



CORRUPTION IN HEALTHCARE DELIVERY AND ITS IMPACT ON ECONOMIC DEVELOPMENT IN AKWA IBOM STATE

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ABSTRACT: *This research delves into the intricate relationship between corruption in healthcare delivery and its impact on economic development in Akwa Ibom State, Nigeria. Drawing on a mixed-methods research approach, the study explores the multifaceted dimensions of corruption, including embezzlement, bribery, and nepotism, affecting the healthcare sector. The population of the study was made up of farmers, students, civil servants, businessmen, applicants, artisans, self-employed, contractors, religious leaders, politicians, etc. and were drawn from three (3) Local Government Areas sampled from the three (3) Senatorial Districts of Akwa Ibom State between ages 15-64. Data was collected using a structured questionnaire designed by the researcher and relevant government agencies, political parties, and civil society organizations. Statistical tools used to analyze the quantitative data were Chi-Square, while thematic analysis was applied to qualitative information. Findings reveal a significant link between corruption and compromised healthcare quality, unequal access, and overall hindered economic development. The study recommends targeted interventions, including enhanced transparency, capacity building, community engagement, legal reforms, and investments in healthcare infrastructure. These recommendations aim to address the root causes of corruption and foster a culture of integrity, thereby promoting sustainable economic development in Akwa Ibom State.*

KEYWORDS: Corruption, Healthcare delivery, Economic Development.



INTRODUCTION

Corruption in healthcare delivery is a pressing issue that significantly affects the economic development of regions, including Akwa Ibom State in Nigeria. This article aims to explore the nexus between corruption in the healthcare sector and its repercussions on the overall economic development of Akwa Ibom State. By delving into the existing literature, identifying the statement of the problem, outlining the objectives of the study, formulating research questions and hypotheses, and detailing the methodology, this research aims to shed light on the multifaceted dimensions of corruption in healthcare and its socio-economic implications.

According to Oluwatobi et al. (2018), corruption in healthcare manifests in various forms, including embezzlement of funds, bribery, and nepotism, leading to a compromised healthcare system. In Akwa Ibom State, the healthcare sector is not immune to these challenges, and research indicates that corruption contributes to the poor quality of healthcare services, unequal access, and an overall decline in health outcomes (Ekwere et al., 2017).

Corruption in healthcare has emerged as a pervasive and detrimental phenomenon globally, with considerable implications for the quality of healthcare services and the overall economic development of regions. Understanding the existing literature on corruption in healthcare is crucial for contextualizing the challenges faced by Akwa Ibom State in Nigeria and informing potential solutions. This literature review will explore key themes, findings, and debates in the realm of corruption in healthcare, drawing on relevant studies and scholarly articles.

The studies conducted by Oluwatobi et al. (2018) provide valuable insights into the multifaceted nature of corruption in healthcare. They identify corruption as encompassing a range of malpractices, including embezzlement of funds, bribery, and nepotism. This aligns with the broader understanding that corruption is not limited to financial mismanagement but extends to unethical behaviours that compromise the integrity of healthcare systems.

In the Nigerian context, Ekwere et al. (2017) have conducted an exploratory study on corruption and its impact on the healthcare sector. Their findings underscore the prevalence of corruption in healthcare delivery, highlighting its contribution to inefficiencies and resource misallocation. The study emphasizes that corruption in healthcare exacerbates existing challenges, leading to inadequate infrastructure, a shortage of essential medical supplies, and compromised healthcare outcomes.

One of the significant consequences of corruption in healthcare is the compromised quality of healthcare services. According to a study by Smith and Jones (2019), corruption negatively influences the effectiveness and accessibility of healthcare. Patients may face barriers in accessing necessary medical treatments, and the quality of care provided may be compromised due to the diversion of resources for personal gain. Even in the power sector, corruption is seen. Esara, Asuquo, Obonah and Eshiet (2024), posited that power is one of the sectors of the economy that generate huge revenue for the government and also creates valuable business opportunities for both public and private companies operating across Nigeria, but when there is no sufficient power, it will certainly affect the health care delivery. The oil sector is not left out on the issue of corruption, which has brought about conflicts, especially in the Niger Delta region. Esara, Asuquo and Udoh (2024), noted that the current oil conflict in Niger Delta first arose in the early 1990s over tensions between foreign oil corporations and a number of the Niger Delta's minority ethnic groups who felt they were being exploited, particularly the Ogoni and the Ijaw.



Moreover, the impact of corruption in healthcare extends beyond the immediate health outcomes to socio-economic consequences. Heywood and Choi (2018) argue that corruption hinders economic development by diverting resources away from critical sectors. In the case of Akwa Ibom State, addressing corruption in healthcare is not only a health imperative but also a strategic move to promote sustainable economic development.

According to Udonwa, Effiong, Asuquo and Samuel (2022), the effects of corruption in Nigeria have been ample. The underdevelopment status in lack of basic infrastructures, misuse of both human and natural resources, mediocrity in professional and leadership positions, defective leadership outputs, high unemployment rates, and the ever-widening gap between the rich and poor to mention just a few are consequences of corruption. As noted by Esara, Asuquo, Obonah and Eshiet (2024), no society can achieve progress and development through warfare and corruption. Esara, Asuquo and Udoh (2024) aver that the social control of deviants' behaviour shows how the society deals with wrongdoing as such, when deviants are controlled, the values of the society are reaffirmed and order and cohesion are somehow restored. Ekanem and Asuquo (2023), opined that in a situation in which bureaucracy creates experts without a human face fought against in this case, cognisance could be taken of peculiarities in individual's or client's cases. This is as a result of corruption. Titus, Asuquo and Etuk (2024), stated that in Akwa Ibom State, the history of the cooperative is traceable to 23rd September 1987 when the State was carved out of the former Cross River. But since then, corruption has really hampered the development process of the state.

Asuquo and Ekanem (2023) noted that corruption has affected many countries all over the world, especially developing countries. Wherever corruption is found, development will be difficult because corruption is a criminal activity which the government must do everything possible to kill. As observed by Esara, Asuquo, Ekanem and Samuel (2023), the government now oversees governance and maintains law and orderliness in society. Asuquo, Ekanem, Samuel and Esara (2023), argued that the inadequate provision of infrastructural services and the associated problems has affected most business firms as they spend more of their capital outlay on providing their own infrastructure-electricity, water supply, transport, telecommunications, and waste disposal which, under normal circumstances should have been by the urban planning authorities, this is as a result of corruption. Corruption has been seen in the health sector and almost all sectors of our society, including the military and paramilitary. Esara, Mfon and Walter (2024), observed that the Nigeria Police Force has been under intense public criticism in the last four decades over corruption, brutality and its inability to effectively prevent and control crime. Samuel, Asuquo, Thompson and Nya (2023), posited that most educated women today are considered, rated and treated as weaker vessels because of the cultural doctrine associated with women's treatment, this has caused some of them to engage in corrupt practices.

Corruption has brought conflicts in many societies, as seen by some scholars. Esara, Asuquo and Samuel (2024), posited that the rate at which communal conflicts escalate in Akwa Ibom State is quite disturbing and more worrisome as communities and Local government areas have occupied a volatile position in the state. As seen by Esara, Asuquo and Samuel (2024), indiscriminate waste disposal practices are not environmentally friendly, because waste emits an offensive odour (air pollution), favours the breeding of rodents that can cause malaria, Lassa fever, flies, harmful reptiles and other vectors that have some poisoning effects on humans. Asuquo and Ekanem (2023), stated that inequality in income distribution has not only produced social strains but also ultimately retard development. Corruption has brought about inequality



in Nigeria. Ekanem, Asuquo, Ogar and Ofuka (2023), argued that women's ability to vote and be voted for (franchise), engage in politics as returning officers, representatives, voters, campaign sponsors, and community mobilizers have long ago (and still now) been shaped by gender norms in various ways. Asuquo, Bassey, Samuel, Daniel and Usoro (2022) opined that corruption appears to be one of the key determinants of the informal economy.

According to Esara, Asuquo and Udoh (2024), in some rural communities in Akwa Ibom and Cross River States, traditional cults are still very active in their respective communities despite civilization and Christianity. That can help reduce corruption in our society. Although corruption has spread into all the fabrics of our society, as observed by Esara, Asuquo and Udoh (2024), there are prevalent cases of child theft in public places such as schools, churches, mosques, hospitals, markets, and public events. These are corruption and criminal activities. Corruption which has eaten deep into the fabric of our society is not only in the health sector but has spread to the political sector. Esara, Mfon and Walter (2024), argued that a good number of cultists are used as political thugs by politicians. In most cases, their godfathers usually bail or rescue them from the police net when arrested in the State. Parents have a serious role to play in curbing corruption, by training their children well. Ekanem and Asuquo (2024), posited that it is always believed that, parents are the first teachers; they should be able to form part of these children's reasoning/belief system, by inculcating and educating them with the right ideas, values, morals and dictates of the society and making known the implications of certain actions and decisions in life. Ekanem and Asuquo (2024), noted that the period a woman loses her husband and stays single is known as widowhood. Widowhood is a state of being widowed. This widowhood effect increases the probability of the woman, if care is not taken, dying soon after the husband's death, because of heartbreak and torture received by in-laws during or before the spouse's funeral. This should not be accepted as it is seen as corruption at the family level.

Despite the increasing recognition of the challenges posed by corruption in healthcare, there is a need for more nuanced and context-specific investigations. A study by Kumar et al. (2020) emphasizes the importance of understanding the unique socio-political and economic factors that contribute to corruption in specific regions. This suggests that interventions should be tailored to the local context, taking into account the intricate web of factors that perpetuate corrupt practices.

In conclusion, the literature on corruption in healthcare underscores its detrimental effects on the quality of healthcare services and the broader economic development agenda. The studies reviewed provide a foundation for understanding the complex interplay between corruption, healthcare outcomes, and economic prosperity. As we delve into the specifics of Akwa Ibom State, it is imperative to consider these findings and adapt them to the unique challenges faced by the region.

Statement of the Problem

Akwa Ibom State faces significant challenges in its healthcare sector, with corruption emerging as a critical issue affecting the delivery of quality healthcare services. The misallocation and mismanagement of resources due to corruption contribute to inefficiencies, inadequate infrastructure, and a lack of essential medical supplies. These issues exacerbate health disparities and hinder the state's progress toward achieving sustainable economic development.



Objectives of the Study

The primary objectives of this study are:

- i. To assess the extent of corruption in the healthcare sector in Akwa Ibom State.
- ii. To examine the impact of corruption on the quality of healthcare services.
- iii. To analyze the relationship between corruption in healthcare delivery and economic development in Akwa Ibom State.

Research Questions

- i. To what extent does corruption influence healthcare delivery in Akwa Ibom State?
- ii. How does corruption affect the quality of healthcare services in the state?
- iii. What is the relationship between corruption in healthcare delivery and economic development in Akwa Ibom State?

Research Hypotheses

H01: There is no relationship between corruption in healthcare delivery and economic development in Akwa Ibom State

METHODOLOGY

This study will adopt a mixed-methods research approach, combining qualitative and quantitative methods. The quantitative phase will involve surveys and data analysis to quantify the prevalence of corruption and its impact on healthcare outcomes. The qualitative phase will consist of interviews and focus group discussions to gain deeper insights into the experiences and perceptions of stakeholders in the healthcare sector.

People from the age cohort of 15 years to 64 years (working age population) both male and female participated in the study. The working age population in Akwa Ibom State is 2,318,155 i.e. 1,148,432 males (49.54%) and 1,169,723 females (50.46%) (Akwa Ibom State Ministry of Economic Development, Labour and Manpower Planning, 2018). The population of the study was made up of farmers, students, civil servants, businessmen, applicants, artisans, self-employed, contractors, religious leaders, politicians, etc. and were drawn from three (3) Local Government Areas sampled from the three (3) Senatorial Districts of Akwa Ibom State. The Local Government Areas are; Uyo (Akwa Ibom North-East); Eket (Akwa Ibom South); and Ikot Ekpene (Akwa Ibom North-West). According to the Akwa Ibom State Ministry of Economic Development, Labour and Manpower Planning (2018), Uyo Local Government Area has a population of 456,996, Eket Local Government Area has a population of 258,185 and Ikot Ekpene Local Government Area has a population of 211,213 respectively.

Data was collected from a structured questionnaire designed by the researcher and relevant government agencies, political parties, and civil society organisations. Statistical tools used to analyze the quantitative data were Chi-Square, while thematic analysis was applied to qualitative information.



RESULTS

H₀₁: There is no relationship between corruption in healthcare delivery and economic development in Akwa Ibom State

Table 1: Corruption in healthcare delivery has a negative effect on economic development in Akwa Ibom State

Expected Count	Agreed	Strongly Agreed	Undecided	Disagreed	Strongly Disagreed	Row Totals
Male	65	128	4	5	8	210
Female	90	64	6	10	10	180
Column Totals	155	192	10	15	18	390

Source: Field data (2019)

The chi-square formula is given thus;

$$X^2 = \sum (O - E)^2 / E$$

Where;

X^2 = Chi-square

O = Observed frequency

E = Expected frequency

\sum = Summation

Table 2: Chi-square contingency table on the effect of corruption in healthcare delivery on economic development of Akwa Ibom State

CELL	O	E	O-E	O-E ²	O-E ² /E
1	65.00	83.46	-18.46	340.77	4.08
2	128.00	103.38	24.62	606.14	5.86
3	4.00	5.38	-1.38	1.90	0.35
4	5.00	8.08	-3.08	9.49	1.17
5	8.00	9.69	-1.69	2.86	0.29
6	90.00	71.54	18.46	340.77	4.76
7	64.00	88.62	-24.62	606.14	6.84
8	6.00	4.62	1.38	1.90	0.41
9	10.00	6.92	3.08	9.49	1.37
10	10.00	8.31	1.69	2.86	0.34
				$\sum X^2 =$	25.50

Source: Field data (2019)



Therefore,

$$X^2 = 25.50 \text{ (Calculated Value)}$$

$$\text{Degree of freedom} = (\text{number of rows} - 1) \times (\text{number of columns} - 1)$$

$$= (2 - 1) \times (5 - 1)$$

$$= 1 \times 4 = 4$$

We enter the table of X^2 distribution at $v = 4$ at 0.05.

Table value = 9.48

The chi-square test shows that the calculated value (25.50) is greater than the table value (9.48). We therefore reject the null hypothesis (H_0) and accept the alternate hypothesis (H_1) at a significant level of 0.05. This means that there is a relationship between corruption in healthcare delivery and economic development in Akwa Ibom State.

DISCUSSION OF FINDINGS

The hypothesis reveals that there is a significant relationship between corruption in healthcare delivery and the economic development of Akwa Ibom State. This finding aligns with the position of Ekwere *et al.* (2017) who pointed out that corruption in the healthcare sector is not exclusive to any particular kind of healthcare system; it occurs in systems whether they are predominantly public or private, well-funded or poorly funded, and technically simple or sophisticated. Oluwatobi *et al.* (2018) in their study pointed out that corruption problems in the healthcare sector include, among others, inappropriate ordering of tests and procedures to increase financial gain; under-the-table payments for care; absenteeism; and use of government resources for private practice. It is worth noting that corruption in the healthcare sector can mean the difference between life and death. Poor people are the worst affected. Medical staff can charge unofficial fees to attend to patients. They may demand bribes for medication which should be free. They may let patients who bribe them queue jump. Corruption also costs lives when fake or adulterated medications are sold to health services. Without proper checks from regulators, public health funds can easily disappear. Stolen funds also hamper efforts to beat major health challenges, such as malaria and HIV/AIDS. When taxpayer money is sapped away from providing services and completing public works, not only are resources wasted but lives can be put at risk.

CONCLUSION

In conclusion, this study underscores the pervasive influence of corruption on healthcare delivery and its far-reaching implications for economic development in Akwa Ibom State. The findings reveal a significant relationship between corruption in the healthcare sector and hindered economic progress. The compromised quality of healthcare services, misallocation of resources, and unethical practices identified in the research contribute to the challenges faced by the state in achieving sustainable development.



The study aligns with existing literature, emphasizing the need for targeted interventions and context-specific strategies to combat corruption in healthcare. Addressing this issue is not only a health imperative but also a strategic move to promote economic prosperity and improve the overall well-being of the population.

RECOMMENDATIONS

Enhance Transparency and Accountability: Implement measures to enhance transparency and accountability in the healthcare sector. This includes robust financial auditing, strict adherence to ethical standards, and the establishment of oversight mechanisms to curb corrupt practices.

Capacity Building and Training: Invest in capacity building and training programs for healthcare professionals and administrators. By promoting a culture of integrity and professionalism, the healthcare workforce can become a formidable force against corrupt practices.

Community Engagement: Foster community engagement and awareness programs to empower the public in holding healthcare providers accountable. Informed and vigilant communities can act as a deterrent to corruption and ensure the equitable distribution of healthcare resources.

Legal Reforms: Advocate for and enact legal reforms that strengthen anti-corruption laws and penalties within the healthcare sector. Implementing stringent consequences for corrupt activities can serve as a deterrent and promote a culture of integrity.

Investment in Healthcare Infrastructure: Allocate resources for the improvement of healthcare infrastructure to address the root causes of corruption. Adequate funding for essential facilities and medical supplies can mitigate the temptation for embezzlement and resource misallocation.

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