

The need for social justice professionals in addressing vital concerns in primary health centres that inhibit utilization by urban slum dwellers



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BACKGROUND

In Nigerian urban slums, where informal health providers like traditional healers, birth attendants, and patent medicine vendors, continue to hold sway, primary health centres are lowly patronized. However, there are emerging insights that this happens for some reasons pertaining to primary healthcare practices that are inconsistent with the rights and expectations of the urban slum residents. Based on the Health in All Policies (HiAP) and reflecting on the training, roles, and responsibilities of social justice professionals like social workers, a case is being made that with the integration of such professionals in the primary healthcare system, these concerns and inconsistencies can be managed.

METHODOLOGY

To describe in detail the health seeking pathways of urban slum residents, undermining the usefulness of primary healthcare facilities in slum areas, as well as implications for social workers, we adopted a reconnaissance survey comprising informally-structured interviews and observations. Interviews were conducted with 104 respondents inclusive of slum residents, health workers, informal providers, and policymakers. Also, we closely observed behaviours and structures in the slums, inclusive of the operations of health facilities.

RESULT

- Health seeking pathways of slum dwellers dominantly favoured informal health providers (IHPs), even in slums with functional primary health facilities.
- The age-long patronage of IHPs was a factor of trust in the efficacy of the services they provide. The presence of health facilities alone was not enough to change the trend.
- Slum residents expressed knowledge of the importance of primary health centres (PHCs) but were constrained by some practices obtainable in the PHCs, e.g., absenteeism of senior health workers and medical doctors, high user fees, and inappropriate referrals for caesarian surgeries.
- Lack of drugs and equipment in PHCs was mentioned as a reason the PHCs are poorly patronized in slums.
- The enumerated issues are rights-focused, and can be addressed by social protection, which is a part of the core training of social justice professionals like social workers.



CONCLUSION

Social workers are trained in advocacies, speaking on behalf and defending the rights of vulnerable groups, and they play exceptional roles in human resource management. Despite the provision for social workers as contained in the minimum basic standards for PHCs in Nigeria, no PHC in Nigeria has an employed qualified social work practitioner. The consequence is in the fact that slum dwellers who are vulnerable will have no one to defend their health rights.

RECOMMENDATION

- Health rights must be urgently prioritized as among the social determinants of health, especially for vulnerable groups.
- Social protection for the health rights of vulnerable groups should be prioritized.
- Appropriate professionals like social workers should be integrally mainstreamed into healthcare to guarantee and advance protection and promotion of health rights in Nigeria and similar countries.

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