of more complex health services and medical treatments and makes decisions about healthcare through the Federal Ministry of Health. Ensure health services are well funded and run by professionals who are well trained. This level also offers special services through hospitals that teach, federal medical centers, hospitals that specialize in certain treatments, and institutes that do medical research. Make sure people have the opportunity to be part of making decisions, such as about health services.

## **State Government:**

According to Scott-Emuakpor (2010), the government in each state is responsible for providing health services. They do this by operating General Hospitals and sometimes Teaching Hospitals. They also coordinate primary healthcare services at the local level through the State Primary Health Care Development Agency. The State governments follow national plans and carry out the AIDS, TB, and malaria programs. They also oversee health strategies and important tasks at the practical level.

## **Local Government Areas:**

A local government area is a specific region that is governed by local authorities.

The local government areas oversee groups that help with health services in different areas, like smaller regions, villages, private providers, and traditional or alternative providers. These groups help to improve health services in the community.

As earlier stated, these are further broken down into these levels

### **i. Level 1: Tertiary Level**

This level comprises of

- Federal Government-run
- Teaching and Specialist Hospitals
- Federal Medical Centers
- Private clinics and hospitals

### **ii. Level 2: Secondary Level**

- State Government-run
- General Hospitals
- Private clinics and hospitals

### **iii. Level 3: Primary level**

-Local Government Area -run

-Community-based care

-Primary and Comprehensive Health Centres (PHC and CHC)

However, the ranking of the staff in all the Health Service sectors is ranked into five level of which the highest is '5' and the lowest '1'.

- a. Level 5: The medical officer of health (MOH) is a doctor who oversees a group of primary health care centres (PHCs) in each local government area (LGA).
- b. Level 4: This level comprises of nurse or midwife who leads a primary healthcare centre and talks to the senior doctor in charge in challenging cases. In areas without medical officers, the most experienced nurse acts as the supervisor in this level.
- c. Level 3: In this level, Community Health Officers (CHOs) are the second in command to Nurses and take charge of the Primary Health Centre when a nurse is not available. CHOs start by training as Community Health Extension Workers (CHEW), but they also receive an extra year of training in a Teaching Hospital
- d. Level 2: Community Health Extension Workers (CHEWs) are health service professionals who have a 3-year diploma in community health service. They obtain this qualification from Schools of Health Technology or Schools of Wellbeing Innovation.
- e. Level 1: Volunteer Health Workers (VHWs) and traditional birth attendants are people who are not formally trained but are willing to help the Primary Health Care (PHC) by searching for cases and getting involved with the community.

### **2.3. Rural health service in Nigeria**

According to Kilpatrick and Liaw (2008) Rural Health Service are provided in areas or communities that are far away, more than 80 kilometers or more than one hour by road, from a designated Health Service facility. This Health Service facility offers continuous anesthesia, surgical, and obstetrical services. This practice, however, is about Health Service just as it is in cities and doesn't mean there are no Health Service places at all. In rural areas, the main service providers are usually the state or the government. In rural areas, most of the Health Service providers are local traditional medicine practitioners. They may or may not have received formal training in Health Service.

According to National Health Service in Scotland, (2008) and supported by Kilpatrick and Liaw (2008) Rural Health Service simply means Health Service that are provided to people who live in rural areas. Rural Health Service also means providing medical services to areas that are difficult to reach because of their location. This mostly occurs in countryside areas where it is difficult to reach by roads. These areas might find it helpful to have a system that monitors people's health from a distance. This would be especially useful for taking care of conditions and illnesses that require ongoing medical attention. These areas can benefit a lot from using Telemedicine because they have access to technology that can provide information and communication. When people in remote areas need immediate medical attention or treatment for a serious illness, they would need to go to a different Health Service facility that can provide specialized care.

Roger, (2003) opined that although developing and developed countries have many differences, the main topics that are important in rural health are similar everywhere in the world. Getting to healthcare services is the most important issue for people who live in rural areas. In countries where most people live in the countryside, the important things are gathered in the cities.

Every country has problems with transportation and communication, and they all struggle with not having enough doctors and healthcare workers in rural and faraway places. Roger (2003) also stated that people who live in rural areas tend to have worse health challenges than people who live in urban centres.

According to James et al, (2017) in urban and rural areas, there are differences in how Health Service is provided. Even within Health Service systems, there are differences based on culture and ethnicity in how people can access and use Health Service services. The situational analysis will look at different parts of a Health Service system, like how easy it is for people to get Health Service, how much it is being used, whether people like it and find it useful, whether it is possible to make it happen, and whether it is fair for everyone.

#### **2.4. Operations of health care services in rural areas**

In view of the terrain and other factors that differentiate rural from urban areas, it is clear that the operations of health care services in rural areas will be affected by such factors of differentiation. In Ugborodo Community as indeed in other rural areas, there exist different operating situations that will impact on the operations of health services in rural areas. In the discussion of the administration of health services in Ugborodo (which is a rural dwelling), it is important that such factors be taken into consideration. These factors are discussed as follows:

##### **i. Accessibility:**

Kilpatrick and Liaw (2008) and Yadav et al (2009) found that health services in rural areas are not as easy to get as in cities. This could be because there are fewer hospitals, doctors, and other medical facilities in rural areas compared to cities. Researchers in India have found that there are fewer hospital beds, fewer trained doctors, and less infrastructure for Health Service in rural areas compared to cities. Although rural residents had a greater increase in their need for emergency

services compared to urban residents, there were still more emergency doctors in urban areas than in rural areas. There are very few Health Service professionals and medical services in remote areas. Transportation and communication issues make it even harder for people to access Health Service services, making the problem of poor Health Service accessibility worse.

## **ii. Acceptability**

Goudge (2009) said that people often confuse the idea of acceptability with having Health Service available and affordable, as well as with patient satisfaction. In rural Uganda also applicable to Ughorodo, Delta state, people are more likely to accept maternal and child Health Services if they trust the Health Service provider, if leaders in the community support the provider, and if there is early interaction with the community and home visits. In the rural parts of northeast India, having good Health Services that are safe and reliable was important for people to feel comfortable using them.

## **iii. Utilization**

According to Oladipo (2014), people in urban areas of Africa use Health Service services for three main reasons: because they see the benefits, because of their current health condition, and because the services are available to them. But, in countryside places, being close to Health Service, getting Health Service for free or at a low price, having insurance, belonging to a certain ethnic group, and how much money a family makes, affect how much Health Service people in rural areas use. In most cases, people would rather be treated by Health Service workers from their own community. However, these workers are often working with fewer staff or limited resources. The reason for not making enough use of Health Service services in rural areas is because the quality of the services is not good enough and they do not consider the specific health needs of the people living there.

#### iv. **Equity**

Smits et al, (2018) believes that fairness in Health Service in rural areas is very important for how Health Service is provided in rural areas. A study in Suriname found that the distribution of Health Service resources was fair in both rural and urban areas. However, certain things like people thinking they needed help, being a woman, and how much money someone had, made it unfair for people in Suriname's countryside to get help with ongoing health problems.

#### v. **Feasibility**

Croll and colleagues (2018) said that rural Health Service facilities had fewer Health Service services available, compared to urban Health Service facilities. Making better and improving health insurance plans and policies for Health Service helped to reduce the unfair spread of Health Service services. We need to create Health Service services specifically designed for rural areas that are timely, culturally appropriate, financially sustainable, and fair to everyone.

### **2.5. Theoretical framework**

This research adopted the Adaptive leadership model as its' theoretical framework. According to Binshad, (2021) the Leadership Model is among the four-frame model which was propounded in 1991 by Bolman and Deal. They explained the concept of these model in their book entitled: Reframing Organizations: Artistry, Choice, and Leadership. This theory or model focuses on the leadership skills, behaviours and attitude necessary for any complex and adaptive situations to be addressed in health care systems. It takes into cognizance the dynamic nature of health care system and the continuously evolving status of the system. This will require leadership that is readily willing to adapt and facilitate needed change in a seamless and efficient manner. This framework is predicated on the fact that adaptive situations are complex problems that do not have a cut and size solution. To combat it, it is required of the leadership that innovative thinking and experimentation that has new approaches and strategic solutions be employed.

Stouten et al (2018) and Andenoro et al (2017) explained copiously that Various leaders have different ways of leading that help organizations in different ways. Leaders who are open to change and can find solutions for organizational problems usually prefer the adaptive leadership model. When conflicts are not resolved, they can make it difficult for an organization vis-a-vis our health environment to be productive and create a positive working environment.

According to Bakari et al (2017), Many leaders struggle to handle the problems in a company because they don't have the necessary skills. This will affect how well team members and leaders perform in a company. Leaders who learn and use an adaptive style will be able to recognize financial, social, cultural, and environmental problems that can impact how a business run. They also talked about how being able to talk to and understand other people is really important. This includes being able to communicate well, know yourself, and understand what problems are happening. To Pradhan et al (2017) the adaptive leadership model helps us understand the difference between regular problems and more complex problems. Adaptive leaders use emotional intelligence, organizational justice, character, and development as principles to help them solve conflicts.

Therefore, the adaptive leadership model is a culture. in fact, according to Verdu-Jover et al (2018), organizations need to have the adaptive leadership culture that allows them to adapt, learn, and innovate in order to make progress. Organizations need to come up with new and creative ways to solve problems and make more returns. Leaders should not easily give in to change. This will help them be ready to deal with various problems in their endeavours. Adaptive leaders need to understand problems and come up with helpful solutions. Additionally, it is only possible for a leader to find solutions to problems and resolve conflicts effectively if they possess strong interpersonal skills.

It following suit from the foregoing that since the researcher forays into the role of the traditional institution in health care delivery and their ability to solve health issues it is therefore, *sine qua non* to emphatically opine that this theory is the meat of the gist.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0: INTRODUCTION**

This chapter presents the methods and procedure to be used to collect data for the study. The chapter was discussed under the following sub headings: Research Methodology overview, Research Design, Population of the Study, Sample and Sampling Techniques, Instrument for Data Collection, Validity of the Instrument, Reliability of the Instrument, Procedure for Data Collection and Data Analysis.

This research method adopted the sociological type of research utilising both the primary and secondary sources of data. The primary source of data come from questionnaire and unstructured interview while secondary data come from published works like textbooks, journals, internet and magazines.

#### **3.1 RESEARCH DESIGN**

The study employed descriptive survey research design for obtaining descriptive data which people can provide from their experiences. The investigator adopted a multiple line of approach for studying the same issue.

#### **3.2 POPULATION OF THE STUDY**

The investigation and exploration of the role of traditional institution in the administration of health services. The population of the study consists of traditional leaders and members of Ugborodo community.

### **3.3 AREA OF THE STUDY**

Ugborodo community is under the Warri Southwest Local Government Area of Delta State Nigeria consisting of Aja-Eded, Madangho, Ogidigben, Ubaoke, Ugbo egugun. Ugborodo enclave existed before the Europeans arrived. There are several villages: Ugborodo, Ogidigben, Madangho, Ajudaibo and others, that exist around this estuary of the tributary of the Niger as it flows into the Atlantic Ocean. The area is called Ugborodo, after the largest and oldest village. But Ugborodo has a rich history. It is said to have been founded by Ijebu fishermen who came down the Niger River.

Two brothers and their five sons fanned out to form the various communities of Ugborodo. Hence, we refer to ourselves as Ikpere ale meje Ikpere (Ugborodo) of seven sections. Ugborodo was a thriving community with its own ruler, Olaja-ori, before the famed movement of the Iwere (Itsekiri) royal family from the Benin royal family over 500 years ago; but Ugborodo has now accepted the hegemony of the Olu of Warri.

The Portuguese had a settlement both at Warri and in the island of Ugborodo around 1588. In late 19th century, the French built a salt factory in Ugborodo. When the British arrived and learnt about this, they threw a party for all the people and during that party the factory was mysteriously blown up and so was the French presence in what became Nigeria. Ugborodo literally means “Dry land in the Sea” and it was a huge island.

### **3.4: SAMPLE SIZE AND SAMPLING TECHNIQUES**

The study adopts simple random sampling techniques in selecting the respondents from the Ugborodo community and respondents were chosen randomly from the community to make total of one hundred and fifty respondents.

### **3.5 RESEARCH INSTRUMENTATION**

The instrument used for data collection was a structured questionnaire and unstructured interview. The questionnaire is of two types: personal data and traditional institution questionnaires, which was organized on a 5-point rating scale of Strongly Agreed, Agreed, undecided, Disagree, Strongly disagree. The instrument was divided into sections, A, B, C, D, E and F; A is designed to provide personal information of the respondents, section B was used to provide relevant contribution on traditional institution views, section C is based on Health Services Delivery, section D is designed on challenges of health centre in Ugborodo, section E is designed on effective health services in Ugborodo and section F is designed on management of health services delivery.

### **3.6 METHOD OF DATA COLLECTION**

The instrument which is questionnaire was personally administered to the respondents to obtain relevant information and collection of responses was made after two week of distributing the questionnaire. Face to Face collection of questionnaires was the method used to collect the instrument from the respondents. The unstructured interview was conducted and recorded on tape which is later transcribed for analysis.

### **3.7 VALIDITY AND RELIABILITY OF THE INSTRUMENTS**

The questionnaire after due consultation with the supervisor was finally approved and administered. As a result of this, the questionnaire can be said to have both face and content validity. It has content validity because the particulars required from the respondents actually centred on issues relevant to the objectives and problem of this study.

Test and Re-test reliability method was used to analyse the obtained data within an interval of one week. Their responses to the instrument were collated and analysed through descriptive statistics, frequency count, percentage, chart and Chi-square to determine the reliability of the instrument. 30 questionnaires were administered within the department to participant within the period of one week and compared using Pearson r-statistics at 0.05 significant levels.

### **3.8 ADMINISTRATION OF THE INSTRUMENTS**

The researcher administered data for this study through the use of structured questionnaire and the respondents were assured of confidentiality to their responses and were asked to be honest as possible to their response. A face- to- face system of distribution was used. Face- to- face system of distribution is the process where the researcher visits the institution, local government that is used as the case study himself to distribute the questionnaire directly to the respondents.

### **3.9 METHOD OF DATA ANALYSIS**

The study used statistical package for social sciences (SPSS) to analyse data. The data shall be analysed quantitatively and qualitatively. Descriptive statistics was used in describing the sample data in such a way that was portrayed the typical respondents and to revealed the general response pattern. The method of data analysis and investigation of data in this study was both descriptive (percentage and frequency) statistics and empirical analysis. Descriptive analyse in terms of percentage and frequency was used to analyse the socio-demographic characteristic of respondents and mean score will be use for research questions. The research hypotheses will be analysed through ANOVA to test the reliability and validity of the data collected.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND DISCUSSION OF RESULTS

#### 4.1 Introduction

This chapter presents the results of the analyses carried out on the collected and collated data and subsequent discussion were made based on the findings of the study.

**Table 1: Frequency Distribution of Respondents by Gender**

<b>GENDER</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Male	78	52.0%
Female	72	48.0%
<b>TOTAL</b>	<b>150</b>	<b>100</b>

**Source: Field Survey, 2023**

It is noted from the above table that 52% of male respondents from Ugborodo community attended to the research instrument and 48% of the female respondents attended to the questionnaire. It is revealed that more of the respondents are male respondents.

**Table 2: Frequency Distribution of Respondents by Age**

<b>AGE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
20-25 Years	33	22.0%
26-30 Years	45	30.0%
31-40 Years	46	30.7%
41yrs and above	26	17.3%
<b>TOTAL</b>	<b>150</b>	<b>100</b>

**Source: Field Survey, 2023**

The table above shows the frequency distribution of respondents by age of respondents. From the table, it is revealed that 22.0% of the respondents fall within the age range of 20-25years, 26-30years are within 30.0%, 31-40years are within 30.7% and 17.3% are within 41years and above.

**Table 3: Frequency Distribution of Respondents by Educational Level**

<b>Educational Level</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Primary	12	8.0%
Secondary	15	10.0%
Diploma	76	50.7%
University	47	31.3%
<b>TOTAL</b>	<b>150</b>	<b>100</b>

**Source: Field Survey, 2023**

From the above frequency distribution on respondents' educational level, 8% of the respondents are primary school leavers, 10% of the respondents are secondary school certificate holders commonly recognised as SSCE, 50.7% which is the majority of the respondents have Diploma certificate, while 31.3% of the respondents have University certificate. Clearly from the above most of the respondents are educated.

**Table 4: Frequency Distribution of Respondents by Marital Status**

<b>Marital Status</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Married	59	39.3%
Unmarried	45	30.0%
Separated	46	30.7%
<b>TOTAL</b>	<b>150</b>	<b>100</b>

**Source: Field Survey, 2023**

The table above shows the respondents marital status, 39.3% of the respondents are married, 30% are unmarried while 30.7% are separated. The result shows that majority of the respondents are married.

**Research Question one:** Is there a relationship between traditional institution and health service delivery?

**Table 5:** Responses of the respondents on the traditional institutions view

S/N	TESTS ITEMS	SA	A	UD	D	SD	Total	MEAN $\bar{x}$
1	Health Service has saved many lives	106 70.6%	29 19.3%	9 6.0%	6 4.0%	-	150 100	1.95
2	Reducing child mortality rate partly due to increased availability of medical care and drugs in health centre	64 42.6%	69 46.0%	10 6.6%	5 4.6%	2	150 100	3.62
3	Staff perform well in taking care of patients	76 50.6%	66 44.0%	6 4.0%	2 1.3%	-	150 100	1.19
4	Health centre have high health management and support for patients by traditional institution.	77 51.3%	70 46.6%	1 0.6%	2 1.5%	-	150 100	3.72
5	No adequate security	56 37.3%	61 40.6%	25 16.6%	5 5.5%	3	150 100	3.18

*Source: Field Survey, 2023*

Table five above indicate the respondents' response on research question one which states the relationship between traditional institution and health service delivery. Items 4 have the highest mean of 3.72 respectively followed by items 2 with the mean of 3.62 and item 5 with the mean of 3.18 while items 1 has the mean of 1.95 with the standard deviation of 0.283 and finally item 3 has the lowest mean of 1.19. It is clear from the result that health service has saved many lives, medical care and drugs in health centre increase child mortality rate partly due to increased, staff perform well in taking care of patients, health centre have high health management and support for patients by the traditional institution and no adequate security for health service delivery due to the incessant communal clashes at Ugborodo.

**Research Question two:** Can cordial relationship between health providers and traditional institution create effective health services in rural communities?

**Table 6:** Responses of the respondents on the effective healthcare services delivery in rural communities

S/ N	TESTS ITEMS	SA	A	UD	D	SD	Total	MEAN $\bar{x}$
6	They offer 24 hours service to patients	73 48.6%	61 40.6%	6 4.0%	6 4.0%	4 2.6%	150 100	3.55
7	Health centre provide costly drugs to patients	57 38.0%	80 53.3%	9 6%	2 1.3%	2 1.3%	150 100	2.96
8	Nurses and community health workers always shout at patients	85 56.6%	26 17.3%	16 10.6%	8 5.5%	15 10%	150 100	2.03
9	Treatments are given upon arrival at the health centre.	58 38.6%	65 43.3%	6 4%	5 3.3%	16 10.7%	150 100	2.66
10	I am satisfied with the responses received at the health centre.	75 50%	59 39.5%	2 1.3%	4 2.6%	10 6.7%	150 100	3.27

Source: Field Survey, 2023

Tables six above, indicate the respondent's response on the healthcare services delivery, the result was based on the mean of the research question. Item 6 has the highest mean of 3.55 followed by item 7 with the mean of 2.96, item 9 has the mean of 2.66, while item 10 has the mean of 3.27 and finally item 8 has the lowest mean of 2.03. Result shows that healthcare service delivery is 24 hours service to patients, provide costly drugs to patients, nurses and community health workers always shout at patients, treatments are given upon arrival at the health centre and there are satisfied responses received at the health centre.

**Research Question Three:** Does lack of interest by traditional institution cause a major problem in the provision of good health services in rural communities?

**Table 7:** Responses of the respondents on the challenges of health centre in Ugborodo relating to the major problem in the provision of good health services in rural communities.

S/N	TESTS ITEMS	SA	A	UD	D	SD	Total	MEAN $\bar{x}$
11	Few doctor are always on duty	77 51.3%	60 40%	11 7.3%	2 1.3%	-	150 100	3.65
12	Low pay and poor benefits	35 23.3%	103 68.6%	4 2.6%	8 5.3%	-	150 100	2.34
13	Lack of effective laboratories	102 68%	36 24%	7 4.6%	5 3.4%	-	150 100	3.01
14	Community provides ambulance to help in emergency situation	43 28.6%	79 52.7%	8 5.3%	8 5.3%	12 8%	150 100	3.45
15	Lacking in support	49 32.6%	91 60.6%	3 2%	7 4.6%	-	150 100	3.82

*Source: Field Survey, 2023*

Table seven above indicates the respondent's response on research question three which stated the lack of interest by traditional institution cause a major problem in the provision of good health services in rural communities. The result indicates that 32.6% and 60.6% with mean of 3.82 resulted that health centre is lacking in support of traditional leaders while 51.3 and 40% strongly agreed and agreed that few doctor are always on duty to attend to larger number of patients. 28.6% and 60.6% strongly agreed and agreed that low pay and poor benefit to health centre workers are major challenges while more respondents of about 23.3% and 68.6% strongly agreed and agreed. 68% and 24% strongly agreed and agreed that lack of effective laboratories in the health centre is a serious challenge and 68% and 24% strongly agreed and agreed that accounting community provide ambulance to help in emergency situation is no longer effective and finally 55% and 45% of the respondent strongly agreed and agreed that few drugs are available for treatment. This result

revealed that the problem or challenges of health centre in Ugborodo ranges from one issue or the other, the respondents pointed at the challenges of few doctors on duty, low pay and poor benefits of the health centre staff, lack of effective laboratories to run test, lack of traditional leaders' support, availability of few drugs to treat patient and technical problem with the health centre ambulance to help in emergency situation.

**Research Question Four:** Will there be conflict in effective health service delivery in rural communities if traditional institution is not involved in the management of health services?

**Table 8:** Responses of the respondents on the effective health services in Ugborodo

S/N	TESTS ITEMS	SA	A	UD	D	SD	Total	MEAN $\bar{x}$
16.	Availability of health care program to improve the quality of health services	60 40%	70 47%	15 10%	5 3%	-	150 100	3.27
17.	Provision of information and tool to help researchers build and manage patients health	74 49.3%	64 43%	2 1.3%	4 2.7%	6 4%	150 100	3.30
18.	Provision of scientific support to assist effective health services	77 51.3%	50 33.3%	13 8.6%	2 1.3%	8 5.3%	150 100	3.32
19.	Supply of drugs against deadly disease and virus	55 37%	85 57%	3 2%	7 5%	-	150 100	3.82
20.	Provision of antibiotics medicines to help human body fight bacteria	94 63%	45 30%	4 3%	7 5%	-	150 100	3.89

**Source:** Field survey, 2023

Table 8 above revealed the effective health services in Ugborodo and the conflict in the management of health services. Items 17 with the mean of 3.27, most respondent are of the opinion that availability of health care program to improve the quality of health services, provision of information and tool to help researchers build and manage patients health with the view of about mean of 3.30 of the respondents. Mean of 3.32 are of the view that provision of scientific support

to assist effective health services, mean of 3.82 agreed that supply of drugs against deadly disease and virus and mean of 3.89 are of the view that provision of antibiotics medicines to help human body fight bacteria. The study revealed that no conflict in effective health service delivery in rural communities as the management made necessary provision for program to improve the quality of health services, relevant information and tool that help researchers build and manage patients health, scientific support to assist their services, supply of drugs against deadly disease and virus and provision of antibiotics medicines to help human body fight bacteria.

**Research Question Five:** How can traditional institutions complement the successful administration of health services in rural communities in Nigeria?

**Table 9:** Responses of the respondents on the management of health service delivery: traditional institution assists in rural communities

S/N	TESTS ITEMS	SA	A	UD	D	SD	Total	MEAN $\bar{x}$
21	Establishing and maintaining high quality services	80 53.3%	55 36.7%	-	-	15 10%	150 100	3.27
22	Assuring equitable access to health services delivery	69 46%	75 50%	2 1.3%	4 2.7%	-	150 100	3.30
23	Providing integrated services to help health service delivery	85 56.6%	40 26.6%	13 8.6%	6 4%	6 4%	150 100	3.32
24	Providing community based primary health care	50 33.3%	90 60%	3 2%	7 4.7%	-	150 100	3.82
25	Working with the private for profit sector	50 33.3%	45 30%	12 8%	43 28.7%	-	150 100	3.89

*Source: Field survey, 2023*

Table 9, revealed the result of research questions five to the management of health service delivery: traditional institution assist in rural communities, the result revealed that most respondents agreed and strongly agreed that working with the private for profit sector will help

with effective management with 33.3% and 30% strongly agreed and agreed with 3.89 mean, 33.3% and 60% of the respondents strongly agreed and agreed that providing community based primary health care into the health services will help to fasten the management while 56.6% and 30.6% of the respondent strongly agreed and agreed that assuring equitable access to health service delivery. 50% and 46% are agreed and strongly agreed and the remaining 46% and 50% of the respondents agreed and strongly agreed respectively and finally 53.3% and 46.7% are of the opine that establishing and maintaining high quality services helps in management of health services delivery. The result revealed that the management of health service centre with traditional leaders can be effective through working with private for-profit sector to reduce wastage, involving the community based primary health care, integrated services to help health service delivery and maintaining high quality services.

#### 4.2 ANALYSIS OF RESEARCH HYPOTHESIS

Hypotheses One: **There is no relationship between traditional institution and health service delivery**

**Table 10: ANOVA table on there's no relationship between traditional institution and health service delivery**

Model	Sum of Sq	d.f	Mean Sq.	F-statistic	P-value
<b>Regression</b>	2332.731	1	2332.731	12.741	0.000
<b>Residual</b>	36252.557	148	183.094		
<b>Total</b>	38585.288	149			

Source: Field Survey, 2023

From table 10, Adjusted R<sup>2</sup> and F- statistics were used. The adjusted R<sup>2</sup> shows that the explanatory variables (traditional institution and health service delivery) accounts for 6.0% of the variation in administration of health care services. This means that omitted variables such as traditional authority, command, services and instruction accounted for 94.0% of the variation in

administration of health care services. However, the model as whole has statistically significant predictive power as shown by the F-cal value is 12.741, p-value is 0.00 such p-value is less than 0.05 significant, the hypotheses is therefore rejected. In understanding the relationship between traditional institution and health service delivery, it was found that traditional institution views was highest among respondents within the health centre delivery ( $106 \pm 53.0$ ), however the hypothesis of there's no relationship between traditional institution and health service delivery was rejected and the alternative hypothesis of there is significant relationship between traditional institution and health service delivery was accepted.

**Hypotheses Two: Cordial relationship between health providers and traditional institution cannot create effective health services in rural communities**

**Table 11:** ANOVA table on cordial relationship between heath providers and traditional institution cannot create effective health services in rural communities

<b>Model</b>	<b>Sum of Sq</b>	<b>d.f</b>	<b>Mean Sq.</b>	<b>F-statistic</b>	<b>P-value</b>
<b>Regression</b>	55.318	3	55.318	12.741	0.05
<b>Residual</b>	4321.657	147	162.094		
<b>Total</b>	4377.035	136			

Source: Field Survey, 2023

Regression analysis was used in testing this hypothesis with a significant level set at 0.05 as cutoff point in determination of acceptance or rejection.

Results showed a cordial relationship of health providers ( $df = 3$ ; R Square = 0.367;  $P < 0.05$ ) between traditional institution, indicating creation of effective health services in rural communities of 12.741 on administration of health centre. The null hypothesis is hereby rejected and the alternative hypothesis of there is cordial relationship between health providers and

traditional institution can create effective health services in rural communities was accepted. Traditional institution helps health providers to achieve their goal and objective (90± 58.0).

Hypotheses Three: **Lack of interest by traditional institution does not cause major problem in the provision of good health services in rural communities**

**Table 12:** ANOVA table on lack of interest by traditional institution does not cause major problem in the provision of good health services in rural communities

<b>Model</b>	<b>Sum of Sq</b>	<b>d.f</b>	<b>Mean Sq.</b>	<b>F-statistic</b>	<b>P-value</b>
<b>Regression</b>	42633.00	3	174.01	1.173	0.05
<b>Residual</b>	15337.00	198	161.44		
<b>Total</b>	57970.00	199			

Source: Field Survey, 2023

The result revealed that the interest of traditional institution cause problem in the provision of good health services in rural communities. The observed level of significance in the test is 0.241 ( $P > 0.05$ ). Therefore, the alternative hypothesis that lack of interest by traditional institution cause major problem in the provision of good health services in rural communities is thus retained. This means that traditional institution interest causes problem in the establishment of good health centre service in the rural communities.

**Hypotheses Four:** If traditional institution is not involved in the running of health services, there will be conflict in effective health provision in rural communities.

**Table 13:** chi- square showing if traditional institution is not involved in the running of health services, there will be conflict in effective health provision in rural communities

S/N	ITEMS	SA	A	D	SD	$\bar{df}$	X <sup>2</sup> cal	X <sup>2</sup> tal
1	Traditional Institution involved in running of health services	80 53.3%	64 43%	2 1.3%	4 23%	2	2.820	1.450

Source: Field Survey, 2023

#### BASIC CALCULATION

EQ	SA	A	D	SD	df	X <sup>2</sup> cal	X <sup>2</sup> tal
O	162	251	128	259	2	21.820	11.450
E	50	50	50	50			
O-E	112	201	78	209			
(O-E) <sup>2</sup>	12544	40401	6084	43681			
$\frac{\Sigma(O-E)^2}{E}$	250.8	808.2	121.68	873.62			

**E-** Expected value    **O-** Observed Value

The value of chi-square calculated is 21.820 and the table value of chi-square table is 11.450, since the value of chi-square calculated is greater than the chi-square table, the hypothesis earlier stated that if traditional institution is not involved in the running of health services, there will be conflict in effective health provision in rural communities is hereby rejected at 0.05 level of significant, which means that traditional institution involved in the running of health services, there will not be conflict in effective health provision in rural communities.

**Hypotheses Five:** Traditional institutions cannot complement the successful administration of health services in rural community in Nigeria

**Table 14: t – test traditional institutions cannot complement the successful administration of health services in rural community in Nigeria**

Variables	N	Mean	Standard Deviation	t <sub>cal</sub>	t <sub>cri</sub>	Sig	Df
Traditional institution successful administration of health services in rural community	98	9.26	1.013	0.220	0.107	.000*	168

Source: Field Survey, 2023

(t-critical =0.107, \*p<0.05)

The result in the table revealed that traditional institutions cannot complement the successful administration of health services. This is indicated t-calculated value of 0.220 compared to the critical value of 0.107 for the same degree of freedom. The observed significant level for the test is 0.000 ( $P < 0.05$ ). By these observations the null hypothesis that traditional institutions cannot complement the successful administration of health services in rural community in Nigeria is therefore rejected. This means that the traditional institutions can complement the successful administration of health services in rural community.

### 4.3 Unstructured Interview

1, What is the nature of the health facility? Hospital, health Center, Maternity, Clinic?

**The Ode-Ugborodo Medical Centre, is built by Delta state oil producing Area Commission (DESOPADEC). But was equipped by NDDC through one of our sons who happened to be the Project Director, Engr. Tuoyo Omatsuli (2012-2015)**

2, What is the nature of the human resources?

**DESOPADEC**

3, How many Dr(s), nurses, admin, medical records, pharmacy technician, laboratory technologist, etc

**1 Doctor, 2 mid-wife, 4 auxiliary nurses, 3 cleaners, 1 Lab-Technology, 1 gardener. In addition to the above-mentioned 1 medical recorder, 2 pharmacy technicians**

3, Who pays the other staff?

**The hospital generates funds by payments and grants from those that patronize the Medical Centre**

4, What is the extent of the involvement of the multinationals?

**No involvement**

5, What other facilities are in existence

**Water supply and energy supply free supply**

6, Who coordinates the financial aid and contact with stakeholders?

**The committee set-up by the community**

7, Any other additional information

**No other additional information QED**

#### 4.4 Discussion of Results

The result of research question one revealed that health service has saved many lives, medical care and drugs in health centre increase child mortality rate partly due to increased, staff perform well in taking care of patients, health centre have high health management and support for patients by traditional institution and no adequate security health service delivery. According to Scott-Emuakpor (2010), The government in each state is responsible for providing health services They do this by operating General Hospitals and sometimes Teaching Hospitals. They also coordinate primary healthcare services at the local level through the State Primary Health Care Development Agency. The State governments follow national plans and carry out the AIDS, TB, and malaria programs. They also oversee health strategies and important tasks at the practical level. Please rephrase this text using simpler words.

The result of research question two shows that healthcare service delivery is 24 hours service to patients, provide costly drugs to patients, nurses and community health workers always shout at patients, treatments are given upon arrival at the health centre and there are satisfied responses received at the health centre. According to Kilpatrick and Liaw (2008) Rural Health Service are provided in areas or communities that are far away, more than 80 kilometers or more than one hour by road, from a designated Health Service facility. This Health Service facility offers continuous anesthesia, surgical, and obstetrical services. This practice, however, is about Health Service just as it is in cities and doesn't mean there are no Health Service places at all. In rural areas, the main service providers are usually the state or the government. In rural areas, most of the Health Service providers are local traditional medicine practitioners.

The result of research question three revealed that the problem or challenges of health centre in Ugborodo ranges from one issue or the other, the respondents pointed at the challenges

of few doctors on duty, lack of effective laboratories to run test, availability of few drugs to treat patient and technical problem with the health centre ambulance to help in emergency situation. This collaborate the research of Kanwanye & Oveneri-Ogbomo, (2018) revealed that the lack of a system that combines community efforts to prevent, diagnose, and treat diseases was another reason why Health Service was not effective and the overall health system was not improving.

Some other things that are similar to this are: not enough doctors or nurses for people who live in rural areas, not enough things like hospitals in rural areas, government leaders not caring enough. Some people who live in rural areas also do not like the traditional Health Service system. Because of these reasons, it is important to come up with plans or strategies that can stop the factors that are preventing effective Health Service and the development of the Health Service system in rural areas of Nigeria. Uzochukwu et al., (2018) focuses on the large gaps between the funds given to rural and urban areas in Nigeria. It is very important to note that rural areas in Nigeria do not receive enough Health Service funding compared to urban areas. Their needs are not adequately met.

The result of research question four revealed that no conflict in effective health service delivery in rural communities as the management made necessary provision for program to improve the quality of health services, relevant information and tool that help researchers build and manage patients' health, scientific support to assist their services, supply of drugs against deadly disease and virus and provision of antibiotics medicines to help human body fight bacteria.

The result of research question five revealed that the management of health service centre with traditional leaders can be effective through working with private for-profit sector to reduce wastage, involving the community based primary health care, integrated services to help health service delivery and maintaining high quality services. The health Service System in Nigeria is

pluralistic (Global Fund to fight against AIDS, (2021). It comprises Health Service Division into Federal Government, State Government and Local Government Health Service System. These three divisions are further pluralistically, grouped into three levels which are Tertiary, secondary and primary health service.

Research Hypothesis one revealed understanding that the relationship between traditional institution and health service delivery, it was found that traditional institution views was highest among respondents within the health centre delivery ( $106 \pm 53.0$ ), however the hypothesis of there's no relationship between traditional institution and health service delivery was rejected and the alternative hypothesis of there is significant relationship between traditional institution and health service delivery was accepted and research Hypothesis two revealed that the null hypothesis is hereby rejected and the alternative hypothesis of there is cordial relationship between health providers and traditional institution can create effective health services in rural communities was accepted. Traditional institution helps health providers to achieve their goal and objective ( $90 \pm 58.0$ ).

The result of research hypothesis three revealed that the interest of traditional institution cause problem in the provision of good health services in rural communities. The observed level of significance in the test is 0.241 ( $P > 0.05$ ) and the result of research hypothesis four revealed that the value of chi-square calculated is 21.820 and the table value of chi-square table is 11.450, since the value of chi-square calculated is greater than the chi-square table, the hypothesis earlier stated that if traditional institution is not involved in the running of health services, there will be conflict in effective health provision in rural communities is hereby rejected at 0.05 level of significance, which means that if traditional institution is involved in the running of health services, there will not be conflict in effective health provision in rural communities.

The result of research hypothesis five in the table revealed that traditional institutions cannot complement the successful administration of health services. This is indicated t-calculated value of 0.220 compared to the critical value of 0.107 for the same degree of freedom. The observed significant level for the test is 0.000 ( $P < 0.05$ ).

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 SUMMARY**

The study begins with the background of the study which examines health care system as an integral part of societies across the world. Health care system include a wide range of activities, organisations, professional and resources dedicated to maintaining and improving the health and well-being of individuals, communities and societies. In the last few years, Health care system is all encompassing and usually consists of different elements that are connected in a way as to form a compact whole. These elements include health care providers, facilities, government agencies and others playing a vital role in delivering medical care, promoting preventive measures, conducting research and developing health policies. The research questions focused in this study include the views of the relationship between traditional institution and health service delivery, can cordial relationship between health providers and traditional institution create effective health services in rural communities?, lack of interest by traditional institution cause a major problem in the provision of good health services in rural communities?, will there be conflict in effective health service delivery in rural communities if traditional institution is not involved in the management of health services?, how can traditional institutions complement the successful administration of health services in rural communities in Nigeria?.

Review of related literature that are relevant to the study was carried out under the following concept, Theoretical Framework, Nigeria health Service System, rural Health Service in Nigeria, Differences in Urban and Rural Health Service Delivery Systems, factors Affecting Health Service Delivery in Rural Area of Nigeria and Appraisal/ summary of Literature Review. The instrument used for data collection was a structured questionnaire. The questionnaire was designed to obtain information from traditional leader, which was organized on a 5-point rating

scale of Strongly Agreed, Agreed, Undecided, Disagreed and Strongly Disagreed. The data collected were analysed using mean and standard deviation while ANOVA and Chi-square was used to test the research hypotheses.

**The findings in this study are itemized below:**

- i. The finding revealed that health services has saved many lives in the community, medical care and drugs in health centre decreased child mortality rate partly due to increased staff performance in taking care of patients, health centre have high health management and support for patients because of the monitoring by the traditional institution. However, no adequate security for health service delivery due to the incessant communal clashes.
- ii. The result of research question two shows that healthcare service delivery is 24 hours service to patients, provide costly drugs to patients, nurses and community health workers always shout at patients, treatments are given upon arrival at the health centre and there are satisfied responses received at the health centre.
- iii. The result of research question three revealed that the problem or challenges of health centre in Ugborodo ranges from one issue or the other, the respondents pointed at the challenges of few doctors on duty, lack of effective laboratories to run test, availability of few drugs to treat patient and technical problem with the health centre ambulance to help in emergency situation.
- iv. The result of research question four revealed that no conflict in effective health service delivery in rural communities as the management made necessary provision for program to improve the quality of health services, relevant information and tool that help researchers build and manage patients' health, scientific support to assist their services, supply of drugs against deadly disease and virus and provision of antibiotics medicines to help human body fight bacteria.

v. The result of research question five revealed that the management of health service centre with traditional institution can be effective through working with different private sectors to reduce wastage, involving the community based primary health care, integrated services to help health service delivery and maintaining high quality services.

## **5.2, CONCLUSION**

The administration of health care services in rural areas is central to the success of health care provision. In order to ensure that health care services are well managed, all stakeholders in the health sector must play active role. Traditional institution constitutes a critical and important part of the administration of health care services. This study examined the role of traditional institution in the administration of health services in Ugborodo community in Delta State, Nigeria.

The study forayed into the provision of health services in Ugborodo community and revealed the critical role traditional institutions play in the administration of health services. The study discovered that traditional institution's pivotal role led to the provision, maintenance and mobilisation of resources towards ensuring the full implementation of health policies of government. The intervention of the traditional institution helped greatly in the management of the health system. The motivation of staff, provision of security and enabling conducive environment for the health workers, the mobilisation of the people on usage of the health facilities, and the general galvanisation of all resources towards the effective provision of health care to the people.

The traditional institution's support role which is conspicuous and ubiquitous serves as a rallying point in sensitisation of the people against diseases and outbreak of epidemics. These put the traditional institution in the forefront of the administration of health care delivery in Ugborodo.

## **5.3 RECOMMENDATIONS**

Based on the findings of this research the following recommendations are made:

- i. There should be coalition among organizations and groups in helping the community health centre to deliver good services to the community residents
- ii. The government should provide adequate infrastructure and enough drugs for treatment.
- iii. Government and private bodies should make provision for social support programme that can help the health centre to growth beyond measure
- iv. Re-orientation and workshop should be given to the residents on how to access the facilities.
- v. Traditional Leaders should provide supportive hands to the development and improvement of the health centre services
- vii. World Health Orgainsation should donate Building and valuable health equipment for the growth of the health centre.

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APENDICES

APENDIX 1 - QUESTIONNAIRE

**INSTITUTE OF PUBLIC ADMINISTRATION AND EXTENSION SERVICES,  
UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.  
UNIT OF HEALTH PLANNING AND MANAGEMENT**

Dear Respondent,

This questionnaire is designed to examine the role of traditional institution in the Administration of health services: A case study of Ugborodo Community, Warri South-West LGA, Delta State. This is purely an academic exercise. Your participation in this research is voluntary and your answers are anonymous with strict confidentiality.

Thank you for your cooperation.

Yours Sincerely,

Omawumi Uwawah

Researcher.

**SECTION A: Demographic details**

Tick (✓) the response that best represent your interest.

1. **Gender:** Male ( ) Female ( )
2. **Age:** 20-25 years ( ) 26-30years ( ) 31-40years ( ) 41 and above ( )
3. Educational level: Primary ( ) Secondary ( ) Diploma ( ) University ( )
4. Marital status: Married ( ) Unmarried ( ) Separated ( )
5. Occupation of respondent: \_\_\_\_\_

**SECTION B: UGBORODO COMMUNITY PERCEPTION**

The statement below indicates your level of agreement using four-point Likert scale measurement.

SA = strongly agree, A = agree, UD = undecided, D = Disagree, SD = strongly disagree

S/N	Items	SA	A	UD	D	SD
<b>B</b>	<b>Traditional Institutions View</b>					
6	Health Service has saved many lives					
7	Reducing child mortality rate partly due to increased availability of medical care and drugs in health centre					
8	Staff perform well in taking care of patients					
9	Health centre have high health management and support for patients by traditional institution.					
10	No adequate security					
<b>C</b>	<b>Healthcare Services Delivery</b>					
11	They offer 24 hours service to patients					
12	Health centre provide costly drugs to patients					
13	Nurses and community health workers always shout at patients					

14	Treatments are given upon arrival at the health centre.					
15	I am satisfied with the responses received at the health centre.					
D	<b>Challenges of Health centre in Ugborodo</b>					
16	Few doctor are always on duty					
17	Low pay and poor benefits					
18	Lack of effective laboratories					
19	Community provides ambulance to help in emergency situation					
20	Lacking in support					
21	Few drugs are available for treatment					
E	<b>Effective Health Services in Ugborodo</b>					
22	Availability of health care program to improve the quality of health services					
23	Provision of information and tool to help researchers build and manage patients health					
24	Provision of scientific support to assist effective health services					
25	Supply of drugs against deadly disease and virus					
26	Provision of antibiotics medicines to help human body fight bacteria					
F	<b>Management of Health Service Delivery: The traditional institution assist in,</b>					
27	Establishing and maintaining high quality services					
28	Assuring equitable access to health services delivery					
29	Providing integrated services to help health service delivery					
30	Providing community based primary health care					
31	Working with the private for profit sector					

## APPENDIX II – INTERVIEW GUIDE

- 1, What is the nature of the health facility? Hospital, health Center, Maternity, Clinic?
- 2, What is the nature of the human resources?
- 3, How many Dr(s), nurses, admin, medical records, pharmacy technician, laboratory technologist, etc
- 3, Who pays the other staff?
- 4, What is the extent of the involvement of the multinationals?
- 5, What other facilities are in existence
- 6, Who coordinates the financial aid and contact with stakeholders?
- 7, Any other additional information

### APPENDIX III: UGBORODO HEALTH CENTRE



Pix. 1: Front view of Ugborodo Health Centre, Ode Ugborodo Town, Warri South-West Local Government Area, Delta State, Nigeria.

A-3 Bedroom bungalow, comprising: consultation room, waiting room, nurses room and bed spaces.

*Source: Fieldwork, September, 2023.*



Pix.2: Out Patient General Consultation Room, Ugborodo Health Centre, Ode Ugborodo Town.  
*Source: Fieldwork, September, 2023.*



Pix. 3: Out Patient General Consultation Room, Ugborodo Health Centre, Ode Ugborodo Town.  
*Source: Fieldwork, September, 2023*



Pic 4: Cross section of Out Patient General Consultation Room, Ugborodo Health Centre, Ode Ugborodo Town.  
*Source: Fieldwork, September, 2023*



Pic 5: Immunisation section, Ugborodo Health Centre, Ode Ugborodo Town.  
*Source: Fieldwork, September, 2023*



Pic. 6: Pharmacy section, Ugborodo Health Centre, Ode Ugborodo Town.  
*Source: Fieldwork, September, 2023*