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Benin Journal of Social Work and Community Development is a peer-reviewed journal published bi-annually by the Department of Social Work, University of Benin, Benin City, Nigeria. BJSWCD welcomes research papers from all areas of social work, with emphasis on theory building and innovative methods. The journal is a scholarly refereed intended to extend knowledge on social work, social issues and interventions. BJSWCD strives to speak to the general social care professionals and is opened to promote general discourses in the fields of social work, social welfare, community development, social administration, development and policies.

The journal also publishes articles that promote debate and analyze current themes and issues in social theory and research, social policy, law and health. Not only is it read by social work educators and researchers, but also practitioners, administrators, managers, counsellors and other seasoned scholars that are interested in social care, protection and community development.

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- the lived experience of practitioners, educators and researchers in contemporary helping professions in the Nigeria and in other countries is reflected.

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PUBLIC PERCEPTION OF HEALTHCARE SERVICES FOR RETIREES IN NIGERIA

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Abstract

Retirement is a natural process, which presents a unique challenge to all sectors of the society especially now that the demographic changes of older adults in Africa tend to indicate the inability of most government to design functional healthcare services for the seniors. Based on the above background, this study examined the perceived views of the public in Nigeria on the healthcare services for retirees. Gestalt theory of perception was adopted as the theoretical orientation. In addition, the Multi-stage sampling technique was used to collect data from respondents from the six geo-political zones of the country clustered into three. Data so collected were analysed and presented in frequency tables and percentages. Findings from the study shows that approximately 90% of respondents were of the view that there is nonchalant attitude of the government on the healthcare services of the retirees in Nigeria. Similarly, 67.5% of respondents affirmed that accessibility of healthcare services of these seniors solely depends on one's socio-economic stands as the hospital bills are beyond the reach of the downtrodden apart from those enrolled under National Health Insurance scheme (NHIS). The study however proffered some recommendations such as providing special health care centres for the seniors in every local government councils amongst others.

Key Words: Healthcare; Older Adult; Perception; Public Perception; Retires.

INTRODUCTION

Retirement is one of the major events in a person's life which emerged in the early 20th century and characterized by disengagement of an individual from active routine job or changes in role with new norms, duties, and rights. According to Chappel, Gee, McDonald and Stone (2003), it was designed to move the older workers out of the labour force in a systematic manner without causing unwarranted health hazards while solving the societal problems of what to do with an ageing labour force. Escribano (2019) noted that as people retire from active work life, their health needs tend to become more complex with a general trend towards declining capacity and the increased likelihood of having one or more chronic diseases. Bearing this in mind, the health system of African states need to be transformed so that they can ensure affordable access to evidence based medical interventions that responds to the needs of older people or prevent care dependency in later life. This is one of the major targets

of the Universal Health Coverage (UHC) instituted by the World Health Organization (WHO). This scheme was designed to ensure that all people and communities receive the quality services they need and are protected from health threats without financial hardship (Escribano, 2019). Gandy (2013) also posited that despite an initial improvement in health due to less stress and more time to relax after leaving employment, retirement can prompt series of health problems for men and women. The elderly exhibits limited regenerative abilities and prone to disease syndromes and sicknesses. They are also said to experience a greater level of morbidity and relatively frequent users of physician's services in most part of the world.

Many people of different socio-economic class, educational and ethnic backgrounds, gender and differing age specifications tend to emphasize regularly on the neglect of the healthcare services of the retirees in Africa and other developed nations which is a critical policy issue in this century. Abonyi (2009) pointed that the most potent vehicle for creating significant change in any sector of the society is the perceived ideas or views of those who may be affected in one way or the other. This implies that with the dramatic increase in the population of older adults across the globe, there seems to be few signs that adequate resources are available to meet up with the challenges of providing sustainable healthcare and good quality of life for this group and the families. Okuyeme (2018) observed that the World Health Organization (WHO) ranking of health services in 2018 placed Nigeria in the 87th position out of 190 countries. At the same time, currently in this year (2021), Numbeo Health care Index also placed Nigeria 86th out of 93 countries selected and ranked globally. This ranking tends to display the Nigeria health system as one of the five worst healthcare systems in the entire world. Presumably, there is the obvious lack of confidence on the operations of Nigeria health system by the public. Moreover, our politicians pay lip service to the nation's healthcare delivery system, a situation that has been so for rather too long a time while cases of retirees slumping or even lying on the queue in the process of waiting to see the doctor are common place. Equally, many of the medical doctors and health workers lack the zeal for the job and determination to save lives rather they have monetized their professional ethics (Ajuwon, 2013). Consequently, some of our rural or urban dwellers and others with low educational level may be wondering whether the Nigeria health institutions are homes of death of our seniors or houses of cure.

At the federal, state, or local level, those in charge of governance are not also conversant with the plight of our senior citizens that use the public hospitals because many of them are registered patients of foreign hospitals. Clark and Quinn (1999) noted that in America and other developed countries, reform of the healthcare programmes of the older adults is considered among the most important choices of the government. According to the author, as far back as 1965, the United States government established medicare to provide minimum level of health insurance to virtually all Americans aged 65 years and above. In this programme, state or federal government is required to pay some of the medical expenditure of these retirees. The Nigeria Pension Reform Act 2004 although well designed by the government to guard

against old age poverty and ensure that every person's receives his or her entitlements/benefits as and when due after retirement did not make any arrangement in respect of employees who sustained minor or permanent injuries/disability in the course of their duties. A number of research on the healthcare challenges of the older adults have been devoted to examination of some chronic diseases that often result in functional difficulty and disability (Verbrugge & Jette, 1994; Kanada & Pollard, 2011; Kaplan & Berkman, 2019). The current study focuses on the overall perception of the public on the healthcare services for the retirees in Nigeria. In doing so, the major objective of the study was to determine whether the perception of healthcare services for retirees in Nigeria are the same across people of different socio-economic status, gender, education, ethnicity or residence and implications to national development.

REVIEW OF LITERATURE

Ezuma (2003) defined perception as the way people view things, events, and situations around them. In other words, it serves as a mirror that provides a reflection of people's norms, beliefs, values, and attitudes. Okpara (2001) also explained perception as what people can see because of complex pattern of situation. According to the author, what we perceive today may be the result or product of a person's experience, present attitude, and inclination. Since people have different view of the world they live in, each person's view or total belief system is formed overtime because of physiological abilities, psychological characteristics and nature of past experience. In the view of Robinson (2008), perception is a mental process involving the selection, organization, structuring and interpretation of information to make references and give meaning to the information.

Public perception plays an important role in the assessment of the retiree's healthcare services (Pittet, Vaucher, Froehlich, Mailard & Michetti, 2018). In other words, it indicates the satisfaction and hopes regarding quality of medical care for the aged. Many people see retirement as a life course which opens the window for deterioration in the physical state of the individual. This implies that as people grow older or retire from active employment, the risk of having a number of chronic health problems begin to arise; heart disease, diabetes, cancer, osteoporosis (weakening of the bones), hearing/vision loss and alzheimers disease; a condition that causes declining mental function and other debilitating behaviours. Gureje, Ogunniyi, Kola and Afolabi (2008) equally shared similar view as they stated that the common image that our health declines as we go into retirement may be true. Similarly, in an empirical study conducted with retirees in Finland, Seitsamo (2007) revealed that the proportion of those Finns who have at least one chronic disease or the other increases steadily from about 30% to 66% for retirees aged 55-64years to approximately 90% at 85years and above. Studies have also shown that the lower labour market participation rate of women in Nigeria and other nations tend to restrain their ability to contribute and enjoy the existing National Health Insurance Scheme (Razavi, Arza, Braunstein, Cook & Goulding, 2012). It appears that as women tend to take on a greater share of family responsibilities, they are likely to shorten or interrupt their employment careers,

and face a higher risk of working in precarious and informal employment which also affects their ability to build up pension entitlements.

Rasavi, Arza, Braunstein, Cook and Goulding (2012) posited that pension system in many countries especially in Sub-Saharan Africa fails to meet the needs of men and women equitably as the amount received by women on the average tend to be significantly lower than that of men. Ortiz (2014) however, noted that irrespective of gender discrimination in most societies, the right of older persons to social security and to an adequate standard of living including medical care and necessary social services are laid down in the major international human rights instruments; the Universal Declaration of Human Rights (UDHR) 1948 and in the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966. On the other hands, many people in Nigeria seem to attribute the poor healthcare services of retirees to their low income or poverty. According to Tanyi, Andre and Mbah (2018), most of the Nigeria senior citizens suffer from health disorder and physical exhaustion because they have no retirement benefit to serve as social security. In these circumstances, when the retiree falls sick, he/she resort to pray so as to die rather than stay alive and suffer as there is no money to go for treatment in the hospital. Obi (2005) revealed in a study of 500 respondents from five states randomly chosen in Nigeria that a greater percentage of pensioners claimed that their pension were small and insufficient to purchase basic needs and maintain good standard of health. In a similar study conducted in the North Central Nigeria with 1217 respondents aged 65years and above (Adebowale, Atte & Ayeni, 2012) reported that poor health could be affected by not having enough money to meet daily needs and attend hospitals as there is no special medical care for the aged generally.

More so, education may be identified among other factors that could influence the public perception of healthcare services of retirees. It is likely that people with high level of education display unhealthy perception on the activities of the government on healthcare services of the retirees. According to Animasahun and Chapman (2017), education is a vital dimension of socialization that contributes to preparing a national framework on the welfare of the retirees during demographic changes in ageing. In addition to recognizing social differences arising from health care services of the people, education help in appreciating the contingent effects of historical and geographical location in which individual constituted within a specific time and place and as such, are given meaning within the context of prevailing ideas, social facts and cultural differences (McDonald, 2006).

Again, the development of ethnicized infrastructures may reinforce low health wellbeing of the seniors in Nigeria. In other words, retirees from disadvantaged areas may fail to utilize the needed health services within the current political system in most Africa countries. In a study conducted by Agbogidi and Azodo (2009) on the experiences of elderly utilizing health care services in Edo State, it was revealed that health service utilization could be ascribed to the location of health centres within the community or nation. The study is anchored on the Gestalt theory of perception propounded by Max Wertheimer, Kohler, Wolfgang and Kurt Koffka towards the end

of 19th century in Germany. The theory explains the extent to which configurational aspects are representative of the total phenomenon of behaviour. Here, the primary target is selected against a background which represents that issue. The tendency is towards a good form. Specifically, the assumptions of the theory lie on the thoughts, feelings and needs derived from our past experiences. This will help us to have a critical assessment of our health care system and causes of untimely death of our seniors both in Nigeria and other Sub-Saharan Africa countries (Pohl, 2016).

OBJECTIVES OF THE STUDY

Specifically, the study has the following objectives;

- (i) To examine the relationships between public perception of the health care services for retirees in Nigeria and individual's socio-economic level.
- (ii) To ascertain whether public perception of health care services for retirees in Nigeria are the same among people of different educational qualifications.
- (iii) To examine the relationships between gender and public perception of health care services for retirees in Nigeria.
- (iv) Finally, to ascertain the relationships between ethnicity or areas of residence and public perception of health care services for retirees in Nigeria.

METHODOLOGY

The study employed the cross-sectional survey research design. The six geo-political zones were first clustered into three; the Northern, Southern and Western zones and one state chosen to represent each using simple random sampling (balloting). These states were Niger, (for the Northern zone), Enugu (for the south) and Ondo (for the west) with 240 respondents chosen on the whole (i.e 80 respondents for each of the zones) and structured questionnaire that were pretested administered to the respondents. However, of the 240 questionnaires administered, 12 were discarded because of mutilation and missing data leaving 228 useable for a response rate of 95%. Simple descriptive statistics: frequency tables and percentages were used to analyse the data so collected. The respondents who were between the ages of 18years and above were assured of anonymity in their responses.

RESULTS AND DISCUSSION OF FINDINGS

Table 1: Socio-demographic characteristics of respondents (n-228)

Variables	Frequency	Percentage (%)
Gender		
Male	125	55
Female	103	45
Age (in years)		
18-30	19	8.3
31-43	92	40.4
44-56	75	33
57+	42	18.3
Marital status		
Single	22	9.7
Married	169	74.1
Ever married	37	16.2
Educational level		
None	26	11.4
Primary	40	17.5
Secondary	89	39
Tertiary	73	32.1
Religious Affiliation		
Christianity	71	31.1
Islam	106	46.5
ATR	49	18.4
Others	2	4.0

Source: *Researcher's Fieldwork, 2020*

The socio-demographic distribution of respondents from the above table (Table 1) shows that of the 228 respondents, 55% were males while 45% were females, 40.4% were 31-43 years old, 33% were 44-56 years, 18.3% were 57 years and above whereas 8.3% were 18-30 years. In terms of marital status, virtually majority of the respondents (74.1%) were married leaving 16.2% and 9.7% ever married and single. The educational qualifications of respondents also show that 11.4% have no formal education, 17.5% attended primary school while 39% and 32.1% have secondary and higher educational certificates. It appears that education is a veritable tool for critical thinking and perception of any social situation. Equally, 46.5% of respondents belong to the Islamic religious faith, 31.1% Christianity, 18.4% Africa traditional religion (ATR) while the remaining 4% indicated others.

Research Objective One: To examine the relationships between public perception of the health care services for retirees in Nigeria and individual's socio-economic level.

Table 2: Relationship between Income and respondent's perception of health care services for retirees

Statement	Agree	Disagree	Undecided	Total
Income statuses determine accessibility to health care services during retirement.	154(67.7%)	36(15.8%)	38(16.7%)	228(100%)

Source: *Researcher's Field Survey, 2020*

The results from Table 3 above shows that older people or retirees in Nigeria are marginalized in health care services because of their weak financial position as 67.5% of respondents aligned to this view although 15.8% had a contrary opinion. The implication of this development is that many of the retirees with low income will end up visiting traditional herbal homes.

Research Objective Two: To ascertain whether public perception of health care services for retirees in Nigeria are the same among people of different educational qualifications.

Table 3: Relationship between Educational level and respondent's perception of health care services for retirees

Statement	Agree	Disagree	Undecided	Total
Retirees with high educational level enjoy medical services than those with low education.	80(35.1%)	96(42.1%)	52(22.8)	228(100%)

Source: *Researcher's Field Survey, 2020*

Table 3 above shows that majority of respondents (42.1%) disagreed with the view that health care services for the seniors in Nigeria are segregated on the ground of educational levels. This notwithstanding, education help one to acquire a good job and improve the financial status and hence, more opportunities in assessing health care services. Many of the older persons in Nigeria are still enjoying the benefits of National Health Insurance Scheme (NHIS) since retirement because of their educational background that assisted them to secure a job in the Federal establishments.

Research Objective Three: To examine the relationships between gender and public perception of health care services for retirees in Nigeria.

Table 4: Relationship between Gender and respondent's perception of health care services for retirees

Statement	Agree	Disagree	Undecided	Total
Male retirees enjoy better health care services than the female	63(28.0%)	79(35.0%)	86(37.0%)	228(100%)

Source: *Researcher's Field Survey, 2020*

Results from Table 4 above reveals that there was no agreement on the issue of discrimination based on gender in health service provisions for retirees in Nigeria as the greater percentage of respondents could not disclose their views.

Research Objective Four: to ascertain the relationships between ethnicity or areas of residence and public perception of health care services for retirees in Nigeria.

Table 5: Relationship between Individuals residence and respondent's perception of health care services for retirees

Statement	Agree	Disagree	Undecided	Total
Retire resident in the urban centre enjoy better health care services than those in the rural areas	188(82.5%)	17(7.5%)	23(10.0%)	228(100%)

Source: Researcher's Field Survey, 2020

Table 5 above, shows that 82.5% of respondents believed retirees living in the urban centres enjoy better health care services than their colleagues in the rural area while 7.5% of respondents indicated otherwise.

DISCUSSION OF FINDINGS

The study was aimed at ascertaining the perceived views of the general public in Nigeria of different strata on whether retirees or senior citizens who have served the nation meritoriously enjoy the basic standards in the service delivery and operational process of the health system. By measuring the perception of the citizenry, government at all levels will be better placed to design or redesign elderly healthcare services upon patient's satisfaction. In other words, the utilization of maximum health care services by this unique group should be our ultimate priority.

One of the findings of the study shows that individual's income determines to a large extent influences one's accessibility on health care services as indicated by 67.5% of respondents. This corroborates the view of Nyaguru (2005) that most retirees in Africa including Nigeria are not able to access healthcare services because of their inability to meet up with the increasing cost. Animasahun and Chapman (2017) also noted that elderly people and retirees in Nigeria are faced with the paradox of dwindling financial resources resulting to increased health challenges and geometric rise in medical expenses. It is likely that most of these retirees with good financial stand tend to seek medical treatment abroad especially India and United Kingdom. This may have informed Cohen and Menken (2006) to argue that most public health programmes in Africa and some third world countries are more concerned with eradicating or controlling preventable childhood diseases such as measles, and diarrhea than they are with treating chronic diseases or managing the health care of frail elderly.

Findings of the study also revealed that there was no agreement on the existence of gender/status discrimination in the health care services of retirees in Nigeria. In other words, both males and females have opportunities of been attended to both in the government and private hospitals. This finding is in tandem with the submission of Iboro (2020) that the health care system of any nation capable of attaining the Universal Health Coverage must be equitable and gender balanced. Educational levels as inferred from the study findings were also never a barrier in assessing health care services by retirees although Zajacova and Lawrence (2018) were of the view that people with higher education may have the money and powerful social network that could help them go for the best medical treatments. Finally, a greater percentage (82.5%) of respondents admitted that retiree's resident in the urban centres enjoy better health care services than those in the rural areas. This corroborates the view of Omonona, Obisesan and Aromolaran (2015) that in Nigeria and other Africa countries, there is unequitable distribution of health facilities in urban and rural areas, which results to low level of accessibility of these health care services especially by the rural dwellers.

CONCLUSION AND RECOMMENDATIONS

The retirees tend to exhibit limited regenerative abilities and prone to disease syndrome especially as they disengage from active service, hence, the reality of public perception of healthcare services for this segment of society cannot be ignored. Findings from the study revealed that many of the seniors because of the increasing cost in hospital bills have chosen to go for traditional medical practitioners or herbalists while others of high-income status tend to go for treatment overseas. It was also revealed from the study findings that provision of health care services for seniors in Nigeria were not in any way discriminated based on gender or educational qualification. More so, the difference services provided to retirees' resident in urban areas and those in the rural communities were revealed as part of the study findings. There is therefore the need for the establishment of a functional health care clinics reserved for the seniors in every council areas of the nation. Equally, retirees of other sectors should be made to be part of National Health Insurance Scheme (NHIS), other than those who worked with the Federal establishments.

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