

Nigeria's National Health Act: An assessment of health professionals' knowledge and perception

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ABSTRACT

Background: Nigeria's National Health Act 2014 (NHA 2014) was signed into law on October 31, 2014. It provides a legal framework for the regulation, development, and management of Nigeria's Health System. This study assessed the knowledge and perception of the NHA 2014 by health professionals. **Materials and Methods:** This was a descriptive, cross-sectional, questionnaire-based study conducted in December 2015, in Ota, Ogun State, Nigeria. Data entry and analysis were done using the Statistical Package for the Social Sciences version 16 (IBM SPSS, Chicago, IL, USA) statistical software, with Pearson's Chi-square, which is used to determine the associations between variables. Statistical significance was set at a $P < 0.05$. **Results:** The study population comprised 130 health professionals (medical doctors/dentists, nurses, pharmacists, laboratory scientists, and other health-related professionals) in attendance at a medical conference. The respondents' age ranged from 21 to 75 years with a mean age of 44.53 ± 12.46 years. Medical practitioners accounted for 82.3% of the respondents. Although most (79.2%) respondents had a good perception of the NHA 2014 with majority (86.2%) claiming they were aware of the act, majority (73.8%) exhibited poor knowledge of the act. A little more than half (53.1%) of the respondents believed that the NHA 2014 will help to reduce strike actions in the health sector. **Conclusion:** Although health professionals in Nigeria have good awareness and perception of the NHA 2014, their knowledge of the Act is poor.

Key words: Health professionals, knowledge, National Health Act 2014, perception

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INTRODUCTION

First proposed in 2004,¹ the development and enactment of a legal framework for health in Nigeria took close to a decade following the eventual signing into law of the National Health Bill on October 31, 2014.^{1,2} With this development, Nigeria after over 50 years as an independent country, now has a National Health Act 2014 (NHA)³ which provides a legal framework for the regulation, development, and management of a National Health System and set standards for rendering health services in Nigeria and for related matters.

The NHA is made up of seven parts divided into various sections.³ Each part contains fundamental provisions which if effectively and efficiently implemented will have

a tremendous impact on health-care access and universal health coverage, health-care cost, quality and standards, practice by health-care providers, as well as patient care and health outcomes. The seven parts of the NHA are Responsibility for health and eligibility for health services and establishment of National Health System, Health Establishments and Technologies, Rights and Obligations of Users and Healthcare Personnel, National Health Research and Information System, Human Resources for Health, Control of Use of Blood, Blood Products, Tissue and Gametes in Humans, and Regulations and Miscellaneous Provisions.

Health professionals form a significant component of health-care systems and are important in the delivery of

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How to cite this article: Enabulele O, Enabulele JE. Nigeria's National Health Act: An assessment of health professionals' knowledge and perception. Niger Med J 2016;57:260-5.

Access this article online

Quick Response Code:



Website:

www.nigeriamedj.com

DOI:

10.4103/0300-1652.190594

smooth, efficient, effective and quality health care services. Since the goal of the NHA is the regulation, development, management, and advancement of Nigeria's National Health System, the role of health professionals in the actualization of this goal cannot be over-emphasized. Their awareness, knowledge, and perception of the NHA will therefore likely influence the degree of success in the implementation of the Act and the realization of its ultimate benefits of improved health coverage, quality, and health outcomes.

Available information suggests that no previous study has been conducted to assess health professionals' knowledge and perception of the NHA 2014. The foregoing notwithstanding, a casual interaction with some health professionals may seem to suggest that since the NHA 2014 came into existence, not much may have been done to inform and educate health professionals on its provisions. This study was therefore aimed at scientifically assessing health professionals' knowledge and perception of Nigeria's NHA 2014, with the hope that its outcome will provide valuable information to help government, appropriate health authorities, and other stakeholders to facilitate the effective and efficient implementation of the NHA 2014.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted during the medical conference organized by Ace Medicare Clinics Limited in December 2015, in Nigeria. Ace Medicare Clinics Limited is a foremost private health-care provider, as well as a provider and promoter of continuous professional development (CPD).⁴ It usually organizes CPD programs and medical conferences with attendance by various groups of health professionals.

The study population comprised health professionals such as medical doctors/dentists, nurses, pharmacists, laboratory scientists, and other health-related professionals in attendance at the conference, with the theme: "The 2014 NHA."

The data collection instrument was a pretested self-administered questionnaire which comprised sections on sociodemographics (gender, age, marital status, occupation, cadre, and length of practice in occupation), knowledge, and perception of the NHA 2014.

Seven questions were used to assess respondents' knowledge of the NHA 2014. Every correct answer was awarded 1 mark and incorrect answer no mark. The highest possible mark obtained was 7 and the lowest was 0. Knowledge was graded as good when the score was between 4 and 7, fair when between 2 and 3, and poor when <2. Nine items with Likert scale responses⁵ were used to assess respondents' perception of the NHA 2014. Perception in this case was defined as their opinions

or beliefs about the NHA 2014. The 5-point Likert scale responses were modified to three, with agree scored 3, disagree 2, and do not know 1. The highest score attainable was 27 and lowest was 9. The perception was graded as good when score ranged from 20 to 27, fair 10 to 19, and poor 0 to 9.

Data entry and analysis were done using the Statistical Package for the Social Sciences version 16 (IBM SPSS, Chicago, IL, USA) statistical software. Descriptive statistics in the form of statements, frequency, proportions, mean, standard deviation, tables, figures, and cross tabulations were used to report the results. Pearson's Chi-square was used to determine associations between variables while statistical significance was set at a $P < 0.05$.

RESULTS

A total of 160 questionnaires were administered to consenting participants at the conference. However, 135 were filled and returned, giving a response rate of 84.4%. Of the 135 questionnaires returned, 5 were incorrectly filled. Therefore, only 130 questionnaires were used for the final data analysis.

The respondents' age ranged from 21 to 75 years with a mean age of 44.53 ± 12.46 years. There was a male preponderance with a male:female ratio of 1:0.4. Majority (80.8%) were married while medical practitioners accounted for 82.3% of the respondents. The length of practice of respondents ranged from 1 to 42 years with a mean of 16.41 ± 11.85 years, with a higher percentage (33.8%) of the respondents having practiced their profession for over 20 years [Table 1].

Majority (86.2%) of the respondents claimed they were aware of the NHA. However, only 20.8% had seen a copy and 17.7% had read it. Only 18.5% of the respondents could cite the NHA correctly as NHA 2014. The respondents gave varying responses with regard to sources of their awareness of the NHA. Television news/jingles, association/union, and colleagues were the frequently reported sources accounting for 18.5%, 17.7%, and 16.2%, respectively. Internet, textbook/journal, social media, and radio news/jingles, accounted for 6.2%, 3.8%, 3.1%, and 0.8%, respectively. Overall, majority (73.8%) of the respondents exhibited poor knowledge of the NHA 2014, while only 14.6% displayed good knowledge [Figure 1]. However, there was no statistical association between the respondents' profession, length of practice of profession, and knowledge of the NHA 2014 [$P > 0.05$, Table 2].

Most (79.2%) respondents had a good perception about the NHA [Figure 2]. Most (78.5%) of them believed that the NHA 2014 is relevant to Nigeria's Healthcare Delivery System. About 61.5% of the respondents believed that the NHA 2014 will help to reduce outward medical tourism in

Table 1: Sociodemographic distribution of respondents

Sociodemographic characteristic	Frequency	Percentage
Gender		
Male	88	67.7
Female	42	32.3
Marital status		
Single	22	16.9
Married	105	80.8
Separated	1	0.8
Widowed	1	0.8
Divorced	1	0.8
Occupation		
Medical practitioner	107	82.3
Dental practitioner	6	4.6
Pharmacist	3	2.3
Nurse	5	3.8
Laboratory scientist	1	0.8
Others	8	6.2
Length of practice in occupation (in years)		
1-5	32	24.6
6-10	15	11.5
11-15	21	16.2
16-20	18	13.8
>20	44	33.8
Total	130	100.0

Table 2: Association between respondents' profession, length of practice of occupation, and knowledge of the National Health Act 2014

	Knowledge of NHA 2014, n (%)			Total n (%)	P
	Poor	Fair	Good		
Profession					
Medical doctor/dentist	81 (71.7)	15 (13.3)	17 (15.0)	113 (100.0)	0.24
Allied health professionals	15 (88.2)	0 (0.0)	2 (11.8)	17 (100.0)	
Length of practice of profession (years)					
1-5	21 (65.6)	3 (9.4)	8 (25.0)	32 (100.0)	0.45
6-10	12 (80.0)	2 (13.3)	1 (6.7)	15 (100.0)	
11-15	16 (76.2)	3 (14.3)	2 (9.5)	21 (100.0)	
16-20	11 (61.1)	4 (22.2)	3 (16.7)	18 (100.0)	
>20	36 (81.8)	3 (6.8)	5 (11.4)	44 (100.0)	
Total	96 (73.8)	15 (11.5)	19 (14.6)	130 (100.0)	

NHA – National Health Act

Nigeria. A little more than half (53.1%) of the respondents believed that the NHA 2014 would help to reduce strike actions in the health sector, while 33.8% were not sure it could. Majority (74.6%) were of the opinion that the NHA 2014 will guarantee Nigerians access to a basic health-care package [Table 3].

Although there was no statistical significance between knowledge and perception of the NHA 2014 by respondents, all those who had good knowledge had a good perception about the NHA 2014 [Table 4].

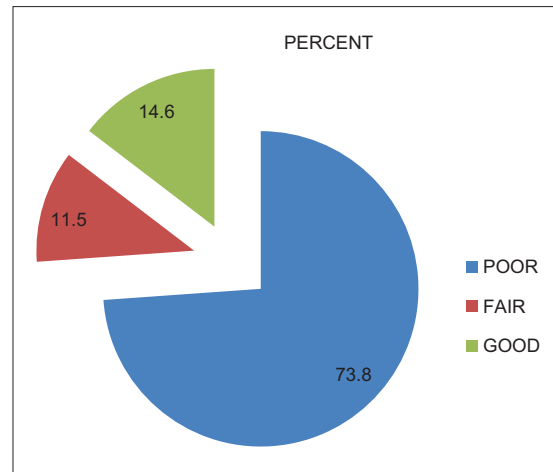


Figure 1: Knowledge of the National Health Act 2014 among the respondents

DISCUSSION

To the best of our knowledge, this study is the first to assess Health Professionals' Knowledge and Perception of Nigeria's NHA 2014. On account of the foregoing, it may be difficult to make appropriate comparisons using the findings from this study.

The claim by majority (86.2%) of the respondents that they were aware of the NHA may not be surprising on account of the fact that the NHA was a highly debated and popular piece of legislation in Nigeria, with good currency given it by the media during the 10 years period (2004–2014) of its development, processing, and eventual enactment. Since the NHA has potentials to influence their practice, it was likely that health professionals followed up the debates and media coverage of the NHA, and therefore likely to have been very well aware of the NHA.

However, unlike the finding from the 2012 survey conducted by Jackson Healthcare, LLC, on physician attitudes on the Affordable Care Act (ACA), in which 83% of physicians were somewhat knowledgeable about the ACA,⁶ this study found that majority (73.8%) of the respondents exhibited poor knowledge of the NHA.

The poor knowledge of the NHA exhibited by majority of the respondents in this study may have resulted from the fact that only 20.8% of the respondents had seen a copy of the Act, while only 17.7% had read it. Good knowledge of the Act could only have resulted mainly from reading a copy of the NHA.

The study finding states that there was no statistical association between the respondents' profession and knowledge of the NHA which was quite surprising. Although it may be difficult to precisely state the reason for this finding, one expected that since medical

Table 3: Perception of respondents about the National Health Act

Perception	Responses, n (%)		
	Agree	Disagree	Undecided
The NHA is relevant to Nigeria's Healthcare Delivery System	102 (78.5)	2 (1.5)	26 (20.0)
The NHA will help to regulate, develop, manage, and improve Nigeria's Health System	109 (83.8)	1 (0.8)	20 (15.4)
The NHA will help to set and improve standards for Rendering Health Service (s) in Nigeria	109 (83.8)	2 (1.5)	19 (14.6)
The NHA will help to define the rights and obligations of users of health-care services	101 (77.7)	3 (2.3)	26 (20.0)
The NHA will help to define the rights and obligations of health-care personnel	101 (77.7)	5 (3.8)	24 (18.5)
The NHA will reduce outward medical tourism in Nigeria	80 (61.5)	19 (14.6)	31 (23.8)
The NHA will reduce strike actions in the health-care sector	69 (53.1)	17 (13.1)	44 (33.8)
The NHA will improve Nigerians' access to a basic health-care package	97 (74.6)	5 (3.8)	28 (21.5)
The NHA will help to resolve the Health Human Resource Development Crisis in Nigeria	80 (61.5)	12 (9.2)	38 (29.2)

NHA – National Health Act

Table 4: Relationship between knowledge and perception of National Health Act among respondents

Knowledge	Perception, n (%)			
	Poor	Fair	Good	Total
Poor	16 (16.7)	9 (9.4)	71 (74.0)	96 (100.0)
Fair	1 (6.7)	1 (6.7)	13 (86.7)	15 (100.0)
Good	0 (0.0)	0 (0.0)	19 (100.0)	19 (100.0)
Total	17 (13.1)	10 (7.7)	103 (79.2)	130 (100.0)

P=0.13

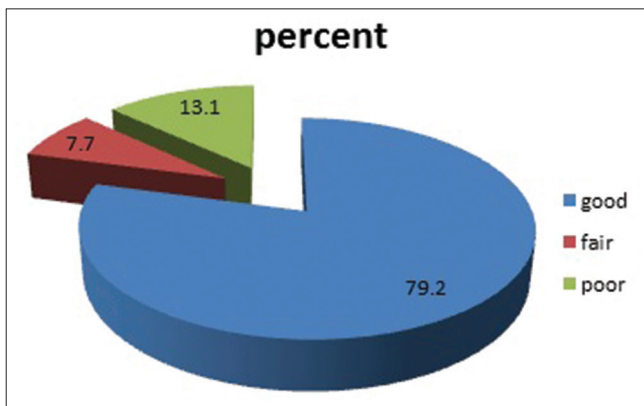


Figure 2: Perception of the National Health Act 2014 among the respondents

practitioners/dentists (physicians) who constituted majority of the respondents in this study are the leaders of the health team, they would be more inquisitive, make

more conscious efforts to access and read a copy of the NHA, and thus be better informed about its provisions which are likely to impart on their practices, as well as their roles and responsibilities as leaders.

With respect to the sources of information on the NHA, the finding from this study states that television news/jingles were the greatest sources of awareness about the NHA among respondents which are contrary to the findings from some previous studies that evaluated the sources of health information among physicians/health professionals. In one of such studies conducted in Ibadan, Nigeria, widespread use of the internet for seeking health information was found among physicians.⁷ In another study conducted on the use of information resources in some selected Health Science Libraries in Lagos, Nigeria, textbooks and journals were found to be major sources of health information by physicians and other health professionals.⁸ Similarly, the poor use of the radio as a source of information in this study is also contrary to the widely held view that the radio is the most popular, most important, and widely used medium of mass communication largely due to the fact that it is handy, portable, easily accessible, and cheap.^{9,10}

The foregoing notwithstanding, the study finding states that television news/jingles were the greatest sources of information on the NHA which may be attributed to the fact that the television, though not a luxury item, is still seen in developing countries (Nigeria inclusive) as elitist.⁹

As elites, health professionals may therefore be more attuned to using the television as a main means of seeking information. Hence, it was not surprising that in this study, television news/jingles offered the greatest source of awareness among respondents.

This study demonstrated that most of the surveyed respondents had a good perception of the NHA and believed that it was relevant to Nigeria's Healthcare Delivery System. This finding suggests that most of the respondents are not averse to the NHA. This finding therefore provides an opportunity for the potential benefits of the NHA to be realized through the understanding, support, and participation of health-care professionals.

Interestingly, the study found that only a little more than half (53.1%) of the respondents believe that the NHA will help to reduce strike actions in Nigeria's health sector, while 33.8% were not sure it could. It is difficult to state the reasons for this finding, particularly as the NHA potentially aims to stem the rising spate of strike actions embarked upon for varied reasons by various health professional groups and unions in Nigeria's Public Health Sector.^{11,12} For instance, Section 45 (1) of the NHA 2014, without prejudice to the right of all cadres and all groups of health professionals to demand for better conditions of service, classifies health services as essential service

subject to the provisions of the relevant law of Nigeria, while Section 45 (2) considers any industrial dispute in the public health sector as one that should be handled seriously without allowing for total disruption of health services delivery in any Public Health Institution in Nigeria. Further to this, Section 45 (3) makes it incumbent on the Minister of Health to apply all reasonable measures to restore normalcy within 14 days of the occurrence of the disruption of health services in any public health institution.

CONCLUSION

The NHA has come to stay. The Act has the potential to significantly redefine Nigeria's Health System by influencing practice by health professionals, health care quality, and health care outcomes. For the objectives and goal of the NHA to be realized, active and informed participation by health professionals is critical.

Although health professionals in Nigeria may have good awareness and perception of the NHA 2014, their knowledge of the Act is poor.

Recommendations

This study recommends the need for government (and its ministries, departments, and agencies), professional associations, unions, civil society organizations, and other stakeholders to organize NHA 2014 advocacy, sensitization, and education seminars and workshops, as well as public enlightenment programs. We advise the mass production and circulation of soft and hard copies of the NHA 2014 to health professionals and the general public, through several information and communication avenues such as the internet and the social media, as well as through professional associations, unions, institutions, civil society organizations, etc., This study further recommends the need for the NHA 2014 to be integrated into the curriculum of educational institutions, especially at secondary and tertiary education levels, including the Undergraduate and Postgraduate Training Curriculum and Continuous Medical Education Programmes of Health Professionals in Nigeria. Finally, there is a need for the Nigerian Government to commence the practical implementation of the NHA 2014.

Limitations

Some limitations of this study include the fact that the sample may not be truly representative of the general population of health professionals in Nigeria, particularly as it was conducted among health professionals who participated in a medical conference/CPD program organized by a private health-care provider. Furthermore, the fact that the study population was skewed toward medical practitioners (who constituted 82.3% of the respondents) could also have affected the findings of

this study. It is possible that assessment of a greater number of other health professionals, besides medical doctors/dentists, may have yielded different findings. Further researches, particularly institution-based researches, on the NHA 2014, are therefore recommended to address these limitations.

Acknowledgment

We sincerely appreciate all the health professionals who participated in this study, including the Honorable Commissioner for Health, Ogun State, Nigeria, Dr. Tunde Ipaye.

We are profoundly grateful to the Chief Medical Director of Ace Medicare Clinics Limited, Dr. Wole Kukoyi, who not only invited one of the authors (Dr. Osahon Enabulele) to deliver a talk on the National Health Act 2014 at the Medical Conference organized by Ace Medicare Clinics Ltd on December 15, 2015, but also graciously permitted the administration of questionnaires to respondents who attended the conference.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Obi FA. The National Health Bill: After Ten Years in the Making is an End in Sight? *Nigerian Health Watch*; 04 November, 2014. Available from: <http://www.nigeriahealthwatch.com/the-national-health-bill-after-ten-years-in-the-making-is-an-end-in-sight/>. [Last accessed on 2015 Dec 28].
2. Federal Ministry of Health. One Year Anniversary of the National Health Act, 2014; Press Statement of the Permanent Secretary, Federal Ministry of Health; 31 October, 2015. Available from: <http://www.health.gov.ng/index.php/about-us/9-uncategorised/228-one-year-anniversary-of-the-national-health-act-2014>. [Last accessed on 2016 Jan 10].
3. National Assembly. National Health Act, 2014: Explanatory Memorandum. Available from: <http://www.nassnig.org/document/download/7990>. [Last accessed on 2015 Dec 29].
4. Ace Medicare Clinics Limited. Background History. Available from: <http://www.acemedicareclinics.com/background-history/>. [Last accessed on 2015 Dec 27].
5. Vagias WM. Likert-Type Scale Response Anchors. Clemson International Institute for Tourism & Research Development, Department of Parks, Recreation and Tourism Management. Clemson University; 2006. Available from: <http://www.clemson.edu/centers-institutes/tourism/documents/sample-scales.pdf>. [Last accessed on 2015 Oct 20].
6. Jackson Healthcare, LLC. Survey: Physician Attitudes on the Affordable Care Act. Survey Conducted; 2012. Available from: <http://www.jacksonhealthcare.com>. [Last accessed on 2015 Dec 31].
7. Ajuwon GA. Use of the Internet for health information by physicians for patient care in a teaching hospital in Ibadan, Nigeria. *Biomed Digit Libr* 2006;3:12.
8. Ogunyade TO, Obajemu AS. Use of information resources in some selected health science libraries in Lagos, Nigeria. *Nig*

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- Q J Hosp Med 2006;16:122-7.
9. Telecommunications in Nigeria. Available from: https://en.m.wikipedia.org/wiki/Telecommunications_in_Nigeria. [Last accessed on 2016 Feb 03].
 10. Kamat P. Short essay on Radio as Mass Medium. Preserve Articles. Available from: www.preservearticles.com/2012011821078/short-essay-on-radio-as-mass-medium.html. [Last accessed on 2016 Feb 08].
 11. Enabulele O. The Nigerian Health Sector: Burning Issues and the Way Forward. Keynote Address Delivered at the Opening Ceremony of the 2015 Annual General Meeting and Scientific Conference of Edo State Branch of Nigerian Medical Association. Benin City, Nigeria; 21st August, 2015.
 12. Enabulele O. The Impact of Industrial Action on the Health Care Sector. Guest Lecture Delivered at the 2007 Physicians' Week of the Ebonyi State Branch of Nigerian Medical Association. Abakaliki, Nigeria; 26th November, 2007.