



Globalization impact on health in Nigeria: Evidence from Enugu State

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Abstract

The study is an empirical analysis of the impact of globalization on health in Nigeria with evidence from Enugu State. This is borne out of the problem that globalization is an ambivalent concept and process with its strengths, weaknesses, opportunities and threats (SWOT) or with costs, benefits and burdens. The objectives of the study are to determine the perception and attitude of the people to globalization; to determine the positive effects of globalization on health; to determine the negative effects of globalization on health; to determine how to maximize the benefits and minimize the costs of globalization on health in Enugu State. Being an empirical development research, the survey research design involving the collection, collation and use of primary and secondary data from a representative sample population of 323 (three hundred and twenty-three) respondents was used. Descriptive and inferential statistics with the aid of the Statistical Package for Social Sciences (SPSS) were used in data presentation, analysis and test of hypotheses in which all null hypotheses were rejected in favour of the alternate hypotheses which were accepted. The findings are that the people have good understanding and positive attitude to globalization, globalization has positive and negative effects on health and there are strategies to maximize the benefits and minimize the costs of globalization on health. The study concludes that globalization has impacted significantly on health in Enugu State. The recommendations are a robust and effective health policy, programmes and project, improved budgetary allocation and funding to the health sector, integration of traditional medicine and orthodox medicine and improved collaboration with donor countries and agencies to achieve desired health outcomes and sustainable human development.

Keywords: globalization, health, human development and health policy

Introduction

We live in a globalization and increasingly interdependent world. For developing countries, dependence on rich nations remains a stark fact of economic life. At the same time, the developed world, which once prided itself on its apparent economic self-sufficiency has come to realize that in an age of dramatically increased capital flows, diminishing natural and mineral resources, global environmental threats, accelerated international migration, burgeoning world trade in manufacturers and services and new forms of geopolitical tension, it is becoming even more economically dependents on the developing world (Todaro and Smith, 2009:998).

Rich-nation dependence does not centre solely on the need for energy and raw materials supplied or on the ability of key nations like Brazil, India and China to control their environmental damage. It is also manifested in the importance of LDCs as marked for developed country exports. The developing nations accounted for 47 percent in 1985; Moreover, developing nations provided almost 55 percent of U. S. imports in 2006, compared with less than 35 percent in 1995 (U.S. State Department, 2001). The economic progress of developing countries now has both a direct and an indirect impact on the economic performance of industrialized nations (Todaro and Smith, 2009:798).

International interdependence is not limited to the economic sphere. It is a broad spectrum with economic, political, social, cultural, technological and environmental dimensions (Ojebode, 2004:40). Globalization is therefore both a movement and a process. It is a movement of people, ideas, goods, technology and culture across the globe. As a

process, it involves the increasing integration of the world into a monolithic entity, or what Marshal McLuhan (1964) called a global village. Ojebode (2004: 40) described globalization as the process of integrating the nations of the world in all dimensions of human life.

Thus, Olaywola, *et al* (2004) view globalization as the way in which developments in one region, can rapidly come to have significant consequences for the security and well-being of communities, in quite distant regions of the globe. As there can be no island of prosperity in an ocean of economic instability, globalization expresses the widening scope, deepening impact and speeding up of interregional flows and network of interaction within all realms of social activity from the cultural to the criminal (McGraw, 2000).

Globalization is a force that can neither be halted nor ignored. This implies greater difficulties for countries trying to isolate themselves from the world market place. It offers growth prospects to national economies if they satisfy its requirements in terms of flexibly and competitiveness, which include designing and implementing domestic, which include designing and implementing domestic policies to met global requirements (IMF, 1997). It is argued that countries can be exposed to new technologies and ideas, which can create jobs, improve incomes and reduce poverty. This is predicted to have a positive influence on the health and nutritional status of people across the world. There is the presence of the perpetuation of social vulnerability (Bahalla and Lapeyre, 1999). Also, advances in information technology may have profound effects that directly influence health (Daulaire, 1999). The glamorization of self-serving and unsustainable lifestyles is one of the effects of

the spread in information technology, which may negatively effect health status and worsen poverty (Olayiwola, *et al*, 2004).

Emerging trends and realities of the continuous shrinking of the world into a seemingly homogenous space otherwise regarded as a global village are confirming the ambivalence of globalization as a world phenomenon (Odunlami, 2007:198). A dialectical nexus exists between globalization and development. Nigeria, being a major player in the commonwealth and comity of nations, has been influenced and impacted on in its development trends by the allied forces of globalization. Enugu State, as part of Nigeria is also impacted upon by the globalization phenomenon in the health sector.

Statement of Problem

Globalization is a very uneven process, with unequal distribution of benefits and gains costs and losses. This imbalance lends to polarization between the countries and groups that gain that are mostly in the North (more developed countries) and the many countries and groups in society that lose out or are marginalized, mostly in the South (less developed countries). Globalization, polarization, wealth concentration, poverty and marginalization are therefore interwoven. Globalization has been a mixed blessing to Nigeria, as a member of the less developed countries (LDCs) in the South. This study therefore sets out to investigate the impact of globalization on Nigeria's health, with focus on Enugu State.

The Objectives of the Study

The overall broad objective of the study is to examine or determine the impact of globalization on health trends in Enugu State of Nigeria. The specific objectives are as follows:

1. To determine the perception and attitude of respondents to globalizations.
2. To determine the positive effects of globalization on health in Enugu State.
3. To determine the negative effects of globalization on health in Enugu State.
4. To determine how to maximize the benefits of globalization and minimize the costs on health in Enugu State.

Research Questions

The research questions which are derived from the research objectives include the following:

1. What is the perception and attitude of respondents to globalizations?
2. What are the positive effects of globalization on health in Enugu State?
3. What are the negative effects of globalization on health in Enugu State?
4. How could the benefit and costs of globalization on health be maximized and minimized respectively in Enugu State?

Review of Related Literature

Nigeria's Position in the Globalizing World

The dismal picture of Nigeria's vulnerability to poverty in the globalizing era can be illustrated within the context of macroeconomic indicators. The Nigerian macroeconomic environment portends a picture that limits the ability of the

poor to tap into economic opportunities of globalization that can free them from poverty. The balance of payments position is highly precarious in the face of huge external debt and debt servicing requirements. This tends to limit the amount of resources available to revitalize the collapsing basic social and economic infrastructure. The country has also witnessed persistent high rates of inflation in the 1990s. Inflation contributes to the vulnerability of the population because it undermines investment and impedes economic growth.

The capacity utilization in the manufacturing sector in the 1990s that hovered around 29 and 39 percent hindered the employment capacity of the sector. The consequence of this is the ballooning informal sector that provides as high as 75 percent of employment in Nigeria. The low level of government budgetary allocation to both health and education is also a clear indication that priority is not placed on activities that have direct links with health and nutritional status. Expenditure on health fell from 3.30 percent in 1995 to 2.92 percent in 2000, while the proportion of government expenditure to education also fell from 6.33 percent in 1995 to 3.33 percent in 1999, before it was increased to 5.87 percent.

In terms of trade performance, the value of exports that rose rapidly from US\$3.47 billion in 1973 to a peak of US\$26.10 billion in 1980 fell drastically to US\$12.88 billion in 1999 (Oyejide, 2001). However, the value of imports rose from US\$6.04 billion in 1980 to a continuous rise of US\$8.59 billion in 1999. This clearly shows that globalization had a more expansionary imports than exports in Nigeria. The consequence of this development is deteriorating terms of trade during this period.

In order to provide an understanding of the environment within which globalization is taking place in Nigeria, an overview of the political and institutional developments is helpful. This is based on the economic intelligence ranking of countries between 1993 and 1997, but projected to 2002. The political environment is based on two major indicators political stability and political effectiveness (Olayiwola, 2003).

Nigeria ranks lowest among the African countries included in the survey. The country has become politically unstable since 1993 when a presidential election was annulled. The governance outlook of the country took a different turn with the return to democratic rule in 1999. Nigeria also falls below average in terms of political effectiveness (Olayiwole, 2003)

In the context of the Human Development Index of UNDP (2001), welfare seems to have improved in Nigeria from 0.322 in 1990 to 0.400 in 2000. The level of urbanization rose from 31 percent in 1985 to over 43 percent in 2000. As the urban population increased from 29.6 million in 1985 to 68.9 million in 2000, the rural population followed suit as it increased from 65.6 million to 90.3 million during the same period. This trend in urbanization is associated with problems of unemployment and lack of basic services such as water, sanitation and health care (Mabogunje, 1974). These problems arise because of the obvious mismatch between the growth of the urban population and available resources. The second problem is the character of urban growth, as a result of rural-urban migration. For example, Lagos city in Nigeria witnessed a remarkable increase in population from 53 million in 1985 to 12.89 million in 2000 (Abumere, 2001)⁽¹⁾.

The indicators of another dimension of globalization, information technology, are also considered. According to the International Telecommunication Union, teledensity was 34.38 in Europe in 1997, 30.38 in the Americas, 6.02 in Asia and 1.85 in Africa. In 1998, Nigeria had the lowest teledensity (4), compared to South Africa (115), Senegal (16) and Côte d'Ivoire (12). Cellular density (as a percentage of total telephone lines) for the Americas was 6.92 (18.6 percent), in Europe 4.57 (11.7 percent), in Asia 1.35 (8.3 percent) and in Africa 0.17 (8.4 percent). The number of mobile telephones per 1000 people in Nigeria was 0.01 in 1998. This number was insignificant compared to that of South Africa (56), Indonesia (5) and Egypt (1). The number of personal computers per 1000 persons was 5.7 in Nigeria compared to 47.4 in South Africa, 9.1 in Egypt and 11.4 in Senegal (Table 3). As of 2000, the number of Internet hosts per 1000 people was the smallest in Nigeria (0.01) compared to that of the Republic of Korea (60.03), South Africa (39.17), Indonesia (1.0) and even Senegal (0.32). In terms of television sets per 1000 people, the Nigeria figure of 66 in 1998 was only better when compared to Senegal (41) whose GDP is less than one-third of the country (Olayiwola, 2001).

Nigeria has recorded a rising profile of cyber cafes and Internet usage. From a mere 17 cafes in 1998, the number increased to no less than 1500 cafes in 2003. There were 153350 Internet users in 2001. Moreover, Nigeria accounted for the largest Internet usage in 2001 in West Africa. Nearly one out of every two West African users of the Internet was a Nigerian. However, Internet penetration was 0.08 percent of the entire population. Access to electricity is very low in the country. Less than 30 percent of the population has access to electricity. As of 1997, the consumption per capita of electric power was 84 kWh in a marginal increase from 77 kWh in 1990. But in the context of transmission and distribution losses, the Nigerian figure of 32 was more than triple that of the Republic of Korea.

In spite of this relatively poor performance when compared with other countries, overall the country can be said to have witnessed significant performance in attracting foreign investment since the advent of representative democracy in 1999, compared to the military dictatorship of the previous 15 years. In the last four years, a total foreign investment of over N70 billion has come into the country. In the area of Information and Communication Technologies (ICTs), four global systems of mobile communication operators have provided an additional 2 million lines within two years. Although Nigeria's cost of mobile calls is one of the highest in the world because of the poor state of infrastructure, competition in the market in the next few years is expected to bring down the costs. The number of motor vehicles increased threefold from four to 12 per 1000 people in 1980 to 1987, and the number of passenger cars also increased from three per 1000 people to seven per 1000 people. This was not matched by corresponding kilometers of paved roads, which increased marginally from 3 km per 1000 km road to 7 km per 1000 kilometer road. The resultant effect of this is the increase in traffic accidents from 123 per 1000 in 1980 to 732 per 1000 in 1998. Moreover, the number of air passengers has also decreased tremendously. International passengers decreased from 228516 in 1994 to 40166 in 1998. The same situation occurred with domestic passengers; they decreased from about 4.4 to 0.92 million during the same period (World Bank, 2000).

Positive Effects and Impact of Globalisation on Health

Information Communication Technologies (ICTs) and Health Information Technologies (HICTs) are the powerhouse and vehicle of globalization, globalization driven by ICTs have turned the world into a global knowledge economy or an information society. ICTs are the various software and hardware that use microelectronic devices to store, retrieve and disseminate information in large volume to heterogeneous mass of people worldwide at very fast rate. They include the satellite telephone, telex-internet, GSM, digital computer system, microchip, fax, multimedia system, e-mail, internet, CDs, laptop and desktop computer, in-pad and other electronic devices that have equally revolutionized communication and interaction in the world community (Onwe, 2007:154).

The information technology (infotech) revolution or the new technologies provide us with the opportunity of obtaining accurate, timely, relevant, appropriate and adequate information for decision-making in personal and corporate sphere. The speed, efficiency and reliability of these devices make them pillar upon which economic and political system in the international community rest. With the satellite television, every part of the world's linked to all the happenings in other parts and watched simultaneously and instantaneously. With the GSM one can make and receive calls anywhere, anytime. With the internet, you can obtain information about important events that enjoy network coverage, issues, subjects, organizations speedily, cheaply, and in minute details (Onwe, 2007:154).

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Health care delivery is the provision of promotive, preventive, curative and rehabilitative health services to the people at primary, secondary health institutions.

Information and communication technologies (ICTs) in health care delivery refers to a wide range of applications and tools that facilitates acquisition and sharing of information and knowledge in health matters (Ajayi, *et al*, 2008:259). As noted by Ajayi and Garba (2005), computers have become most prominent means of assessing a wide variety of information. Some of the ICTs that are of direct relevance to health care delivery include Electronic Patient Record (EPR), Electronic Bulletin Board (EBB), intranet Extranet and Internet, Tele-Medicine and Telecare, and World Wide Web (www). Others as Whatmore (1985) outlines include cable television direct broadcast satellite, two-way television, radio, newspapers and global system for mobile communication (GSM).

Even though none of the ICTs is specifically designed for use in health care delivery, they have been found to be useful in health care delivery system. The importance of

ICTs in contemporary health care delivery is underscored by the ever increasing need for speedy, informed, interactive and integrated service delivery in the health sector. And like the banking, administration and other sectors of human endeavour, the health sector is witnessing an increasing volume of information and applications, to which the ICTs provide invaluable access (Ajayi, *et al*, 2008:259). The internet for example, provides unbeatable access to this rapid and increasing volume of information in the health sector (Fraser *et al*, 1997).

ICTs have also enabled the health institutions to provide flexible and more qualitative health care services to patients. Reinforcing this argument, Afolabi and Adagunodo (2005) note that the convergence of new ICTs has enabled the health institutions implement Tele-Medicine, Tele-care and on-line health care delivery. Such on-line health care delivery can be CD-Ram-based, network-based internet or internet-based (Ajayi and Garba, 2005).

Furthermore, ICTs are relevant to health care delivery from the point of diagnosing diseases and ailments to the point of caring them. They provide limitless opportunities and access to vital information that assists in addressing human health problems (Ajayi, *et al*, 2008:257).

Interestingly, the benefits and applications in ICTs are not limited to the medical doctors and surgeons. They are equally extended to the paramedical health workers such as Nurses, laboratory scientists and technologists, pharmacists, nutritionist, physiotherapists, medical record officers, etc. This is for the simple reason that all medical fields are interrelated, such that there is a high degree of interdependency for effective discharge of duties (Ajayi, *et al*, 2008: 25:7).

In modern society, communication through the media is used as a tool of survival. Communication can also be used to report or warn about health related issues such as drug abuse. HIV/IDS, tuberculosis, malaria, polio media or ICTs can be used for aggressive advertising by anti-drug organizations, like National Agency for Food and Drug Administration and Control (NAFDAC) and National Drug Enforcement Agency (NDLEA) and by other Non-governmental Organizations and to promote other health campaigns and public service journalism on air and paper (Olise, 2008). Whatever the case may be, Wilson (2005), Nwosu (2007) and Nwodu (2007) advise that the communication messages should be deeply rooted in and reflect the cultural sensibilities of the generality of the people. UNICEF (2006) had this in mind in adopting the ACADA communication model in its polio eradication and routine expanded programme on immunization campaigns as well as national immunization days campaigns in Nigeria and the rest of the world. As a development communication model (DEVCOM), ACADA model is anchored on three strategies: advocacy, social mobilization and programme communication (Ojobor, 2007:50).

The broadcast media, which comprise the radio and television, are involved in persuasive campaigns and behaviour change communication. According to Ufuophu – Biri (2008), over the years the broadcast media have dished out information or campaign on how to avoid contracting the dreaded HIV/AIDS. Some of the campaign messages are generated, while others are produced and broadcast as part of their social responsibility. These messages according to Imoh (2003)^[18], span the ‘ABC’ of HIV/AIDS. A stands for campaign for total abstinence from sex, B – means

campaign for faithfulness to one’s sex partner, and C – stands for the campaign to use condom if one must have sex.

The broadcast media just like the print media play significant role in both informing and educating. Infact, Folarin (2002) says the media are pacesetters and agenda setters. They largely dictate the course and subject of discourse and members of the audience largely believe what the media say and do what the media say. Okolie (2005) say the power and role of the mass media exploring that the media are central in the provision of ideas and images which people use to interpret and understand a great deal of their everyday experience.

Tay-Yap and Al – Howamdeh (2001) argue that paramount as the need to give patients adequate information is, occasions for patient – doctor face-to-face contact for such communication are relatively few and brief, thus inadequate. This is due to large patient population and the shortage of physicians, not to mention specialists and doctor’s administrative duties. ICTs usage becomes imperative. Among ICTs the authors consider is Interactive Health Communication (IHC). This refers to communication between patients and health professionals via internet, telephone (including GSM) or other technologies to receive or send out health information. It is aimed at giving support or guide to patients, thus facilitating informed decision – making and enhancing self-cure.

Academics have continued to call for and support the adoption of ICTs in developing nations, citing its advantages while highlighting pitfalls to overcome. Obijiofor, *et al*, (2005) survey of ICT impact on Africa and Aisa-Pacific Socio-Economic and educational development reveals that Africans perceives ICT as —basic tools for survival, that is, increase efficiency in the workplace as well as facilitates easy and speedy communication. This leads to reduction in traveling, transportation and hazard (Shittu, *et al*, 2008:29).

Concerning higher education, Nyamjoh (2000), Tiamiyu (2002), Obijiofor, *et al* (2005) agree that ICTs provide African academics including health professionals the means to network with professional colleagues internationally. Though this, they can keep abreast of new trends in their disciplines. It affords them access to the latest research materials.

Nyamyoh (2000) and Tiamiyi (2002) view ICTs as valuable in medical care. They note that ICTs enhance distance diagnosis, increase number of doctors having access to quality information on medical technology and diseases, and thereby raise the efficiency of public healthcare. Individuals can search directly for medical information and consult physicians online, which is cheaper than face-to-face meetings with doctors (Nyamjor, 2000). Also ICTs can raise healthcare through information exchange among primary and tertiary health organizations, while facilitating aid to the disadvantaged through faster access to aid sources as well as ICTs – based diagnostic and monitoring facilities (Tiamiyu, 2002).

The Government of the Federal Republic of Nigeria (FRN) has since 2000 accelerated ICT development projects in the country. The nation’s ‘Information Technology (IT) policy and an implementing agency – the Nigeria Information Technology Development Agency (ITDA) have been established. The country launched the NIGERIAN SAT

satellite into spare in 2003 for environmental monitoring, as well as a communication satellite NIGCOMSAT and rural telephony/internet project interconnecting local government areas nationwide in May 2007. In furtherance of the ICTs implementation, the government and its major ministries and parastatls are online offering some governance service (Aderinokun and Ugwuodo, 2004). Nigeria IT policy statements on health indicate that ICTs will be used in improving healthcare delivery, reduce delivery costs, train medical professionals, facilitate research and health information dissemination. The strategies for realizing the objectives include: establishing internet connectivity among health care institutions making ICTs skills acquisition compulsory for all medical professionals, as well as encouraging the introduction of ICTs courses in medical and

paramedical institutions curricular. Other objectives are using ICTs to manage HIV/AIDS, leprosy and physical disabilities through online health educational programmes and conferences for youths and afflicted patients (Federal Ministry of Science and Technology, 2007:12-14).

Methodology

The data collected were presented and analyzed using descriptive and quantitative analytical techniques. These included tables, percentages, frequencies, charts and chi-square. The Statistical packages for Social Sciences (SPSS) version 10 or 13 was used to test the hypotheses postulated

Data Analysis

Table 1: Minimizing the costs and constraints of Globalization on Health

Option	Frequency	Percent (%)
Greater information education and communication (IEC) packages and kits on healthy living	57	20.66
Integration of traditional medicine with orthodox medicine	55	19.92
Improve working environment, health facilities to reduce brain drain	42	15.21
Best practices in the reduction and control of industrial and vehicular pollution	43	15.58
Adoption of best practices in the reduction and control of industrial, road, sea and air accidents and crash	79	28.63
Total	276	100.0

Source: Field Survey, 2011

Table 1 indicate the options for Nigeria to explore and adopt in minimizing the costs and constraints of globalization. Adoption of global best practices in the reduction and

control of accidents and mishaps has the highest frequency. This is illustrated in the figure below.

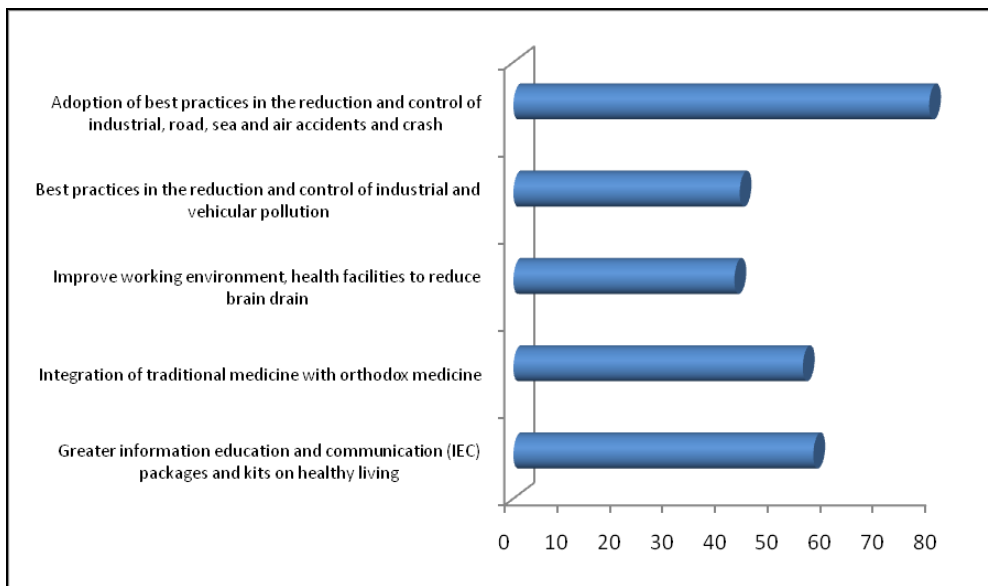


Fig 1: Minimizing the costs and constraints of Globalization on Health

Enhancement of Automated System

The position of the respondents as to whether globalization

has enhanced the automation of services in the health care is presented in table 4.16.

Table 2: Enhancement of Automated System

Option	Frequency	Percent
Agree	190	68.8
Strongly agree	68	24.7
Undecided	18	6.5
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	276	100.0

Source: Field Survey 2011

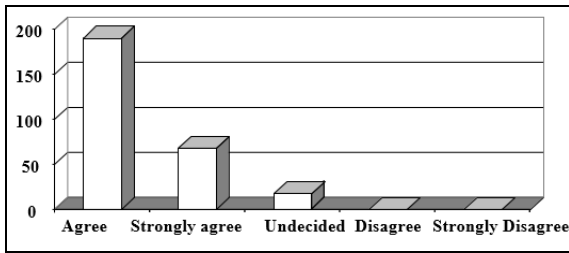


Fig 2: Enhancement of Automated System

With only 18 respondents (6.5%) not being sure, the majority of the respondents (93.5%) posited that globalization has enhanced the automation of the health care system in Enugu State.

Increased Access to Healthcare Facilities

The opinion of the respondents on whether globalization has led to increased access to health care facilities is presented in table 4.17.

Table 3: Increase Access to Healthcare Facilities

Response	Frequency	Percent (%)
Agree	108	39.1
Strongly agree	100	36.2
Undecided	18	6.5
Disagree	50	18.1
Strongly disagree	0	0.0
Total	276	100.0

Source: Field Survey, 2011

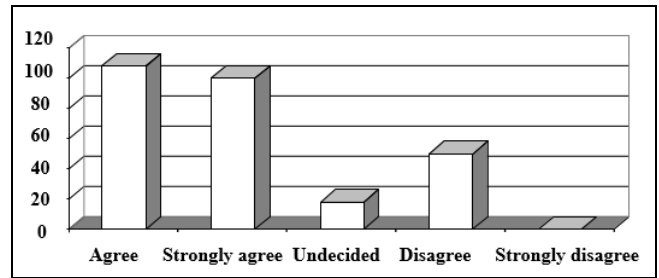


Fig 3: Increase Access to Healthcare Facilities

It is the opinion of the respondents that globalization has led to increased access to healthcare facilities in Enugu State. This is evident in the responses of 81.9% of the respondents who affirmed this assertion.

Test of hypotheses

The various hypotheses were tested and the results presented in this section.

Test of hypothesis one

This is restated in the null form

H₀: The impact of globalization on health is not facilitated by ICTs

Data presented in tables 4.10 and 4.11 was used in testing hypothesis one, with the Z- test statistics.

Table 4: One-Sample Kolmogorov-Smirnov Test Result for Hypothesis One

		ICTs does not facilitate globalization impact on health	
N		276	
Normal Parameters ^{a,b}	Mean	1,9167	
	Std. Deviation	1,252,03	
Most Extreme Differences	Absolute	.274	
	Positive	.274	
	Negative	-.232	
Kolmogorov-Smirnov Z		4,555	
Asymp. Sig. (2-tailed)		.000	

- a. Test distribution is Normal.
- b. Calculated from data.

Decision Rule

If $Z^2_{cal} > Z^2_{critical}$, the responses presented in table 4.10 and 4.11 are normally distributed. Based on this the null hypothesis should be rejected and the alternative hypothesis accepted. Otherwise, the null hypothesis should be accepted and the alternative hypothesis rejected.

Decision

As presented in table 4.3.1, since $Z^2_{cal} = 4.555 > X^2_{critical} = 1.96$, responses in table 4.10 and 4.11 are normally distributed. Thus, the impact of globalization on health is facilitated by ICTs.

Test of hypothesis two

This is restated in the null and alternative forms.

H₂: Globalization does not have any positive effects and impact on health in Enugu state

Data presented in tables 4.11, 4.13 and 4.15 was used in testing hypothesis two, with the kendall's W test statistics.

Table 5: Kendall's W Rank for Variables in Hypothesis Two

	Mean Rank
Existence of positive effect of globalization on health	1.71
Maximizing the benefit of globalization on health	1.76
Enhancement of automated system in health	2.54

Table 6: Kendall's W test result for hypothesis two

N	276
Kendall's W ^a	.982
Chi-Square	283.500
Df	2
Asymp. Sig.	.000

a. Kendall's Coefficient of Concordance

Decision Rule

If $X^2_{cal} > X^2_{critical}$, the responses in tables 4.11, 4.13 and 4.15 have same proportion of values the null hypothesis should be rejected and the alternative hypothesis accepted. Otherwise, the null hypothesis should be accepted and the alternative hypothesis rejected.

Decision

As presented in table 4.3, since $X^2_{cal} = 283.500 > X^2_{critical} = 5.991$, responses in table 4.11, 4.13 and 4.15 have the same proportion of values. This agreement among the responses is further emphasized with the Kendall's Coefficient of Concordance which is extremely strong at .982. The null hypothesis should be rejected and the alternative hypothesis accepted accordingly. Therefore, globalization has positive effects on health in Enugu State.

Test of hypothesis three

This is restated in the null form.

H₃: Globalization dose not have negative effects on health in Enugu State

Data presented in tables 4.13 and 14 were used in testing hypothesis three, with the kendall's W Test statistics.

Table 7: Kendall's W mean Rank for Variables in Hypothesis Three

	MeanRank
The negative effect of globalization on health	1.01
Minimizing the costs and constraints of globalization of health	1.99

Table 8: Kendall's W Test Result for Hypothesis Three

N	276
Kendall's W ^a	.524
Chi-Square	271.000
Df	1
Asymp. Sig.	.000

a. Kendall's Coefficient of Concordance

Decision Rule

If $Z^2_{cal} > Z^2_{critical}$, the responses presented in table 4.13 and 4.14 have the some proportion of values indicating agreement. Accordingly the null hypothesis should be rejected and the alternative hypothesis accepted. Otherwise, the null hypothesis the null hypothesis should be accepted and the alternative hypothesis rejected.

Decision

As presented in table 4.3.5, since $Z^2_{cal} = 271,00 > X^2_{critical} = 3.841$, responses in table 4.13 and 4.14 have the same proportion of values. This agreement is further emphasized by Kandall's Coefficient of Concordance which is 0.524. Thus, the null hypothesis should be rejected and the alternative hypothesis accepted. Therefore, globalization has negative effects on health in Enugu State.

Chapter five discussion of findings

Having undertaken this study, various findings) were obtained. These findings are in the data presented in chapter four in this section, the findings will be discussed under subheadings in consonance with the research objectives.

Perception and attitude of Globalization

The study reveals that the populace of Enugu has basic understanding and knowledge of globalization and also disposes a positive attitude toward the phenomenon. This knowledge and understanding is exhibited in the responses in tables 4.8 that globalization is a widening, intensifying, speeding up and growing impact of international connectedness and interrelationships (38.04%), a movement of people, ideas goods technology and culture across the

globe (26.09%), liberation of trade, finance and investment (18.84%), and change of statusquo (17.03%). In table 4.9, majority of the respondents are receptive to and embrace the change that globalization brings with it. This is represented by 53.26%.

However, 35.1% of the respondents need to acquire new skills, like computer and internet literacy and skills to cope with the change, while 11.60% of the respondents have a negative attitude or reaction to globalization and the changes it brings in its wake. This finding is in consonance with the views of Khor (1981) that globalization is the defining process of the moment, Nwodu (2007) that the = 'buzz word 'in the contemporary global economic, political, cultural and communications environments is globalization and that the concept straddles virtually all aspects of human endeavours. However, Scholars like Nwodu (2007), Izuogu (2007) and Amadi (2007) have ambivalent attitudes toward globalization. All scholars are of the view that globalization is facilitated by information communication technologies (ICTs).

Accordingly, the null hypothesis in hypothesis one which states that the impact of globalization on health is not facilitated by ICTs is rejected and the alternate accepted, since $Z^2_{cal} = 4.555 > X^2_{critical} = 1.96$. Thus, the impact of globalization on health in Enugu state is facilitated or enhanced by ICTs.

Positive effects of Globalization on Hhealth

A major finding of the study is that there are profound positive effects and impact of globalization on health in Enugu State. From the respondents' responses in table 4the positive effects of globalization on health include improved knowledge, attitudes and practice on health, hygiene and sanitation (12.70%); establishment of primary, secondary and tertiary health care centres and institutions (15.94); improved provision of safe drinking water and sanitation facilities (7.24%), availability of potent preventive and curative drugs and health facilities (11.96%), access to international practices on health diagnosis, treatment and care facilitated by information technology communications (ICTs) (15.21%), brain gain and overseas remittances (9.00 %), counterpart funding, grants, loans and other forms of aid by donor countries and agencies (18.11%), and adoption of the millennium development goals (MDGs) and consequent reduction of morbidity, mortality and improved life expectancy (9.78%).

Again, the second null hypothesis which states that globalization has no positive effects and impact on health in Enugu State, rather than receive empirical support was rejected. The calculated (chi-square (x^2) value of 283.500 at 2 degree of freedom and 0.05 level of significance is greater than the critical table value of 5.991 in responses 4.14, 4.16 and 4.17, there is agreement among the responses which is further emphasized with the Kendall's Coefficient of Concordance of 0.514 and so could not gain empirical support. Thus, globalization has positive effects and impact on health in Enugu State. This finding tallies with the earlier findings of Onwe (2001), Ajayi, Garba (2005), Ajayi *et al* (2008), Ojabor (2007), Obijiofor *et al* (2005), Shitte *et al* (2008), Nyamjoh (2000), Tianiyu (2002), FMST (2001) Adernokun and Ugwuodo (2004) IDRC (2004) and Tay-Yap and AC – Hawareleh (2001), UNAIDS (2008), GFRN (2005, 2009); UNICEF (2008) and World Health (2002) in the literature review.

The negative Effects and Impact of Globalization Health

Author major finding of the study is that there are negative effects and impact of globalization on health. The result of the study in table 4 indicate that these negative effects are prevalence of HIV/AIDS pandemic (21.74%) as a result of regional and international tourism and increasing transnational exchanges, transactions and travels, prevalence of non-communicable diseases such as hypertension, diabetes, cancer and osteoarthritis (16.30%) due to imitation and adoption of western lifestyle; access to poisonous drugs and abortion operation (14.86%); water, air, land and noise pollution caused by vehicular, industrial and generator emissions and chemical fertilizers (18.12%) which adversely affect the health of the people, accidents and death caused by motor motorbikes and aircraft crashes (14.50%) like the road accidents that occur on Nigeria urban and rural roads almost on a daily basis and the recent DANA airline plane air disaster that killed all 153 persons on board; brain drain in the medical and health profession (10.14%) occasioned mainly by unfavorable and harsh working conditions and little or no opportunity for professional growth and fulfillment and relegation of tradition medicine practice and erosion of traditional values on sanctity of life (4.34%) which is fast. resulting in the extinction of indigenous knowledge, armed robbery, political killings and hired assassinations, ethnic-religious violence, violent communal land disputes and kidnapping in Enugu State.

Summary of findings

- The people of Enugu state exhibit good knowledge and understanding of globalization and have positive attitude toward it.
- Globalization has impacted significantly on health in Enugu State
- The impact of globalization on health in Enugu state is both positive and negative
- The benefits of globalization on health in Enugu State can be maximized through democracy consolidation, greater regional integration and global partnership, greater ICTs penetration and health technology, adoption of global best practices in health, improved findings and access to health care achievement of the MDGs
- The negative effects of globalization on health, in terms of cost and constraints care be minimized through greater IEC packages or kits on healthy living, integration of traditional medicine with orthodox medicine improved provision and administration of HIV/AIDS antiviral drugs and treatment, sponsorship of research into the cure of HIV/AIDS and other non-communicable diseases/best practice in the reduction and control of industrial and vehicular pollution and adoption of best practices in the reduction and control of road, sea and air accidents.

Conclusion

Enugu state, and by extension, Nigeria is currently caught in the globalization process and movement. This is because globalization is not only the defining process of the moment, but a cutting-edge movement for global development. Thus, it has impacted profoundly on health in Enugu state. It is, therefore, imperative to effectively manage globalization in order to maximize its positive

effects, benefits and impact and minimize the negative effects, costs, constraints burden and impact for expected health outcomes and sustainable development.

Recommendations

Based on the findings of the study and the conclusion, the following recommendations are made:

- Enugu state government should come up with a robust health policy, programmes and projects which will be effectively and efficiently implemented to achieve desired health outcomes as a development objective.
- There should be increased and optimal budgetary allocation and funding to the health sector to make the community health centres and urban hospitals. ‘healing centres and not killing centres’ or mere consulting clinics.
- Government should set up machinery to integrate traditional medicine and orthodox medicine for maximum positive benefits and impact.

The state should strengthen its policy of engagement partnership and collaboration with donor countries and agencies in the state, such as WHO, UNICEF, DFID, water Aid, Germany Leprosy and Tuberculosis relief centre, to achieve desired health and development outcomes.

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