

## **Navigating Through a Struggling Health System; the Staggering Experience of a Struggling Family**

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### **ABSTRACT**

Born at 28 weeks of gestation and weighing 800g at birth, her father preferred a public health facility where the cost of neonatal intensive care is less prohibitive. At the same time, her mother suffered wound dehiscence and was re-admitted for a prolonged period. Incidentally, resident doctors in public hospitals were three weeks into a nationwide industrial action at the time. With no one available to help out with household chores, the father had to combine the care of two children, and the logistics of two hospitals. The kids at home soon dropped out of school when the financial burden became unbearable. Even though the family's long and onerous journey eventually ended, its impact is a large 'wound' that may take a while to heal.

**KEYWORDS:** Health system, Struggling family, Severe prematurity, Socio-economic impact.

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As of January 2022, the country's population was estimated at over 210 million people, ranking 7<sup>th</sup> in the world and 1<sup>st</sup> in Africa.<sup>1</sup> It is one of the largest economies on the continent; yet, it continues to grapple with an ailing health system characterised by infrastructural and workforce deficits.<sup>2,3</sup> Amid this, the posture of health workers gives little or no hope to the masses. Many health practitioners leave the country or plan to do so in search of better living conditions, justifiably so, arguably. Back home, pressure groups in the health sector continue to exchange baton in their unending race of industrial actions.

A 38-year-old man, with secondary level of education, hails from the south-eastern geopolitical zone of the country. Together with his wife, he runs a menial firm that earns them a net income of ₦500,000 (about \$1,250) per annum. They have two children – a 6-year-old boy and a 3-year-old girl. The family lives in a 2-room apartment on the outskirts of the nation's capital, about 25km from the city centre.

After two spontaneous second-trimester pregnancy losses, he was elated to find out in February 2021 that his wife was five weeks pregnant. Two months later, she started to bleed *per vaginam*. The incident did not only withhold the family's joy; it was the beginning of a long journey they never envisaged.

A nearby health facility became the second home of the pregnant mother; she visited the hospital for treatments and bed rest on multiple occasions. At 28 weeks, the foetal umbilical cord prolapsed, and she was delivered of a little baby through emergency surgery.

Since the onset of the bleeding episodes, the gentleman had needed a helping hand for household chores and hospital logistics. He could not afford a housekeeper and all efforts to invite a relative were unsuccessful. He had to care for the entire family all by himself. Added to this is the payment of hospital bills out-of-pocket since his family's health was not insured. Out-of-pocket spending on healthcare is commonplace in the country – at the moment, only 3% of people between 15 and 49 years old have health insurance, and the majority are not fully insured.<sup>4,5</sup> Hopefully, the recent signing of the National Health Insurance Authority (NHIA) Act, which stipulates mandatory health insurance for all citizens, will change the current narrative in the near future.<sup>6</sup> With the coming of a severely premature extreme low birth weight (800g) baby, he soon realised that another turbulent trip was in the lurking; this time, at the instance of his new baby. The infant was referred to the city centre due to lack of neonatal intensive care facility at the birth hospital. Given the

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financial implication, he preferred a public health facility where the cost is less prohibitive. Unfortunately, resident doctors in public hospitals were three weeks into a nationwide industrial action at the time. For him, this was only reminiscent of the family's past experience – health workers were on strike when his two older kids were born.

Resolved to give his daughter a chance to live, he accompanied her to the city centre. After presenting at three private health facilities in the city, the baby arrived the fourth at the 28<sup>th</sup> hour of life. He shuddered when informed of the financial implication of managing a baby of such gestational age and weight. Nonetheless, he settled for his fourth and cheapest option.

Meanwhile, the nursing mother had hardly settled down after hospital discharge when her surgical wound broke down; she was re-hospitalised. Now, the entire family embarked on yet another trip that would run concurrently with that of severe prematurity. Each day, he was at the two hospitals for one reason or the other. He relied on public means of transportation (a harrowing experience for the masses) to handle all the logistics. He cared for the two older kids all by himself until his sister-in-law volunteered to help out. She was however recalled to the hometown a month after.

He could no longer keenly supervise activities in his humble enterprise, and the family income began to dwindle. Still, each day that passed would remind him of accumulating bills in two private health facilities.

The little baby survived a bumpy period of respiratory distress syndrome, severe neonatal jaundice, methicillin-resistant staphylococcus aureus (MRSA) bacteraemia, recurrent anaemia and thrombocytopenia, multiple hypoglycaemic and apnoeic episodes, feeding difficulties, and 37.5% loss in weight, among others. The response to treatment gave the father the impetus to seek loans and donations from friends and associates. Eventually, he exhausted all sources of funds he could hope on; yet, financial demands continued to mount. He turned to his ancestral land back in his hometown, putting it up for sale. Unable to further finance his kids' education, he had to watch them drop out of school.

On the 45<sup>th</sup> day of life, the baby was considered fit for home care. Again, no one was available to care for her in her mother's stead. Hence, she remained in the hospital until the mother was discharged. They both went home on the 73<sup>rd</sup> day of life, with outstanding bills to settle.

For this family, the long and arduous journey may have ended, but the economic, emotional, educational and social impact cannot fade in a hurry.

Resident doctors got back to work after 65 days of job action. Meanwhile, allied health workers were preparing to collect

the baton two days before the doctors resumed. Fortunately, the planned action was reconsidered, and the baton exchange was aborted. That brought an uninteresting relay to an end, and the masses could heave a sigh once again, at least for a moment.

### INFORMED CONSENT

The author certifies that appropriate informed consent has been obtained from the legal guardian (the father). He has given consent for social and clinical information to be reported in the journal. He understands that names or initials of the patient will not be published, but anonymity cannot be guaranteed. The hospital management approved submission for publication.

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### REFERENCES

- I. Worldometer. Nigeria population. 2022. Available from: <https://www.worldometers.info/world-population/nigeria-population/>. [Last Accessed: 2022 Jan 29].
- II. Adebayo O, Labiran A, Emerenini CF, Omoruyi L. Health workforce for 2016–2030: Will Nigeria have enough. *Inter J Inn Heal Res.* 2016; 4(1):9–16.
- III. WHO. Health workforce requirements for universal health coverage and the sustainable development goals. 2016. Available from: <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf>. [Last Accessed: 2022 August 10].
- IV. Ekwochi U, Osuorah DC, Ndu IK, Ezenwosu OU, Amadi OF, Nwokoye IC, et al. Out-of-pocket cost of managing sick newborns in Enugu, southeast Nigeria. *ClinicoEconomics and outcomes research: CEOR.* 2014; 6:29.
- V. NPC. Nigeria demographic and health survey 2018. Available from: [https://ngfrepository.org.ng:8443/jspui/bitstream/123456789/3145/1/NDHS 2018.pdf](https://ngfrepository.org.ng:8443/jspui/bitstream/123456789/3145/1/NDHS%202018.pdf). [Last Accessed: 2022 Jan 29].
- VI. NHIA. National Health Insurance Authority – News Release. 2022. Available from: [https://www.nhis.gov.ng/2022/05/24/national-health-insurance-authority-nhia\\_-news-release/](https://www.nhis.gov.ng/2022/05/24/national-health-insurance-authority-nhia_-news-release/). [Last Accessed: 2022 August 10].