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EFFECT OF GLOBALIZATION ON PRIMARY HEALTHCARE SERVICES IN NASARAWA STATE, NIGERIA

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ABSTRACT
Health sector in Nigeria, despite growth opportunities presented by the rudiments of globalization, remains decrepit, completely dysfunctional, or functioning at less than average capacity both in the primary, secondary, and tertiary levels. This has gone a long way to affect the delivery of health services particularly as it relates to primary healthcare. This study therefore examined the effect of globalization on primary healthcare services in Nasarawa State using the survey designed method. A sample of 308 respondents was statistically obtained from a population of 1356 using the Taro Yamane formula. The data for the study was collected through a quantitative method using the questionnaire as a data collection instrument. The study findings revealed that information and communication technology, electronic record keeping and electronic payment system has a significant effect on primary healthcare delivery services in Nasarawa State. It was recommended that the government should make policies, particularly primary health care, to enhance the use of technology for patient medical history and records which can be easily accessible. It was also recommended that all-important technological infrastructures should be provided to enhance the use of electronic payment systems particularly in the rural areas where these services are very poor.

Keywords: E-payment, E-record keeping, Globalization, ICT, Primary health care.

INTRODUCTION
More and more people will become more interested in looking for health information in internet. Modern ICT will also make the communication between health professionals and patients as well as other actors to be faster than ever, even real-time. Besides, the use of health IT will assist in electronic data storage, e-record keeping and e-payment as well as data sharing across providers. Primary healthcare, like other aspects of our lives, has long since deteriorated, as shown by the desire for foreign medical treatment among Nigeria's elite who can afford it. They lack trust in our medical staff to manage even minor illnesses, such as toothaches and headaches, as well as more severe medical issues. Many prominent figures in the nation have recently had to travel for medical care and many health institutions in Nigeria at the basic, secondary, and tertiary levels are decrepit, completely dysfunctional, or functioning at less than average capacity.

Good health for all populations has become an accepted international goal and we can state that there have been broad gains in life expectancy over the past century. But health inequalities between rich and poor persist, while the prospects for future health depend increasingly on the relative new processes of globalization. In the past globalization has often been seen as a more or less economic process. Nowadays it is increasingly perceived as a more comprehensive phenomenon, which is shaped by a multitude of factors and events that are reshaping our society rapidly. The network of connections of organizations and people across national and cultural borders; the quick flow of information, human traffic, money, goods and services across the globe; and the situation where economic, political and cultural activities are

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not only interconnected but individuals and nations increasingly find themselves influenced from a distance, are developments that have far reaching implications for the political, socio-economic and health status of States.

The increased movement of people and items driven by globalization has created a complex equation of pluses and minuses for every society. Lee (2014) argued that it would be overly simplistic and inaccurate to describe globalization as either "good" or "bad" for health. For instance, globalization in terms of spatial change is leading to increased migration of people throughout the world. The implication of this situation is that richer countries fear the potential financial burden and health risk of unhealthy populations migrating from the developing world. Thus, globalization has led to a sharing of both risks and responsibilities in public health. It is becoming increasingly possible for infectious diseases to spread with ease within the global community as a result of the speed associated with modern travel and trade.

Asuzu (2012) however observed that the increase in modern technology which is also a benefit of globalization potentially enables the health community to respond more quickly to such emergencies. The use of Information Communication technology (ICT) in the last one or two decades or so provides solutions to the problems in healthcare management systems in both developed and developing countries. These include a wide spectrum of issues such as patient safety, dietary management, telemedicine, digital imaging, document management etc. There is no doubt in the fact that developing countries like Nigeria can exploit these to give better healthcare services as well as health education (Burney *et al.*, 2010).

The adoption of ICT in the healthcare industry has been relatively slow in developing country. Health care is clearly in information intensive sector which could benefit from information and communication technology and the potential has always been noted (Ranta, 2010). Burney *et al.* (2010) observed that one very common form of e-health ICT is patient self-care and education including for instance interactive websites and medical devices for self-motivating. It will also allow the patients to be involved more and more in their own health processes. There is no doubt in the fact that the Nigerian health care system over the years has been poorly developed and as a result the primary healthcare system has virtually collapsed in the country. It is generally believed that the way out of the present predicament is the adoption of ICT in healthcare delivery system. ICT is seen as a possibility to cope with the rising health challenges in developing countries like Nigeria.

Environmental deterioration and ecological disturbance have resulted in frequent floods and changes in disease vector activity. Concerns have also been raised concerning new infections and the return of existing ones, both of which have been on the rise in recent years. The patterns of epidemics are being shaped by international commerce and travel. The cholera epidemic has cost poor nations like Nigeria a lot of money. Furthermore, the expenses of managing HIV infection, as well as Ebola illness and the Zika virus, are rising. The movement of about two million individuals across national boundaries each day as a result of the convenience of fast international travel and the development of international trade is inextricably linked to the transmission of health hazards (Tu, Huong & Diep, 2014).

According to Marutha and Ngulube (2012), due to a lack of effective record and payment management systems, health workers in both public and private institutions in most developing countries, particularly medical doctors and nurses, were either unable or struggling to provide timely and effective health services to citizens. In their view, ineffective record and payment management systems typically result in lengthy patient wait times before completing payment or getting health care. Most health professionals serve patients with little information since the patients' health data are not available in their medical files. As a result, health

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professionals often fail to provide certain services. According to Ojo (2009), information and communication technology (ICT) may help to alleviate some of the difficulties connected with payment and information retrieval.

Several efforts have been made to investigate the effect of globalization on the health-care delivery system. Among them are Khan (2013), Lee (2014), Jary and Jary (2010), Giddens (2012), and Waters (2013). While there is a wealth of research on how globalization has impacted health care delivery in third-world nations, there is a scarcity of work on ICT, e-record keeping, and e-payment systems that investigate comparable phenomena in the Nigerian setting. Adamu (2015), Asuzu (2012), Aguba (2016), Nwankwo (2017) and Ajiboye (2011) made similar efforts. Despite the contributions of these academics, there seem to be a number of gaps in the present relevant literature. This study is part of the efforts to fill the identified gaps in the available literature. It is against the backdrop of above highlighted problems and the gaps in the extant literature that this study interrogates the effects of globalization processes on the health service delivery system in Nasarawa State. This study is guided by the following research questions: i. what is the impact of Information Telecommunication Technology (ICT) on primary health care service delivery in Nasarawa State? ii. What is the relationship between e-record keeping and primary health care service delivery in Nasarawa State? iii. How has e-payment system improved the level of efficiency in the primary health care service delivery in Nasarawa State?

G1obaliation refers to the process of the intensification of economic, political, social and cultural relations across international boundaries. According to Fafawara (2014), globalization is the increasing breakdown of trade barriers and the increasing integration of world market. Globalization is also seen as a process which makes possible free movement of goods and services, capital flows, information and ideas flow as well as people across national borders, result in in greater integration of world economies (Okey, 2004). Ajayi (2001) define globalization as the increasing interaction and integration of the activities of human societies around the world. Ajayi (2001) further analyzed this definition to have both a description and prescription. The description refers to the expansion of international flows trade, finance and information into an integrated global market.

According to Giddens (2012) the concept of globalization embraces the transformation of social, cultural, economic, political, religious, and educational and health practices between nations, states, institutions, groups and individuals and the universalization of certain practices, identities, structure and cultures. Kottak (2000) also defined globalization as "the accelerating interdependence of nations in a world system that is linked economically and through the mass media and modern transportation systems. Asakitikpi (2006) notes the significance of this definition in terms of defining globalization as primarily economically driven and the conveyance and transmission of culture into a global village through the instrumentality of the mass media.

The major characteristic of globalization is that it accelerates the connectivity of people the world over. Thus, people who live in different regions of the world are easily brought together for different purposes by the click of the button. Such connectivity ensures that people from diverse places engage in business transactions that were hitherto impossible as well as cultural exchanges that are mutually beneficial. Just as people become connected by the internet, air plane and telephone, and other media, the barriers that once separated people have become insignificant due to technological advancement (Asakitikpi, 2006). Health is broadly defined as a State of complete physical, social and mental well-being and not merely an absence of disease or infirmity (World Health Organization [WHO], 2014). It is a State of optimum

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capacity for effective performance of valued tasks in which the individual is well and free from disease, defects and pains etc. Healthcare delivery system is defined as the totality of arrangements put in place by a social system for preventive, curative, rehabilitative and health promotion services in their environment. By social system, we mean different social collectives or groups, communities, nation states etc. Health care system could also be conceptualized as a system of institutions, people, technologies and resources designed to improve health of the population (WHO, 2014). Health system in the view of Asuzu (2012) is an organizational framework for the distribution of health care needs of a given community. It is a fairly complex system of inter-related elements that contribute to the health of people - in their homes, educational institutions, in work places, the public (social or recreational) and the psychological environments as well as in health and health-related institutions. An effective and efficient health service is one that achieves set goals. Such health system is accessible, acceptable and affordable to majority of the population, particularly the poor.

Information communication technology in the view of Gokhe (2011) refers to the combination of informatics technology with other related technologies, specifically communication technology. The implication of this definition according to him is that ICT will be used, applied and integrated in activities of working and learning on the basis of conceptual understanding and methods of informatics. ICTs are basically information handling tools- a varied set of goods, applications and services that are used to produce, store, process, distribute and exchange information (United Nations Development Programme [UNDP], 2003). ICTs are often associated with the most sophisticated and expensive technologies (Reddi, 2012). It is a technology that supports activities involving information. Such activities, according to Gokhe (2011) include gathering, processing, storing and presenting data.

According to National Archives & Records Service of South Africa (2006), electronic records can be defined as information which is generated electronically and stored by means of a computer technology. Tafor (2003) also defines electronic records as records that are dependable on relevant machine for access or reading i.e. computer hardware such as e-mails, database and word processing. It is an intangible soft record created and preserved through the usage of an ICT system (Marutha, & Ngulube, 2012). In the view of McDonald (2006), electronic records are the evidence, in digital form, of transactions undertaken by individuals or by organizations. The major difference between e-records and traditional paper record is that its components do not physically exist but are kept in different parts of the system

Electronic payment or E- payment includes any payment to businesses, banks or public services from citizens or businesses, which are executed through a telecommunications and electronic networks using modern technology (Sumanjeet, 2009). Asaolu *et al.* (2011) describes an electronic payment system as a subset of an e-commerce transaction which include payment for buying and selling of goods and services offered through the internet. The forms of e-payment according to them include cards, internet, financial service kiosks and biometric payments network.

This study is anchored on modernization theory. Some of proponents of modernization theory include W. W. Rostow, David Apter, Martin Lipset, David McClelland and Edward Said. The term modernization theory refers to a theory which states that development in developing worlds can be attained through following the processes of development that are used by currently developed nations (Rostow,1960). The aim of modernization theory is to dichotomize between traditional and modern society. It argues that there is a wide gap between developed and underdeveloped countries which could be closed by diffusing the characteristics of developed societies to underdeveloped ones (Ajiboye, 2011).

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Modernization theory submits that underdeveloped nations must jettison their traditional characteristics which are considered as encumbrances to their development and embrace modern characteristics typified by western models. Globalization, urbanization, industrialization, western education, advances in information technology etc are all by products and indicators of modernization (Ajiboye, 2011). Technology according to Wikipedia (2016) is a major source of social change. Technology makes it possible for a more innovated society and broad social change. For example, the cell phone technology has made it possible for widely dispersed populations to be linked together and the remote areas can easily be connected through internet access.

It is instructive to note that modernization of the health sector of developing nations recognizes that transiting from 'traditional' to 'modern' is not merely the advancement in technology and the introduction of western practices, but implementing modern health care requires the re-organization of the political agenda, and, in turn, an increased funding by feeders and resources towards public health (Wikipedia, 2016). Though it carries some strength, the modernization theory has received widespread disapproval especially from African scholars. Its biasness towards Europe and America, its failure to locate social and cultural aspects in development are among many reasons why it failed to explore and describe the development phenomena fully.

Shitte *and* Nnekwe (2018) carried out an empirical study on Information and Communication Technologies (ICTs) knowledge and utilization in Health Care Delivery among Zaria Medical Doctors‖ in Nigeria. Their findings indicate that majority of the doctors have moderate ICTs knowledge, wide access and use the tools in research and patients 'records. However, level of use in medical students training and other aspects of health care is low.

MATERIALS AND METHODS

The Study Area

The research design adopted for this study is the survey method, which borders on quantitative research strategy. Quantitative research refers to those data collection (e.g. questionnaire) and analysis (e.g. statistical analysis) techniques that generate or use numerical data.This process entails a painstaking process of gathering of information or data and using the results as the basis for determining the trend or the issues that formed the crust of the research. The research is carried out using the two basic aspects of the survey method, which are administration of questionnaires and sampling groups for structured interviews using the research questions.

The study populations consist of all the elements from which the sample will be drawn and which bear similar characteristics. The target population was medical staffs across the primary health care facilities across the selected local government in Nasarawa State.

Stratified sampling techniques was applied to find the correct representation of medical staffs of primary healthcare centers from each selected senatorial zones; each category formed a stratum that are homogenous compared to whole population.

Sampling Procedure

Using proportional allocation, the sample size for each Local government area was determined in proportion to the staff population in the target population. After stratified sampling was done, simple random sampling was used in selecting the required primary healthcare medical in each local government areas according to the sample size determined. The researcher adopted the Taro Yamane's formula to obtain the sample size of 308

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respondents. To give a fair and equal allocation according to the respective population size, proportional allocation formula was adopted and as such we had:

$$ni = \frac{nNi}{N} \quad \ldots(1)$$

where;
ni = number allocated each location
n = total sample size
Ni = total population of each location
N = overall population
Applying the formula, we have:

Table 1: Selected Primary healthcare medical staffs in selected LGAs in Nasarawa State

Selected LGAs	**Population**	**Sample**
Lafia Local Government Area	310	$\frac{308*310}{1356} = 70$
Keana Local Government Area	165	$\frac{308*165}{1356} = 37$
Akwanga Local Government Area	264	$\frac{308*264}{1356} = 60$
Nasarawa Eggon Local Government Area	112	$\frac{308*112}{1356} = 26$
Keffi Local Government Area	290	$\frac{308*290}{1356} = 66$
Karu Local Government Area	215	$\frac{308*215}{1356} = 49$
Total	**1356**	308

Source: Federal Ministry of Health 2022

In the case of this study, the levels of alpha are well above the 0.60 typically accepted level, demonstrating a high level of internal consistency. As shown in Table 2 the alpha levels for the different indicators averaged alpha coefficient of 0.8247 is greater than 0.60, fully supporting the reliability of the constructs. The binary regression method was adopted to find out the linear relationship between primary healthcare services and the Globalization in Nasarawa State. The justification for the use of binary regression method is because it measures the relationships existing between two or more variables. It is simple to compute without errors and it helps to illustrate the directional outcome and strength of the variable. It further shows a precise quantitative measurement of the degree of relationship between dependent and independent variables. Following the research hypothesis, the following model was formulated:

$$PHCD = \varphi_0 + \varphi_1 ICT + \varphi_2 ERK + \varphi_3 EPS + \mu_t$$

where;
PHCD = Primary Health Care Delivery
ICT = Information and Communication
ERK = Electronic Record Keeping

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EPS = Electronic Payment Services

μ_t = Error term

$\varphi_1 - \varphi_3$ = Slope coefficients of

φ_0 = Intercept parameter estimate Information and Communication, Electronic Record Keeping, Electronic Payment Services.

Table 2: Result of Reliability Test

Variable	Alpha
Primary Health Care Services	0.7855
Information and Communication Technology	0.8952
Electronic Record Keeping	0.8547
Electronic Payment System	0.7811
Test to scale	**0.8247**

Source: Field Survey, 2022

RESULTS AND DISCUSSION

In Table 3 above it was observed that ICT has made much changes in the provision of healthcare services in Nasarawa State. This was observed from the data collected from the respondents in the study. It was also observed from the study that ICT has helped to reach wider range of people in the provision of healthcare services in the State. This was also seen as 68.4% of the total respondents agree to the issue raised in the study. Lastly, the respondents, from the data revealed that ICT is strongly needed in the medical field for the provision of health care services to the people.

Table 3: Primary Healthcare services and ICT

Items	Agreement scale				
	SA (%)	A (%)	UD (%)	SD (%)	DA (%)
ICT has not made much changes in the provision of healthcare services in Nasarawa State	3.7	6.0	8.2	37.5	44.6
ICT has helped to reach wider range of people in the provision of healthcare services in the State	18.5	68.4	2.8	2.8	7.6
ICT is not really needed in the medical field	3.6	5.4	5.4	60.6	25

Source: Field Survey, 2022

In the Table 4, the statistical distribution of respondent responses revealed that electronic method of record keeping has contributed to tracking and keeping of patients' medical records and history. It was equally observed from the study that Electronic Record keeping system contributed to the ease needed in the medical field practices. This was captured statistically (61.6%) as revealed in the Table 4. The respondents also revealed that the methods of record keeping do matter as this will make management of health history easier and assessable.

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Table 4: Primary Healthcare services and Electronic Record Keeping

Items	Electronic Record Keeping				
	Agreement scale				
	SA (%)	A (%)	UD (%)	SD (%)	DA (%)
Electronic method of record keeping has contributed to tracking and keeping of patients' medical records and history	23.3	48.2	8.8	8.1	11.6
Electronic Record keeping system contributed to the ease needed in the medical field practices	61.6	24	5.4	3.7	5.3
Methods of record keeping in the medical fields do not matter	3.9	19.7	6.6	10.0	59.7

Source: Field Survey, 2022

Data collected on the electronic system of payment were presented in the Table 5. The table depicts the statistical distribution of responses. It was observed from the study that the electronic system of payment has not really been effective. This is mostly in remote areas where these primary healthcare services are located. Electronic system of system of payment was also observed in the study to be less reliable mostly due to network related issues. About 43% of the respondents said electronic payment system is needed in the health sector.

Table 5: Primary Healthcare services and Electronic Payment System

Items	Electronic Payment System				
	Agreement scale				
	SA (%)	A (%)	UD (%)	SD (%)	DA (%)
Electronic system of payment has been effective	0	0	2.8	31.6	65.6
Electronic system of payment has been reliable in remote areas	0	0	2.8	58	39.2
Electronic payment system is not needed in the health sector	6.8	24.6	14.7	43.5	10.4

Source: Field Survey, 2022

Data presented in Table 6 depicted that Primary healthcare services have been an important means of providing healthcare services to the people in rural areas. It was also observed that Primary healthcare services has been widely available to the people in Nasarawa State. This means that most rural and urban areas are provided with primary healthcare services. Lastly, most of the respondents in the study agree that Primary healthcare services can be improved through information and communication technology. In line with the research, the three hypotheses formulated in this study were approached with the aid of t-statistics contained in the regression results. The level of significance for the study is 5%, for a two-tailed test.

i. If the probability (Sig) > 0.05 we accept the null hypothesis and reject the alternative hypothesis.
ii. If the probability (Sig) < 0.05 we accept the alternative hypothesis and reject the null hypothesis.

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Table 6: Primary Health Care Services in Nasarawa State

Items	Primary Healthcare Services				
	Agreement scale				
	SA (%)	A (%)	UD (%)	SD (%)	DA (%)
Primary healthcare services have been an important means of providing healthcare services to the people in rural areas	38.6	30.7	11.0	4.9	14.8
Primary healthcare services has not been widely available to the people in Nasarawa State	5.3	13.4	10.4	16.8	54.1
Primary healthcare services can be improved through information and communication technology	28.5	39.7	5.5	10.8	15.5

Source: Field Survey, 2022

The F-statistics which is used to examine the overall significance of regression model showed that the result is significant, as indicated by value of the F-statistics 4.96 and it is significant at the 5.0% level (Table 7). That is, the F-statistics P-value of 0.0023 is less than 0.05. The R-square which was used to measure the goodness of fit of the estimated model, indicates that the model is reasonably fit in prediction of variability. The R^2 (R-square) value of 0.5083 shows that globalization have a good impact on the primary healthcare delivery services in Nasarawa State. It indicates that about 50.83% of the variation in primary healthcare delivery services in Nasarawa State is explained by Globalization, while the remaining unaccounted variation is captured by the error term.

Durbin Watson (DW) statistics was used to test for the presence of autocorrelation among the error terms. The model also indicates that there is no autocorrelation among the variables as indicated by Durbin Watson (DW) statistics of 1.66. This shows that the estimates are unbiased and can be relied upon for policy making decisions.

Table 7: Regression Model Result: Dep. Var- PHCD

Variable	Coefficient	t-value	Prob.
C	2.245711	2.259744	0.00328
ICT	2.555321	2.568741	0.00151
ERK	1.326541	2.354211	0.02663
EPS	0.235218	1.992122	0.04852
R-squared:	0.57500	Mean dependent var:	2.23322
Adjusted R-squared	0.50831	Durbin-Watson stat:	1.85411
F-statistic	4.96145	S.D. dependent var:	1.66332
Prob(F-statistics):	0.00233		

Source: Authors Computation Using SPSS 24.

Results of Test of Hypotheses

H01: Information and communication technology has no significant effect on the primary healthcare delivery services in Nasarawa State. From the regression result in Table 7, it was observed that the calculated t-value for ICT is 2.56 and with p- value of 0.001. Since the

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p-value is less than 0.05 (0.001 < 0.05) it thus falls in the rejection region and hence, we reject the first null hypothesis ($H0_1$). The conclusion here is that ICT has a significant effect on the primary healthcare delivery services in Nasarawa State.

H02: E-record Keeping has not significantly affected primary healthcare delivery services in Nasarawa State. Mores so, from the regression result in Table 7 the calculated t-value for e-record keeping is 2.35 and with an associated p-value of 0.02 Since the p-value is less than 0.05, we reject the second null hypothesis ($H0_2$). The conclusion here is that e-record keeping has significantly affected the primary healthcare delivery services in Nasarawa State.

H03: Electronic payment system has no significant effect primary healthcare delivery services in Nasarawa State. The calculated t-value for Electronic payment system was found to be 1.99 and also by rule of thumb, the tabulated value is ±1.96 under 95% confidence interval levels. Since the p-value for Electronic payment system was found to be less than 0.05 (that is; 0.04 < 0.05), we thus, reject the third null hypotheses ($H0_3$) and conclude that Electronic payment system has a significant effect primary healthcare delivery services in Nasarawa State.

According to the findings of the first hypothesis, ICT has a significant impact on primary healthcare delivery in Nasarawa State. ICT has paved the path for a simple health information system. The findings presented corroborate Kassier (2000) proposal that the use of telecommunications may significantly assist doctors who are unhappy with their working circumstances. Kassier (2000) believes that technology can help to alleviate the problem of large patient loads, burdensome administrative tasks, frustrating requirements, and loss of control over patient care decisions. Thus, ICT provides possibilities to alleviate workloads by, for example, enhancing patient independence. As more people seek information about their health conditions online, there is a growing desire among health consumers to be more involved and informed about their treatment.

The second hypothesis found a significant relationship between e-recording and primary health care service delivery in the State. As globalization has improved the e-recording system, record keeping in the health care industry is now a service. Document management is one of the domains where bar code technology and radio-frequency identification may be utilized successfully to handle paper documents and files, according to Burney *et al.* (2010). Most health management systems in poor nations, they claim, utilize bar coding of patient medical record files to maintain accurate file locator systems. Carrying files and mass paperwork from one department to another has also been removed in the case of an e-health care system.

CONCLUSION AND RECOMMENDATIONS

The study concluded that globalization has substantially improved the productivity and performance of health care employees. Globalization has also increased the efficiency and efficacy with which the state delivers health care services. Despite the above results, there are still certain difficulties connected with globalization and its impact on health-care delivery. For example, health care professionals should embrace globalization and ensure that their communities get the most benefits from it in terms of better health care delivery. Based on the study findings the following recommendation can be made:

1. The State needs to set rules and regulations for the functioning of the public health sector while also acting as an arbitrator. This is to safeguard people, anti-trust laws should be developed and enforced.

2. The government should make policies, particularly primary health care, to enhance the use of technology for patience medical history and records which can be easily assessable.
3. All-important technological infrastructures should be provided to enhance the use of electronic payment system particularly in the rural areas where these services are very poor.

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