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ACCESSIBILITY OF HEALTH CARE FACILITIES AND RURAL FARMERS' PRODUCTIVITY FOR FOOD SECURITY IN UYO LOCAL GOVERNMENT AREA, AKWA IBOM STATE.

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Abstract
This study aimed at determining the level of influence of accessibility of healthcare on rural farmers' productivity in Uyo Local Government Area of Akwa Ibom State, Nigeria. The study adopted the descriptive survey design, and was carried out in Uyo Local Government Area of Akwa Ibom State. The population for the study consisted of all the 2118 registered farmers in all the 105 villages that makes up Uyo Local Government Area of Akwa Ibom State: A sample size of 211 (10%) of the study population was drawn through the multi-staged sampling technique. The researcher developed an instrument titled 'Healthcare Accessibility and Rural Farmers' Productivity Questionnaire (HARFPQ)" for data collection. The instrument had a reliability co-efficient of 0.70 obtained using Cronbach alpha statistical tool, while data were analyzed using mean for answering research questions, and t-test for testing the null hypotheses at 0.05 level of significance. Findings indicated that the productivity of farmers with high accessibility to general hospital, primary healthcare centers and chemists were more than their counterpart farmers with low accessibility. More so, there is a significant influence of the level of accessibility of General Hospital, primary healthcare centers and chemists on rural farmers' productivity. The researcher recommends among others that Government at all levels should equip primary health care centers with modern health facilities in rural areas to meet the health needs of farmers.

Keywords: Accessibility, farmers, health, facilities, food security, productivity.

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Introduction

People in rural areas face different health issues compared to those in urban areas. Getting health facilities seems to be a problem in rural and remote areas. Access to a hospital care facility quickly in an emergency situation may be difficult due to inaccessibility and transportation problems. Individuals might also not want to travel long distances for routine checkups and screenings. Productivity explains the increased capacity to produce more than expected, and in abundance, highly prolific, and more fruitful. Improved agricultural productivity affects family earnings positively and in nutrition for good health. It would in turn improve labour productivity which results in better health and wellbeing (Oshaug & Haddad, 2012).

Sound health is a fundamental requirement for living a socially and economically productive life. Poor health inflicts great hardships on households, including substantial death. The health status of particularly adults, affect their capacity to work, which underpins the welfare of the household, including the children's development (Asenso-Okyere & Anum 2011) and which call, for easy access to health care.

Access to healthcare services is a multidimensional process involving the obtaining of quality health care, geographical accessibility, availability of the right type of health care for those in need, including financial accessibility, and acceptability 'of service (Awoyemi, 2012). The utilization of healthcare services is related to the availability, quality and cost of services, as well as the social and economic structures. It has to do with personal characteristics of the users. However, the way agricultural productivity contributes to development varies across countries depending on the extent it is a source of economic growth. The question is, what percentage of the rural poor are strong and, healthy enough to engage in agricultural activities. Health is a fundamental human right and the backbone of all human activities. The World Health Organization (WHO, 2018) defines health as, "a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". Health is also a precursor to achievements. With poor health, life becomes meaningless, unproductive, drab, painful and a source of anxiety. Health as a capital good can either improve or reduce' households' productive ability.

A study of women farmers in mixed cropping systems indicates that the vast majority of them suffered from intense muscular fatigue, heat exhaustion, arid skin disorders forcing them to take days off from attending to crops (Cole, 2016). Poor health can result in loss of days of working or in reduced worker capacity, which is likely to reduce output. WHO (2018) pointed out that illness and death from HIV/AIDS, malaria, tuberculosis, and other diseases reduce agricultural productivity through the loss of labour, knowledge and productive skills and assets to cope with illness.

Accessibility to health care is concerned with the ability of a population to obtain a specified set of health care services, (Ebener, et al., 2014). Accessibility in' the context of this research implies the ability of an individual farmer in Uyo Local Government Area of Akwa Ibom State to reach health care facility and obtain specified health care services. Accessibility is characterized by the proximity, affordability, and quality of health care services provided. Therefore, if health care facilities are accessible, they are easy to reach and use.

Extending health services to rural communities is an important precondition for establishing a strong workforce and improving food security. This is because good health affects agricultural productivity by boosting people's capacity for work and thus increasing how

much they can produce. This would enhance their ability to take risks with crops/livestock farming methods. On the other hand, unhealthy farmers are unable to produce enough agricultural goods to earn a decent livelihood and their poverty and consequently malnutrition further worsens their health (Effiong & Ebong, 2009).

Many rural areas do not have health facilities; the sick must be carried on the backs of young men or on bicycles to the nearest health care facility. Moreover, health centres in rural area often require payment of fees before providing services. In the absence of health insurance, rural people are unable to' afford healthcare of any kind. Many low- income states, Akwa Ibom inclusive, have not been able to meet the basic healthcare needs of their people, especially those in the rural areas. Availability and accessibility of healthcare services in rural areas are confounded with problems such as insufficient health infrastructure, presence of chronic diseases and disabilities, socioeconomic and physical barriers.

It becomes imperative to assess the influence of no accessibility to healthcare on agricultural productivity. Upon the review of literature on related studies, the link between accessibility to healthcare on rural farmers' productivity is clearly shown. However, studies that have looked at these issues in Akwa Ibom State, with particular reference to Uyo Local Government Area, are scarce. Hence, the survey of heath cares accessibility and farmers' productivity in the rural locations of Uyo Local Government Area of Akwa Ibom State.

A health facility is where health care is provided for the people. Health facilities range from small clinics, chemists, pharmacies and doctors' offices to urgent health care centers and large hospitals with elaborate emergency rooms and trauma centers (Ahmadi, et al., 2017). It also describes any custodial or residential facilities where health, nutritional, nursing homes, hospitals or personal care is provided for persons whether children or adults.

Productivity is the rate of output based on input. It is a state of being productive and efficient. It explains how efficient and production inputs like land, labour and capital are utilized to produce a' level of output. Productivity describes various measures of efficiency of production. Its measure is expressed as a ratio of output to inputs in a production process. It measures how efficiently production inputs such as labour and capital, are being used in an economy to produce a given level of output (Merriam-Webster-dictionary, 2021). Long term productivity growth reflects improvement in farmers' production efficiency and technological progress. Improving productivity on farms contributes to profitability and competitiveness because it allows farmers to produce more produce using fewer, resources to cushion food insecurity.

Food security is a 'situation whereby people do have economic, physical and social accessibility to safe, sufficient and nutritious food that meets their daily dietary needs for an active and healthy life. Food security is a measure of availability of food and the individual's accessibility to it. Farmers limitation of accessing health care facilities hinder farmers' productivity which is a precursor to food insecurity, poverty and has long term impacts on the abilities of families, communities and countries to develop and prosper. Prolonged undernourishments slow down cognitive development and increases individual's susceptibility to illness (Sartorius, 2016).

Producing food is hard work, and whether it is crop growing, livestock rearing or working in forest or fisheries, good' result, depend to a great extent on the health and strength of those involved. Health is critical to well-being of the farmer. Poor health will result in loss of man

days of farming or in reduced farmer capacity which, of course, would reduce output. Therefore, the adequate provision and distribution of health facilities in rural areas is critical to the farmers' capacity development in order to guarantee food security.

There seem to have been correlation between accessibility to health care facilities and agricultural productivity. It is therefore, in recognition of this fact that, various Governments in Nigeria including Akwa Ibom State Government have made numerous efforts towards the provision of health care facilities to its population. Notable among the efforts were the expansion of mediocre education, improvement of public, health care, provision of primary health centres in many rural areas.

Unfortunately, despite the availability of health care facilities accessibility of the farmers to the healthcare facilities in the rural communities, seem a bit stressful. Most rural dwellers seem to appreciate the use of traditional healthcare facilities even with its inherent negative effects. It is quite amazing that despite governments' efforts to create awareness on appropriate health care services through several health related programmes rural farmers still assume low utilization of these health care facilities. It is doubtful if rural farmers in Uyo Local Government Area have access to modern healthcare facilities and services in their various communities. What is the level of accessibility to health care services in Uyo Local Government Area of Akwa Ibom State? This study was designed to determine the influence of health care accessibility and rural farmers' productivity in Uyo Local Government Area of Akwa Ibom State.

Purpose of the Study

This study aimed at determining the level of influence of accessibility of healthcare on rural farmers' productivity in Uyo Local Government Area of Akwa Ibom State, Nigeria. Specifically, the study sought to:

i. determine the level of influence of accessibility of general hospital on rural farmers' productivity;
ii. determine the level of influence of accessibility of primary health centre facilities, on rural farmers' productivity; and
iii. determine the level of influence, of accessibility of chemist on rural farmers' productivity.

Research Questions

The following research questions were answered in the study:

1. What is the level of influence of accessibility to general hospital on rural farmers' productivity?
2. What is the level of influence of accessibility to primary health care facilities on rural farmers' productivity?
3. What is the level of influence of accessibility to chemist on rural farmers' productivity?

Hypotheses

1. There is no significant influence of accessibility to general hospital on rural farmers' productivity.
2. There is no significant influence of accessibility to primary health centre facilities on rural farmers' productivity.

3. There is no significant influence of accessibility to chemist on rural farmers' productivity.

Methodology

The study adopted the descriptive survey design. This study was carried out in Uyo Local Government Area of Akwa Ibom State. The population for the study consisted of all the 2118 registered farmers in 105 villages that make up Uyo Local Government Area of Akwa Ibom State. A sample size of 211 (10%) of the study population was drawn through the multi-staged sampling technique. The researcher developed instrument titled, "Healthcare Accessibility and Rural Farmers' Productivity Questionnaire" (HARFPQ) was used for data collection with response options of Very High Influence; 'High Influence; Little Influence; No Influence. The face validity of the instrument was ascertained and internal consistency reliability with a co-efficient of 0.70 was obtained using Cronbach alpha statistical tool. The collected data was analyzed using mean for answering of research questions, and t-test for testing of null hypotheses at 0.05 level of significance.

Results

Research Question 1

What is the level of influence of accessibility to General Hospital on rural farmers' productivity?

Table 1

Mean Responses of influence of Accessibility to General Hospital and Rural Farmers' Productivity (n = 211)

S/N	Items on influence of Accessibility to General Hospital on Productivity	X	SD	Decision
1	Distance to access general hospital facilities affects their productivity	3.31	81	High Influence
2	The services of general hospital workers render to rural farmers is poor and affects their productivity	3.39	70	High Influence
3	The type of illness rural farmers has reduce their productivity	3.27	72	High Influence
4	Non-availability of drugs at the general hospital for rural farmers decreases their productivity.	3.33	81	High Influence
5	Quality of facilities and equipment used in the hospital affects productivity	3.34	81	High Influence
	Cluster Mean	**3.28**	**0.77**	**High Influence**

Results in Table I reveals that mean response on all the items range from 3.27 to 3.39 and the cluster mean is 3.28 which indicates that accessibility to general hospital in terms of distance, services of health workers, type of illness, availability of drugs and quality of facilities highly influence farmers' productivity.

Research Question 2

What is the level of influence of accessibility to primary health care facilities on rural farmers' productivity?

Table 2
Mean Responses of Influence of Accessibility to Primary Health Care Facilities and Rural Farmers' Productivity (n = 211)

S/N	Items on influence of Accessibility to Primary Healthcare Facilities on Productivity	X	SD	Decision
1	Poor access to health care centre by the farmers	3.00	.64	High Influence
2	Non-availability of skilled health care personnel decreases productivity	3.13	.50	High Influence
3	Farmers' productivity as a farmer decreases because of distance to Health centres.	3.07	.55	High Influence
4	Drugs not affordable at the health care centre for farmers affects their productivity	2.83	.62	High Influence
5	Attitude of health care workers discourages farmer	2.64	.80	High Influence
	Cluster Mean	**2.93**	**0.62**	**High Influence**

Results in Table 2 reveals that mean response on all the items range from 2.64 to 3.13 and the cluster mean is 2.93 which indicates that accessibility to health care centre in terms of distance, services of health workers, type of illness, availability of drugs and quality of facilities highly influence farmer productivity.

Research Question 3
What is the level of influence of accessibility to chemist on rural farmers' productivity?

Table 3
Mean Responses of Influence of Accessibility to Chemists and Rural Farmers' Productivity (N = 211)

S/N	Items on influence of Accessibility to Chemists on Productivity	X	SD	Decision
1	Non-proximity to chemists facilities reduces their health to produce food	3.31	.81	High Influence
2	Poor competency of health workers in chemists affects farmers health	3.39	.70	High Influence
3	Cost of services rendered to farmers at chemists is a hindrance to good health	3.27	.72	High Influence
4	Quality of drugs sold at chemist is low	3.33	.81	High Influence
5	Non-availability of modern facilities for treatment of rural farmers affects farmers health	3.34	.81	High Influence
	Cluster Mean	**3.28**		**High Influence**

Results in Table 3 reveals that mean response on all the items range 'from 3.12 to 3.39 and the cluster mean is 3.28 which indicates that accessibility to general hospital in terms of proximity, competency of health workers, cost of health care services, quality of drugs and availability of modern facilities and equipment highly influence farmers' productivity.

Hypothesis I
There is no significant influence of accessibility to General Hospital on rural farmers' productivity.

Table 4
T-test Analysis of the influence of Level of Accessibility to General Hospital and Rural Farmers' Productivity

Variable: Accessibility to General Hospital		N	Mean	SD	Df	t-cal	t-crit	Decision
Farmer's Productivity	High	58	24.41	3.21	209	4.05	1.96	S
	Low	153	22.56	2.80				

S = Significant at p<0.05

Result in Table 4 indicates that the calculated t-value 4.05 is less than the critical t-value of 1.96 at .05 significance level and 209 degrees of freedom. Thus, null hypothesis 1 is rejected. This implies, there is a significant influence of accessibility to General Hospital on rural farmers' productivity in the study area.

Hypothesis 2
There is no significant influence of accessibility to primary health centre facilities on rural farmers' productivity.

Table 5
t-test Analysis of the Influence of Level of Accessibility to Primary Health Care Center on Rural Farmers Productivity

Variable: Accessibility to Primary Health Center		N	Mean	SD	Df	t-cal	t-crit	Decision
Farmer's Productivity	High	107	24.49	3.02	209	4.90	1.96	S
	Low	104	22.42	3.00				

S = Significant at p<0.05

Result in Table 2 indicates that the calculated t-value 4.90 is less than the critical i-value of 1.96 at .05 significance level and 209 degrees of freedom. Thus, null hypothesis 2 is rejected. This implies, there is a significant influence of accessibility to primary health care center on rural farmers' productivity in the study area.

Hypothesis 3
There is no significant influence of accessibility to chemist on rural farmer's productivity.

Table 6
t-test Analysis of the Influence of Level of Accessibility to Chemists on Rural Farmers' Productivity

Variable: Accessibility to Chemist		N	Mean	SD	Df	t-cal	t-crit	Decision
Farmer's Productivity	High	140	24.09	3.02	209	4.09	1.96	S
	Low	71	22.42	3.28				

S = Significant at p<0.05

Result in Table 6 indicates that the calculated t-value 4.09 is less than the critical t-value of 1.96 at .05 significance level and 209 degrees of freedom. Thus, null hypothesis I is rejected. This implies, there is a significant influence of accessibility to Chemists on rural farmers' productivity in the study area.

Discussion of Findings

Findings of the study revealed that the productivity of farmers' is highly influenced by farmers' accessibility to general hospital. More so, there is a significant influence of the level of accessibility of General Hospital on rural farmers' productivity. The findings are in line with the assertion of Asenso-Okyere and Anum (2011) who reported that the health status of particularly adults, affect their capacity to work, which underpins the welfare of the household, including the children's development which call, for easy access to health care. The findings imply that most of the rural farmers do not have access to general hospital facilities for health care services sometimes due to distance, lack of finance and proper health education. However, access to health services from the general hospital where there are specialists and modern facilities could keep farmers fit for agricultural production.

Findings of the study revealed that farmers' access to primary health center highly influenced productivity of farmers. More so, there is a significant influence of the level of accessibility of primary healthcare center on rural farmers' productivity. The findings of this study agree with the opinion of Sartorius (2016) that prolonged undernourishments slow down, cognitive development and increases individuals, susceptibility .to illness. Farmers must be healthy to be able to coordinate, operate and manage farm operations to maximize profit. Access to basic health care service through primary health center helps farmers meet their personal and family's health needs.

Findings of the study revealed that accessibility to chemists highly influenced farmers' productivity. More so, there is a significant influence of the level of accessibility of Chemists on rural farmers' productivity. Findings of this study is supported by the submission of Effiong and Ebong (2009) who noted that good health affects agricultural productivity by boosting people's capacity for work and thus increasing how much they can produce. Finding may be due to the fact that drugs necessary to handling ailment are dispensed by the chemist to farmers. Farmers' ill health may linger, if good chemists are not accessible by the farmers as unhealthy farmers are unable to produce enough agricultural goods to earn a decent livelihood.

Conclusion

Farmers are pivotal in the attainment of food security I n any nation. The health welfare of farmers must be taken into consideration by stakeholders if high productivity of food for consumption is expected. The study therefore concludes that farmers' access to general hospital, primary healthcare center and chemists influences the agricultural productivity.

Recommendations

On the basis of the findings of the study, the following recommendations are made:

1. State government should cite general hospitals in strategic locations considering proximity to rural people.
2. Government at all levels should equip primary health care centers with modern health facilities in rural areas to meet the health needs of farmers.
3. Health organization should organize sensitization and awareness programmes in rural areas to educate farmers on the role of health practitioner in agricultural development and how farmers can take advantage of health outfits and practitioners for their well-being.

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