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Kampala International University ISSN: *2413-9580*; 9(1): 143–149

# Impact of the Extended Family System and Access to Health Care Services in Kogi State, Nigeria.

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**Abstract.** The extended family system is prevalent in Africa society particularly Nigeria and Kogi State. However, such extended relationship is posed to the challenge of accessing health care services. This paper is written to interrogating the extended family system and access to health care services in Kogi State, the work examines how the extended family system affects easy access to health care services in the State. The study adopts descriptive research design and the top-man sample size formular was adopted in determining the sample size from the infinite population. The frequency and percentage methods were adopted in data analysis and hypothesis tested using chi-square statistical technique. The study shows that the extended family system adversely affected access to health care services in Kogi State. Therefore, the study recommends that government should intervene through provision of adequate health care facilities in Kogi State Nigeria.

**Keywords:** family, Extended family, health, care, services

## 1. Introduction

Family is among the most important social institutions in the world. Sociologists recognize the centrality of families in providing their members with valuable resources, both economic and noneconomic, in creating and shaping self and collective identities, and in the rearing and socialization of children. There is no doubt that family relationships and processes affect individual social and economic well-being in profound ways.

Family plays a significant role in every society across the globe. This suggests that family and not individual persons make up the households which transforms into community and the nation at large. Family refers to a group of people involving the father, mother and children (Ernest and Uyi, 2017). Though, this concept is apt but only applicable to a nuclear setting. Thus, extended family extends beyond the basic unit of society involving only the father, mother and children but involves other relations, kinsmen or in some instances involving a man and more than one wife that is, the polygamous settings which characterize most African societies including Nigeria.

Therefore, family structure is largely characterized with interrogation of status, power and relationships through which their dealings within and outside are executed. More so, in extended family structure, the family relationship goes beyond the father, mother and children but involve the married sons and daughters, brothers, cousins, aunties, uncles and other persons connected either through birth, marriage or kinship. Undoubtedly, this kind of family setting posed several economic, socio-demographic and psychological burdens to members of the family especially the family heads or their representatives who most times are responsible for providing other members of the family with such care. Family relationships may influence the health of its members by changes in cognition and emotion that results in physiological responses, which in turn can influence health outcomes.

Health care services are part and parcel of indices that build confidence to existence of human society. This is because, no matter the magnitude of provisions made available to family members, it will be considered incomplete where health cares are either not provided or inadequate. However, adequately providing health care services could sometimes attract unbearable economic and social

costs. To this end, family members could be posed with inadequate economic and social fortunes needed to take care of such expense. Therefore, the members of the family are adversely affected as they are face with constraint in accessing adequate health care services. This is no doubt affects their social and economic wellbeing, thereby leading to depression, agony, neglect, anxiety and sometimes even death. Therefore, this study fundamentally examines the impact of extended family system on health care services in Kogi State, North Central Nigeria.

Despite the quantum of studies available on this topic, no study of this nature has been conducted particularly in Kogi State, to determine how the family system affects access to health care services in the State. The study will contribute to the existing literature in this area; however, the study will be useful to family across various communities, private and Government in policy making and execution targeted at improving family access to Health care services in Kogi State, and Nigeria in general.

### 1.1 Statement of the Problem

In Kogi State, the extended family system seems to have been affected by the socio-economic and demographic conditions of the state. Frank, (2021) opined that, factors such as where we live, the state of the environment, genetics, income/educational level, and our relationships with friends and family has impact on our health and the quality of health care services access. However, while extended family system attracts socio-economic and demographic ties, it is also unclear whether these integrated benefits are without any forms of economic and social burdens especially increased pressure in accessing health care services among family members. Therefore, it is pertinent to empirically establish the veracity as well as magnitude to which extended family systems affects accessibility to health care delivery services in Kogi State.

### 1.2 Statement of Hypothesis

The study formulates a hypothesis which is stated in its null form:
$H_o$: Extended family system does not affect easy access to health care services in Kogi State.

## 2. Conceptual Clarifications

Concepts relevant to the study were reviewed to provide a detailed understanding of the topic under study.

### 2.1 Family

The World Health Organization has characterized the family as the "primary social agent in the promotion of health and wellbeing". Burgess and Locke (1945) defined 'Family is a group of persons united by ties of marriage, blood or adoption constituting a single household interacting and inter-communicating with each other in their respective social roles of husband and wife, father and mother, son and daughter, brother and sister, creating a common culture. Family is defined as a specific group of people that may be made up of partners, children, parents, aunts, uncles, cousins and grandparents (Omale, 2021). The family is a social group characterized by common residence, economic cooperation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting couple (Murdock, 1949 quoted in Steel, Kidd, & Brown, 2012, p. 2). A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family (U.S. Census Bureau, 2012).

Family is seen as the basic unit of human society. This means that the society is a combination of various families. Ernest and Uyi, (2017)) noted that family involves the head of the family usually father or his representative, the mother and children. To this end, family serves as a building block and fundamental of human living. Though, the ideological philosophy of having the father, mother and children as the segments of family structure has both theoretical and empirical backings. Aize (1995) further explained that, family structure in Africa is dominantly extended to other members such as cousins, in-laws, grand-fathers, grand-mothers within the family. This is because the extended family structure serves as networks of economic, social and emotional security for members of the families.

Onipede & Uche, (2006) explained that, Health is seen as the state of complete emotional and physical organization. Ojomah (2019) defined health as the condition of being sound in mind, body or spirit which entails total freedom from pain or physical disease. Health care is seen as an organized framework targeted at the provision of medical care to community and or individuals (Akpomuvie, 2010). More so, Omonona, (2015) see health care as a conscious effort made to restore, maintain or provide physical, emotional or mental wellbeing by a professional medical practitioner. Omonoma, (2015)

also noted that sound health is pivotal to a socially and economically productive living thereby, it is critical to nations productive capacity. This is because; inadequate provision of health inflicts significant hardship on households, family and societies.

To this end, provision of adequate health care propels individual and nations economic and social wellbeing. Thus, Peter (2011) argued that proper accessibility and utilization of health care services is anchored on the cost, quality and family structure. This implies that the number of persons accessing health care services will go a long way to dictate the quality of health care they could access. In addition, Aghion, (2010) argued that there is an economic burden attached to provision of health care. Therefore, the family structure largely dictates quality and accessibility to quality health care, accessibility could be in form of self medication, traditional care, private hospitals or government health care facilities and its accessibility depends on demographic, social and economic profile of the people.

### 3. Impact of the Extended Family on Health Care Services

The quality of our relationship with our extended family, Mother, father, siblings, aunties, grandparents etc., could make a real difference in their access to health care service. Attah (2016) opined that smaller families tend to result in higher IQ (intelligent quotients), academic achievement, and occupational performance. Large families produce more delinquents and alcoholics. Perinatal morbidity and mortality rates are higher in large families as birth weights decrease.

Ramashala (2013) Oluwasogo and Ibrahim (2020) argued that the extended family system especially in Africa is institutionalized towards rendering networks of mutual assistance to members of the family. Through this, there are bonds which regulate their relationships as well as strengthening their social securities. More so, Haqen, Zanker and Tawakoni (2012) argued that family membership especially the extended family structure integrates bond from the first through fourth generations, thereby institutionalizes social, material and material supports to each other. Though, Milton (2014) noted that modernization is gradually eroding cultural value which characterizes empathy, selfishness, mutual understanding and affinity. To this end, the reality of cultural erosion which characterizes individualism has posed great threat to humanities. This scenario is worrisome because the extended family structure hitherto is embedded in togetherness where marriages, inheritance and kinship are properly defined and institutionalized.

However, Abdullah (2018) argued that, a healthy lifestyle is usually developed, maintained, or changed within the family setting. Behavioral health-risk factors cluster within families because family members tend to share similar diets, physical activities, and use of substances (e.g., tobacco, alcohol, and illicit drugs). Hannatu (2021) observed that, Parents' health related behaviors strongly influence whether a child or adolescent will adopt a healthy behavior, and family support is an important determinant of an individual's ability to change an unhealthy lifestyle. Johnson (2013) added that, almost every important health behavior is a family activity or is strongly influenced by the family. An emphasis on physical activity and fitness is usually a shared family value. Parents' exercise habits and attitudes have a strong influence on their children's level of physical activity. Yakubu (2000) argued that family dynamics significantly impact health in both positive and negative ways. Having a close-knit and supportive family provides emotional support, economic well-being, and increases overall health. "Family relationships can influence physical health by changes in cognition and emotion that results in physiological responses, which in turn can influence health outcomes" (Campbell, 2003). This includes the effect of stress on the immune system and psychosomatic illness.

Functions of the Extended Family System in Kogi State, Nigeria

An extended family consists of people who are closely related living together in the same house or compound. Usually, it consists of parents, grandparents, uncles, aunties, cousins, nephews and nieces all living together in a huge house.

Extended family system performs certain functions in Nigeria and Kogi State in particular. Ekeopare (2012) noted that these functions include imparting of traditional education, discipline, social security for members of the family and serving as an economic security for the members of the family. Therefore, Ekeopare (2012) revealed that the extended family system serves as educating and teaching members of the family about the traditional norms, ethics and values. This is done through influencing the traditional behavioral pattern to its members. Discipline is properly inculcated through the instrumentality of the extended family system. This is carried out based on the consciousness that a well behaved child is a pride to the members of the family.

Therefore, effective discipline is ensured through provision of rewards and recognition to a well behaved member of the family as well as punishment to erring members of the family. More so, the extended family system is charged with the responsibility of providing an adequate social security and support to its members in terms of crises or other adverse circumstances that could warrant immediate network of supports.

Finally, the extended family system is charged with the responsibility of ensuring that its members consciously pursue genuine economic endeavors. This is done by rendering economic support and mentoring when the need arises as well as ensuring that members of the family who needs economic supports are given through contributions of financial or material items by kinsmen.

### 3.1 Disadvantages of Extended Family

- Difficulties in accessing quality health care services due to the large family size and the socio-economic conditions of the family heads.
- Individual's privacy may be denied in some cases because of the large number of people. There are some things you will want to do alone or sometimes one may want to think or spend time alone in privacy all of which is very hard to do in the extended family especially a very large one.
- There is also a kind of monarchy in extended family; this means that a decision made by the elderly (grandfather) usually cannot be challenged by any other person. This is a disadvantage because one may not be allowed to exercise his rights of freewill.
- Children get spoilt in extended family by the grandparents. Because the grandparents so love them, they are given freewill to do almost anything, for some even the bad deeds are ignored. The grandparents may also prevent the parents from taking action on their children and this brings about disrespect from the child's end.
- Trouble, quarrel and conflicts are almost inevitable in extended family. Most times, there are fights especially when there is no mutual understanding among members. You hear about cousins fighting cousins, an uncle hates his nephew and so on and so forth.

## 4. Methodology

This study adopts a survey research design which comprise of primary data. The population of the study is the total number of families in Kogi State. Though, there are available records of total population in Kogi State but such does not translate into a family structure especially considering the complexity of extended family structure in Africa society.

Therefore, the research considers the population of this study as an infinite population and questionnaire were distributed to heads of house hold and health personnel. To this end, the study adopts Topman sample size in obtaining the sample size for the population which is established as an infinite population.

The topman sample size formular is given thus:

$$\frac{n = Z^2 \quad Pq}{E^2}$$

Where n = The sample size

z = Standard deviation for 95% level of confidence (1.96)

p = Percentage of success rate (50%)

q = Percentage of failure rate (50%)

E = Limit of tolerable error = (5%)

Hence; $n = \frac{(1.96)^2 \times (0.5 \times 0.5)}{(0.050)^2}$

$n = \frac{3.8416 \times 0.25}{0.0025}$

n = 384

Therefore, the sample size is 384, however, out of the total number of respondents reached only 322 dully completed and returns their questionnaire given a retrieval rate of 84%. The instrument used in eliciting responses from respondents was a structured questionnaire which contains both demographic information of respondents and research questions. The data were analyzed using frequency and percentages while the hypothesis was tested using chi-square statistical techniques.

## 5. Data Analysis and Results

**Table 1:** Demographic Information of Respondents

| S/No. | Demography | Options | Frequencies | Percentage |
|---|---|---|---|---|
| 1 | Gender | Male | 144 | 45 |
| | | Female | 178 | 55 |
| | | Total | 322 | 100 |
| 2 | Family Size | 1- 5 | 74 | 23 |
| | | 6 – 10 | 123 | 38 |
| | | 11 and above | 125 | 49 |
| | | Total | 322 | 100 |
| 3 | Religion | Christianity | 121 | 38 |
| | | Islam | 176 | 55 |
| | | Traditional | 25 | 7 |
| | | Total | 322 | 100 |
| 4 | Marital Status | Married | 239 | 74 |
| | | Divorced | 21 | 7 |
| | | Widowed | 24 | 7 |
| | | Separated | 28 | 12 |
| | | Total | 322 | 100 |
| 5 | Educational Qualification | No formal Education | 96 | 30 |
| | | Adult Education | 22 | 7 |
| | | Primary | 53 | 16 |
| | | Secondary | 88 | 27 |
| | | Tertiary | 63 | 20 |
| | | Total | 322 | 100 |
| 6 | Age of Respondents (in years) | 18 – 30 | 68 | 21 |
| | | 31 – 50 | 189 | 59 |
| | | 51 – 70 | 48 | 15 |
| | | 71 and above | 17 | 5 |
| | | Total | 322 | 100 |
| 6 | Occupation | Artisan | 39 | 12 |
| | | Trading | 177 | 55 |
| | | Civil Servant | 49 | 15 |
| | | Farmer | 48 | 15 |
| | | Others | 09 | 3 |
| | | Total | 322 | 100 |

**Source:** *Field research, 2022*

Table 1: Shows the demographic information of respondents. The table revealed that 144 respondents (45%) are male while 178 (55%) are female. Again, it shows that 74 (23%) respondents have family size between 1 – 5, 123 (38%) 6 – 10 years, 125 respondents (49%) have family size of 11 and above. The religion of respondents shows that 121 (38%) are Christians, 176 (55%) are of Islam religion, 176 (55%) while 25(7%) are of traditional religion. In addition, the marital status of respondents revealed that 239 (74d$^{o}$) are married, 21 (7%) are divorced, 24 (7%) are widowed while 38 (12%) are separated. The educational qualification of respondents shows that 96 (30%) have no formal education, 22 (7%) have adult education, 53 (16%) primary education, 88 (27%) secondary education and 63 (20%) have tertiary education. More so, age of respondents shows that 68 (21%) are between the ages 18 – 30, 189 (59%) 31 – 50, 48 (15%) 51 – 70 years and 17 (5%) age of 71 years and above. Finally, the occupation of respondents shows that 39 (12%) are Artisans, 177 (55%) are traders 49 (15%) are civil servants, 48 (15$^{\%}$) are farmers while 9 (3%) are engaged in other kinds of occupations.

**Table 2:** To what extent do you agree that extended family system affects easy access to health care in Kogi State?

| Options | Frequency | Percentage % |
|---|---|---|
| Strongly agreed | 122 | 38 |
| Agreed | 79 | 25 |
| Strongly Disagree | 67 | 21 |
| Disagree | 54 | 16 |
| Total | 322 | 100 |

***Source:*** *Field Research, 2022*

Table 2 shows the extent to which respondents agreed on how extended family system affects easy access to health care in Kogi State. 122 respondents (38%) strongly agreed, 79 respondents (25%) agreed, 67 respondents (21%) strongly disagree while 54 respondents (16%) disagree.

Therefore, it can be concluded that most of the respondents strongly agreed that extend family system do affects their easy access to health care in Kogi State.

**Table 3:** What are the kinds of health care you normally access?

| Options | Frequencies | Percentage |
|---|---|---|
| Self medication | 81 | 25 |
| Government | 63 | 20 |
| Private | 145 | 45 |
| Traditional | 33 | 10 |
| Total | 322 | 100 |

**Source:** *Field Research, 2022*

Table 3 shows the indo of health care the respondents normally accessed. From the table, 81 respondents representing (25%) said they do access healthcare using self medication, 63 respondents representing (20%) said through government, 145 respondents representing (45%) said through private means while 33 respondents representing (10%) said through.
The traditional means of medication, this means that most of the respondents do access health care through private means.

**Test of Hypothesis**

The hypothesis is tested using chi-square statistical technique to be able to make a valid inference on whether the extended family structure affects easy access to health care services in Kogi State.
The chi-square test is executed using the formular:

$$X^2 = \Sigma \frac{(o - e)}{e}$$

Where o = observed frequency
e = expected frequency
with 5% level of significance and degree of freedom as (19 – 1).
Where k = number of options which in this case is (4 – 1) = 3.
The decision is to reject the null hypothesis if calculated chi-square value is greater than the critical value or otherwise it will be rejected.

Recall table 2, we have

| Option | o | e | o – e | $(o - e)^2$ | $\frac{(o - e)^2}{e}$ |
|---|---|---|---|---|---|
| Strong agree | 122 | 80.5 | 41.5 | 1722.25 | 21.39 |
| Agree | 79 | 80.5 | -1.5 | 2.25 | 0.028 |
| Strongly disagree | 67 | 80.5 | -13.5 | 182.25 | 2.26 |
| Disagree | 54 | 80.5 | -26.5 | 702.25 | 8.72 |
| Total | 322 | 322 | 0 | | 32.41 |

Source: *Field Research, 2022*

$$X^2 = \Sigma \frac{(o - e)^2}{e} = 32.41$$

The critical value 7.82 hence, since the calculated value of 32.41 is greater than the critical value of 7.82, the null hypothesis that extended family system does not affect easy access to health care services in Kogi State in rejected.

## 6. Conclusion

The study revealed that though the extended family system is part and parcel of most African settings and Kogi State in particular but such has posed huge economic and social burdens to its members especially access to health care services.

## 7. Recommendation

The research established the pivotal role of extended family system in strengthening networks of social interactions as well as social and economic security. To this end, its effects in hindering health care services by the numbers is recommended to be addressed through increased involvement by government and social health workers by providing free health care services to the citizenries. Again, the economic burden resulting from the network of

extended family setting should be addressed through provision of empowerment programmes by the government.

Finally, communal efforts in strengthening economic integration towards making easy access to health care services to members of the families should be adopted.

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