Poor Access to Healthcare or Lack Thereof: A Global Issue in a Local Setting
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Abstract: There are numerous global health issues around the world. The intent of this paper is to explore and analyze a specific global health issue in the form of poor access to healthcare services and its costs in Kiang West, a provincial district in The Gambia. In developing the analyses, important course concepts such as Structural Adjustment Programs (SAPs), gender and culture, poverty, illiteracy, and the environment are incorporated as key health seeking and health access determinants. A brief overview of The Gambia is included to set the stage for the discussion of the nature of health access in Kiang West. Two intervention programs to help increase health access and boost health seeking behaviors are also discussed. The first is to eradicate SAPs in order to redefine annual national spending in favor of major development sectors such as health, transportation, and education. The second is to continue an already existing poverty reduction program called Fight Against Social and economic Exclusion (FASE) in all of rural Gambia.

There is a proverb that says that everybody, be it directly or indirectly, has a row to weed in a farm plagued with unwanted weeds. In simpler terms, trouble, of any kind anywhere, is, or will be, trouble everywhere sooner or later. This statement could not be any truer than it is in the world today--a world in which global inequality manifested in various forms of human suffering is as apparent as day and night. Yet still, those who are so far unaffected, the predominantly affluent and powerful, are turning a blind eye to countless and unwarranted global health problems throughout the world.

The world is frequently referred to as a global village nowadays, where traveling both within and outside country and continental borders is supposedly easy. However, the credibility of such a bold and unrealistically censured statement can only be viewed as biased and untrue, especially when a very significant portion of the world’s population still depends on their bare feet to get from one place to another. While it may only take minutes or at most hours to cover certain distances in some parts of the world, it could easily take days to weeks to cover a similar distance in other places. This is mostly explained by the variance in modes of transportation, road conditions, as well as poverty levels. From a global health perspective, the magnitudes of such disparity could have- and actually do have- significant health impacts on the lives of those who are at the short end of the global village stick, like those living in the district of Kiang West.

Overview: Kiang West and The Gambia
The district of Kiang West is one of 36 Districts in The Gambia, a country of just over 1.5 million inhabitants (UN Population Division, 2006). The Gambia, one of the smallest countries in Africa, engulfed almost entirely by neighboring Senegal, is located in the far west of the continent. The country gained its independence from British colonial rule in 1965, and became a republic in 1970. The country has had only two presidents since independence. Sir Dawda Jawara ruled from independence to 1994 and Yaya Jammeh from this point to present.

The main industry is agriculture with peanut (groundnut) the biggest agricultural export. The official language is English but there are seven other indigenous tribes (Mandinka being the most dominant), each of which speaks their own dialect. The Gambia has a gross national income (GNI) of $417.1 million and annual total health expenditure is estimated as 6.8 % of its gross national income (US Bureau of African Affairs, 2007). According to the World Health Organization (WHO) 2007 health statistics, there are only 156 practicing physicians and just over 1600 nurses serving three hospitals, six major health centers, and about fifty health clinics, dispensaries, and extension posts in the whole
country, with more than 70% residing in the urban areas. Life expectancy at birth is 55 or 57 years for males or females respectively, with maternal mortality, malaria related deaths, and unexplained deaths as the most common deaths in infants and children (The Gambia Central Statistics Department, 2003).

Kiang west, approximately 45 square miles and located in the south bank of the country, is sparsely inhabited by 14,700 people, a little over half of which are female. The whole district, except for two villages, is deviated from the main national highway by 10 miles, and there is only one road (very bad and inaccessible) that interconnects the rest of the twenty or so inland villages. Apart from the health extension workers, there are only two health centers serving this district.

Course concept analyses

To analyze the issue of poor access to healthcare in Kiang West as an example of a global issue, it is almost impossible to avoid the impact of Structural Adjustment Programs (SAP). SAPs, referred to as a set of strategic economic requirements, were developed by “the International Monetary Fund (IMF) and the World Bank with the purported goal of facilitating economic growth and recovery” (Gloyd, 2004, p. 43). These requirements were used on the basis of conditionality (Lewis, 2005), in that poor/developing countries had to comply with all of its regulations before they could receive any form of foreign aid. Part of the program required these countries to revisit the spending and management of their gross national income in all the sectors of development. This, for the most part, resulted in a skewed distribution of national spending, affecting vital areas of national development such as health, education, transportation and agriculture, as was the case in The Gambia. In The Gambia, where total annual expenditure on health is a mere 6.8% (WHO, 2007) -- chiefly catalyzed by the economic underpinnings of SAPs (Kirk & Okazawa-Rey, 2007) -- and with most of the population living in urban areas, close and fair attention to the health needs of remote districts such as Kiang West can therefore easily be visibly lacking. Potential funds that could have been spent in promoting health and health access and other underfunded areas were targeted for other areas of interest such as the military. This lack of attention is evidenced by poor road conditions as well as shortage of transportation that presently undermines the adequacy, effectiveness, and timelessness in health care access and delivery in Kiang West. As a result, many people die not only from preventable illnesses, but also from treatable ones.

During my three-year postings in this part of the country as a Forestry extension officer, I helped transport many sick people to health centers. At least four did not make it in time for their lives to be saved. My motorbike was a precious ambulance but was of a very limited and temporary assistance to a vast number of potential users. With the cascading effects of the implementation of SAPs, developing countries like the Gambia experienced “a marked reduction in their progress on economic growth, health care, and social indicators” (Oliver, 2006, p. 217). In this sense, SAP also arguably resulted in costing the lives of some people in these countries while still putting others’ lives at such risk.

Gender and culture are other important variables in the contextual analysis of Kiang West’s poor access to health care. Like other parts of the country, Kiang West is dominated by several indigenous tribes where traditional medicine and religious remedy are still strongly believed and gender roles are very much defined. A significant number of the population prefers the traditional healing system to western medicine. It is worthy to note, however, that such preference is not based on equal availability of treatment options. Even though the effectiveness of traditional medicine in treating certain maladies such as bacterial infection is readily arguable, the possibilities of accessing western treatment are at a premium. In terms of gender role, men are known to be the breadwinners of their immediate families, and sometimes extended families as well. They are expected to till the farms, tender livestock, construct homes, as well as feed the family. Women, “like women everywhere, are given responsibility for the mental, emotional, and physical health of their families and community” (Wathen & Harris, 2007, p. 639). These responsibilities, ranging from caring for the young and sick, cooking, to fulfillment of matrimonial duties, leave women with little breathing space to venture in accessing health care outside of their homes. Consequently, lack of healthcare seeking, as well as poor health care access, causes a lot of health problems such as both maternal and child mortality during birth (LaFrankier, 2005).

The level of adult literacy in The Gambia is just over 37% (US Bureau of African Affairs, 2007). With much of the literacy rates composing mainly of males, and with women as traditional caregivers
of health in households, the impact of illiteracy cannot be overemphasized. Part of the impact is evidenced by the desperate need for health and health seeking behaviors. Access to health care is even further marginalized in rural Gambia where the literacy level, especially of women, is even much smaller and the distribution of health unequal and barely available in areas like Kiang West. Low literacy rate in both sides of the gender spectrum, along with poverty and gender and cultural beliefs, is a major determinant of health practice as well as the ability to access health care in most of rural Gambia (Barett & Browne, 1999).

Poverty and the environment are also key factors that are worth exploring in the wake of poor access to health care especially in the rural setting. In fact, poverty in itself is arguably the hallmark reason for virtually all forms of underdevelopment. As the first of the eight Millennium Development Goals (2007), poverty strikes the most impoverished nations, and causes a cascade of other global health problems. In places like Africa, where the proportion of people living on less than one dollar a day is over a staggering 40% (Millennium Dev. Goals, 2007) This includes Kiang West. In effect, the demands for fundamental priority in most daily spending are geared towards food for survival rather than health and health seeking behaviors.

Interventions

In the following discussion, I shall describe two intervention programs that may help address the issue of poor health care access in Kiang West. First, with the support of IMF and World Bank, SAPs should be totally eradicated (Lewis, 2006). Third world countries like The Gambia should have the freedom to distribute national income to major development sectors based on the needs of the country and not on powerful external pressure for international macroeconomic reasons. This will increase national spending in healthcare and decrease or eradicate user-fees in healthcare, education, and other public sectors. Debt relief programs could also be enforced so that government funds to service foreign debt could be spent on healthcare (Gloyd, 2004). More funds in healthcare, education, and transportation could mean more educated health care workers- in both total number and quality- and better transportation services. All the above are important and genuine pulling factors for marginalized people to seek health care access.

Secondly, an intervention to reduce poverty is greatly needed. There is an intervention that is already underway in Kiang West and the rest of The Gambia to reduce poverty. The United Nations Development Program (UNDP) has launched a program called The Fight Against Social and Economic Exclusion (FASE). This program was funded by the International Labor Organization (UNDP: Gambia, 2005). Through an employment of “a management team approach at central and regional/field office levels”, FASE “uses a participatory/demand driven strategy to address the needs of its beneficiaries” (UNDP: Gambia, 2005, p. 2). Among the program’s strategic objectives are empowering women and youth in their quest for successful micro-entrepreneurship; strengthening civil, private, and public organizations by providing financial and technical support; and supporting the formulation of policies and strategies in poverty reduction at a national level. The expected outcome of this program is that urban and rural women and youth will be better able to maintain and sustain standard livelihoods that will be unbarred by poverty.

According to a 2004 review, FASE is said to be excellently working in the rural areas like Kiang West. Such findings prompted this three-year project to be extended for another two years (UNDP: Gambia, 2005). Most people spend almost the whole day struggling to get food to eat and water to drink. With this struggle occupying their daily activities, there is usually not any time left to seek healthcare. Therefore, reducing poverty would greatly increase people’s chances of accessing healthcare.

In summary, I have discussed the issue of poor access to health care in Kiang West in detail, bearing in mind that it is also a global health problem. I have given an overview of The Gambia- this I thought was necessary in setting the stage for the discussion of Kiang West. I have also incorporated several conceptual variables such as SAPs, gender and culture, illiteracy, as well as poverty and the environment in the analyses of Kiang West’s poor access to health care. I have also described two intervention strategies to resolve this issue; a potential eradication of SAP, and an existing FASE program. In effect, one can only hope to find better ways to effectively tackle each of the conceptual variables that are negatively impacting health care access in places like Kiang West and around the world in general.
References


