

FAITH BASED HEALTH INSTITUTIONS AND RURAL HEALTH IMPROVEMENT IN BENUE NORTH – WEST SENATORIAL DISTRICT OF NIGERIA

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Abstract

Human health is very significant since it determines all other human activities. This study examines the activities of faith based health institutions in Benue North-West Senatorial District and how this has improved the health of the rural people. The objectives pursued by the study were to examine the available faith based health institutions in the study area, to evaluate the service delivery of the health institutions and assess their impact on the health of the rural people, the study apply the survey methodology. Gwer, Gwer-west, Tarka and Buruku Local Governments were selected for study; population of study was all workers and clergies in the church denominations and health institutions in the Local Government Areas, all beneficiaries of the health institutions and members of the general society. With the use of stratified and purposive sampling, 234 respondents were selected. Data were collected through structured interview and key informant interview, while data analysis was carried out using tables' percentages and the descriptive interpretive analysis. Findings show that, 13 health institutions were setup by 15 consistories and Parishes. These health institutions had adequate staff and equipment to operate, services rendered includes treatment of diseases and sicknesses, family planning, immunization HIV management, health and hygiene orientation. These were seen to have improved the health of the rural people in several ways including; prevention of diseases, anti-natal care for mothers and children, easy access to medical care during emergence situations like accident and delivery. The health institutions were however confronted with challenges including poor funding, low wages, and inadequate accommodation. It was then concluded that, Faith based health institutions have contributed much to the health of the rural people. Recommendations were made among others that, Government and Non-governmental organizations should partner with faith based health institutions to provide adequate health services to the rural people.

Keywords: Faith Based Organizations, Health Institutions, Rural Health Improvement, Benue North West Senatorial District, Chriatianity.

Introduction

The Church has been one of the largest single contributors to health in many parts of the world. In 2010, the Church Pontifical Council for the Pastoral Care of health Care Workers reported that, the church manages 26 percent of world health care facilities. According to this report, the Roman Catholic Church is the largest non-governmental provider of health care services in the world with around 18000 Clinics, 16,000 homes for the elderly, 5500 hospitals with 65% of them located in developing countries. (Doyle 2015)

Omotoye. (2013) explained how the Medical Mission in Uganda carried out the establishment of health facilities in the rural areas where the government hospitals were lacking. They also charged lower for treatment and even grant free medication to the poor, vulnerable and physically challenged. The church carried out the training of midwives and nurses as far back as 1918 so that, by 1932, the church in Uganda established 23 maternity and child welfare centres. In support of this view Doyle (2015) observed how at independence when the state suffered political instability, the Church with its external income and sources of medical provisions expanded its activities enormously such that, even leprosy homes opened their doors to outpatients for treatment, becoming the leading health care provider in many Ugandan districts. Today, the church still provide 30% of all health care services.

In Nigeria, Emejulu (2011) explained the need for the provision of health facilities become obvious immediately the Church commenced missionary activities in the society, they discovered that the adherents, had a lot of health problems and were ignorant of modern methods of treatment and the use of orthodox medicine. The church established Clinics and health care centres with medical personnel to attend to the sick among the adherent and other members of the society. Oloyede (2010) in agreement with Oyibo (2003) shows how the Church played a significant role in the health sector, some Church organisations rose to the task of establishing health centres, hospitals and maternity homes to take care of the health of the people. The first ever mission hospital in Nigeria was a 60 bed hospital built by the Roman Catholic mission (RCM) in Kingdom of Kororofa in 1705 Through this mission hospitals, many prevalent communicable diseases which proved incurable to the traditional healers like tuberculosis, measles, polio, small pox and leprosy were not only treated but were also controlled.

In the same way, Salami (2010) collaborating the views of Odumuyiwa (2006) observed that, the church in Nigeria became fully involved in health care delivery, as they established hospitals all over Nigeria. Mention must be made of the Medical Missionaries of Mary's Sisters (MMM) in the medical area which established Leper colony and homes for the handicapped for care of inmates, who were not just accommodated and fed but taught to be self-reliant through development of skills and teaching of handcraft to equip them for livelihood.

Oyedele (2008) also stated how the Church have contributed and is still contributing to the enhancement of health delivery system in Nigeria. The St. Philomena Catholic Maternity Hospital and the Anglican Maternity Home both in Benin City assist in health delivery while the Catholic Social Centre also in Benin City provides educational and recreational facilities for the population. There is the Seventh Day Adventist Mission, Jos, providing specialist medical attention in the country.

The Evangelical Church of West Africa (ECWA) is another indigenous Church in Nigeria which engaged in the development of the rural societies through the People's Oriented Development of ECWA (POD), ECWA Rural Development and ECWA Community Health Programme. These had the same target groups who are the rural poor and their needs are always related to agriculture and health. By this, the POD has affected the rural areas in several ways, like community based health care. The organisation provides community health Education to voluntary health workers and traditional birth attendants who care for the health needs of the community. (CRWRC, 2012)

More so, Deji (2012) explained how the Redeemed Christian Church of God (RCCG) has assisted in the effective implementation of some programmes like the eradication of polio, payment of taxes and eradication of HIV/AIDS pandemonium in the country. For example, the Church has a committee known as the Redeemed AIDS Programme Action Committee (RAPAC). The assignment of the group is to assist the patients medically, pray and meet the needs of the people. The financial needs of the committee are met by the Church and appeal is usually made to some International donors like the Red Cross Society, Family Health International and the United States Agency for International Development (USAID). The committee has a responsibility to encourage the youths to shun sex and say no to pre-marital sex. Regular seminars, symposia, banners and tracts are printed to assist the committee in achieving its programmes. Shishima (2005) have written extensively about the activities of the church in Benue State and Tiv land in particular, The NKST Church know as Universal Reformed Christian Church (URCC) Roman Catholic Church pioneered evangelisation of the land and the provision of social amenities for the rural people. Shii (2011) and Shii (2011) collaborate his views when they explained that in almost all the states and local governments of the federation there exist Church established educational, economic and health institutions, rendering various services to the rural people. This explains the level of involvement of the church in the provision of health facilities in Nigeria. With this in mind, the study is focussed on the contributions of the Church to the health of the rural people in Benue north- west Senatorial District,

The Matter

A lot of literatures have been made available on the efforts of the government to health care provisions both at the colonial and post-colonial area, mention is also made of the Church towards provision of health services without assessing the impact of such services on the health of the rural people. However observation shows that, many of the viable Clinics and maternity homes in many rural areas and even some towns in Nigeria are mission established facility while government and private hospitals and clinics are rare in rural areas. It is however true that majority of the Nigerian population still reside in the rural areas facing several health challenges due to inadequate social amenities poor hygiene and low standard of living. The study is then concerned about faith based health institutions set up in rural areas of Benue North-West Senatorial District, with emphasis on their functionality, services rendered, and the extent to which they have contributed to the improvement of the health conditions of the rural people. The study therefore pursued certain objectives

Study objectives

- i. To examine the health institutions established by the Church in the rural areas of Benue North –West Senatorial Districts.
- ii. To assess the health activities of the Church in the rural areas of Benue North –West Senatorial District
- iii. To evaluate the contributions of Church health institutions to the health of the rural people in Benue North-West Senatorial District.
- iv. To examine the challenges faced by faith based health institutions in the study area.

Scope of the Research

The scope of the research was specifically to examine the rate at which faith based institutions contribute to improving the health of rural people. In this research area faith based institutions sighted were only Christian health institutions and two prominent denominations, the Roman Catholic and Universal Reformed Christian Church (NKST) were studied as faith based institutions and their health institutions examined. Geographically the work was limited to Benue North-West Senatorial District, while the time coverage was from 2013 to 2023. Benue North West Senatorial District (zone B) is so wide, comprising Seven (7) local governments two urban and five rural in nature, However hence, the work was centred on rural people, the geographical scope of the study was limited to four (4) out of five (5) rural local governments that were rural in nature by the official classification of the Benue State Government. These include Tarka local government, Buruku local government, Gwer East and Gwer west Local government. The study will benefit both faith based health institutions and the government to reposition the provision of health services to the rural populace.

Justification for the study

The Nigerian society is driving towards privatization such that over dependency on government institutions does not profit the general society. The Church as a Christian organisation on the other hand have been doing much to develop the rural societies without due recognition by the government, the work therefore advertises the health activities of the Church both to the government and other NGOs interested in rural development to enable them partner with the Church to do more for the welfare of the rural people. The study also pose as a challenge to other Church denominations in the rural areas to contribute to the development of the rural society.

Theoretical Framework

Structural Functionalism as a theory is selected for this study and its arguments and submissions applied as the basis upon which the analysis and explanation of the study are anchored for better understanding.

Structural Functionalism

Structural Functionalism as a sociological theory, gives explanation for the evolution and dynamism of human society. This is one of the fundamental sociological theories propounded by August Comte, Herbert Spencer, developed further by Emile Durkheim and Talcott Parson. Functionalism views society as a system, that is, a set of interconnected parts which

together form a whole. Its basic unit of analysis is society, and its various parts are understood primarily in terms of their relationship to the whole.

The structural functional theory view society as a systematic interrelated interdependent evolving equilibrium oriented whole, representing underlying needs of functions, this is likened to a human body which has independent parts that are at the same time related one with another. In this case the understanding of one part or organ and in particular its contribution towards the maintenance of the organism helps in understanding the whole body system. In the same way, an understanding of any part of society requires an analysis of its relationship to other parts and most importantly, its contribution to the maintenance of society. Just as an organism has some basic needs to be fulfilled for it to survive, the society has basic needs that must be met if it is to continue existing. In this case the social institutions are seen as parts of the social system that function to keep it moving. (Graham, 1978) and (Ritzer, 2008)

As a religious institution, the Church has adherents who are part of the social system, and operate according to the belief and practices of the Church. This makes the Church functional and important to the smooth running of the society, apart from these, the Church performs latent functions of impacting on the other social institutions which emanates in the process of fulfilling its real responsibility of preaching the Bible and winning souls. The Church through its health institutions provide health services to members of the society thereby impacting on the health of the society. The functional nature of the Church has therefore sustained its existence over time within the society.

Methodology

Survey method was applied in the course of this study due to its appropriateness; hence it made provision for the use of strategies to select a sample of the population for study. The findings gotten from the study of the sample were then generalised to cover the entire population. The population of this work comprise of all the NKST Consistories and Roman Catholic parishes in Benue North Senatorial District which sum up to 37 located within the four local governments studied. A sample of these was then selected for study and all the health institutions set up by the sampled parishes and Consistories were studied. Highest ranking administrative staff of the health institutions set up by the Church, Church leaders together with members of the host communities were the respondents in this study.

Sampling Techniques

Stratified random sampling was used in selecting the Parishes and Consistories from where the respondents of this work were drawn. This was because; the study was carried out within two different Church denominations (Roman Catholic and NKST) and in four separate Local Government Areas (Buruku, Tarka Gwer and Gwer-West). These were therefore stratified and each of the local governments represented a strata, 15 Parishes and Consistories were selected from Gwer-West, Tarka, Gwer and Bururku local government areas unevenly according to their sizes, this was to guide against dominant representation from any local government. 13 health institutions were identified within the 15 Consistories and Parishes. The respondent were therefore in different categories: 45 Church leaders from 15 Church institutions, 39 administrative leaders from 13 health institutions and 150 members of the

general public which all totalled up to 234 respondents. Data were collected using structured interview and key-informant interview, the information collected was analysed qualitatively and quantitatively using tables, percentages and descriptive interpretive analysis.

Data Presentation and Analysis

Data was presented and analyzed with respect to the health institutions established by the Consistories and Parishes studied, the various services rendered by such health institutions, level of patronage, availability of equipment and drugs, availability of staff impact of these health institutions on the health improvement of the rural people and challenges faced by such health institutions. The information was presented and analysed under different tables and subheadings.

Health institutions setup by the Church in the study Area

Data were presented on the names location and year of establishment of the health institutions in the various rural communities within the study area as seen on table one

Table 1 Church Established Health Institutions in the Study Area

S/N	Names of Health Institutions	Location	year
1.	NKST Health Care Centre Sev-av	Buruku LGA	1930
2.	Primary Health Care Centre Buruku	Buruku LGA	1973
3.	Comprehensive health Care Centre Garagbough.	"	1970
4	St, Christopher's Health Clinic Annune	Tarka LGA	1979
5	Father Mathias Health Care Unit Naka	Gwer-West LGA	1983
6	NKST Primary Health	Tarka LGA	1970
7	NKST Health Clinic Uchi Care Centre Biliji	Tarka LGA	1985
8	NKST Health Clinic Wuna	Buruku LGA	1990
9	St. Martins De, Porries Health Care Centre Abwa	Buruku LGA	
10	.Voluntary Health Laboratory and Birth Attendance Annune	"	2010
11.	NKST Primary Health Care Centre Atukpu	Gwer-West LGA	Not certain
12	NKST Primary Health Care Centre Taraku	Gwer LGA	Not certain
13	St. Patrick's Health care centre Taraku	Gwer LGA	Notcertain

The table above indicates the presence of health institutions set up by the Church in rural areas. Right from 1930, the rural areas of Sev-av in Buruku Local Government Area had access to health care services through the efforts of the Church. The Church did not leave out these efforts despite the full participation of the government and private individuals in setting up health institutions. The table shows that another health care centre was established in 2010

within the study area. Pictures of some of the health institutions set up by the Church are seen at the plate below.

Plate 1



plate 2



Plate 3

plate 4

Plate 1, St. Martin De Porres Health Care Centre Abwa, Buruku LGA, plate 2, Father Mathias Health Care Centre Naka Gwer-West LGA ,plate 3 NKST Primary Health Care Centre Taraku. Gwwer LGA, plate 4 NKST Primary Health Care Centre Annune Field study 2023

The condition and Operation of Church Established Health Institutions in the Study Area

Data were collected from administrative officers of the health clinics to check their operations in rendering services to the rural communities. To this effect, several variables were considered e.g. the availability of drugs, facilities, staff strength and level of patronage of such clinics by the rural populace and nature of services rendered. This information is presented on the different tables for more clarification.

Data were presented to show the staff strength of the various health institutions set up by the Church in the study area. It was revealed that, the health clinics had varying number of staff ranging from 7 to 15 staff per Clinic. These include nurses, community health workers, laboratory technicians, birth attendants, cleaners, and security guards. While this number of staff was said to be adequate for some clinics, it was inadequate for others, depending on the level of patronage of the clinics. The information is tabulated as seen below.

Table 2 Number of Staff in Church Established Health Clinics

S/N	Names of Health Institutions	Location	Number of Staff
1.	NKST Health Care Centre Sev-av	Buruku LGA	7
2.	Comprehensive health Care Centre Garagbough.	"	15
3	NKST Primary Health Care Centre Biliji	Buruku LGA	8
	St. Christopher's Health Clinic Annune	Tarka LGA	12
4	Father Mathias Health Care Unit Naka	Gwer-West LGA	9
3	NKST Primary Health Centre Annune	Tarka LGA	11
7	NKST Health Clinic Uchi	Tarka LGA	8
8	NKST Health Clinic Wuna	Buruku LGA	7
9	St. Martins De, Porries Health Care Centre Abwa	Buruku LGA	10
10	.Voluntary Health Laboratory and Birth Attendance Annune 7	"	
11.	NKST Primary Health Care Centre Atukpu	Gwer-West LGA	8
12	NKST Primary Health	Gwer LGA	8
13	St. Patrick's Health Care Centre Taraku	Gwer LGA	13

Field Study 2023

The table above illustrates availability of medical staff in Clinics set up by the Church, as health Clinics had between 7 to 15 staff. However, it was observed that, there was no stipulated number of staff required to be employed by every Clinic rather, staff strength was purely determined by the level of patronage of the health institutions, as there were some clinics with 15 medical staff which still complained about inadequacy of staff, while some clinics with fewer staff were satisfied with the number of staff on the list. Staff strength was therefore viewed exclusively by individual Health Centres in respect to the number of patients received and not just by the numerical strength of staff in a clinic. To this effect, majority of the clinics had the needed number of staff to render the expected services.

Another important variable considered was the availability of basic medical facilities in the clinics. Information was presented to indicate the rate at which the clinics were equipped with the basic facilities needed to handle the patients. This revealed that, 100% of the health institutions had structures, Furniture and maternity equipment, 61.5% had

Laboratory facilities while only 15.4% of the Clinics had theatre and mortuary facilities. Most of the health institutions therefore had the basic facilities necessary to render medical services to the patients, as presented in the table below.

Table 3 Medical Facilities Available in Church Established Health Institutions

			S/N
Nature of facilities		Frequency	Percentage
1	Building facilities	13	100
2.	Furniture	13	100
3.	Laboratory facilities	8	61.5
4.	Theatre facilities	3	25
5.	Mortuary facilities	3	25
6	Maternity equipment	13	100

Field Study 2023

The table above shows how the health institutions set up by the Church had the basic health facilities needed to cater for their patients. 13(100%) of them had structures, furniture and maternity facilities, 8(61,5%) had laboratory equipment while 2(15.\$%) had theatre and mortuary facilities. This indicates that most of the health institutions had at least simple equipment for medical services., observation from most of the Health Clinics shows that, what most of them referred to as medical facilities were basically simple equipment for diagnoses, simple laboratory equipment for some common medical test and maternity equipment for handling birth deliveries, all the clinics also had hospital beds for accommodating in-door patients. These materials were however manageable.

Sources of drugs in these Clinics became an important variable to check its capability to treat patients. Data presented indicates that apart from buying, 4(30.8%) of the Clinics access drugs from a donor agency known as Centre for Integrated Health Programme while 12(92.3%) purchased the drugs used in their clinics. It was clear that even the clinics which receive drugs from donor agencies still purchase some of the drugs which were not donated as seen in the table below.

Table 4 Sources of Drugs in Church Established Health Institutions

S/N	Source of Drugs	Health Institutions	Percentage
1.	Donations	4	30.8
2.	Purchase	9	69.2

Field Study 2023

The information from the table above shows that, 9(69.2%) of the Church established Health Clinics indicates that they purchase drugs for treatment of patients while 4(30.8%) of the Clinic out of the 9 clinics receive drugs from donor agencies apart from buying drugs. In a follow

up question to find out how some of the clinics had access to free drugs, it was discovered that these were the clinics that were in alliance with some health agencies like Centre for Integrated Health Programmes for handling some challenging health problems in the state.

With this arrangement, almost all the Roman Catholic Clinics studied had access to such donor agencies which provided them with adequate quality drugs. However, some of the clinics which could not access donations, purchase the needed drugs from Pharmaceutical shops. In some cases where certain drugs were not available, patients were referred to the pharmacy after diagnoses to purchase the needed drugs.

Respondents who were administrative staff of the clinics were asked to rate the level of patronage of patients to these clinics and it was revealed that, the rating differs from one community to the other. While some clinics with up to 20 patients per day rated their patronage as low, others with fewer patients per day expressed satisfaction with the level of patronage rating it as high. 7(53.9%) of the clinics enjoyed high patronage 4(30.8% of them had average patronage while 2(15.3 %) of them suffered low patronage as presented on the table below.

Table 5 level of patronage of patients to Church Established Health Institutions

Level of patronage	Number of Health Institutions	Percentage
1. High	7	53.9
2. Average	4	30.8
3. Low	2	15.3
Total	13	100

Field Study 2023

The table above shows high rate of patronage to Church established health institutions. 7(53.9%) of the Clinics received high patronage indicating that many patients attend such Clinics for treatment, 4(30.8%) of the health institutions had average patronage, which shows that although not many people patronised the Clinics but at least a reasonable number of patients attend the Clinics, while only few 2(15.3%) of the institutions suffer low patronage, indicating poor attendance perhaps due to inadequacy of drugs and facilities needed to render health services to the patients. Thus, majority of the Health Clinic enjoyed high patronage. It implies that, the Church established health institutions actually impacted on the health needs of the people since patients patronised most of them.

However, determining the level of patronage to these Clinics was difficult, in the sense that, some Clinics which had 20 patients per day in some communities rated the patronage high while others with even more than thirty patients complained of low or average patronage, therefore, the population of people in a particular area was a major factor in determining the rate of patronage of a Clinics.

Data were presented on the nature of medical services rendered by the various health care centres to reveal its impact on the health lives of the rural communities and it was discovered that, a variety of services were commonly rendered by most of the Clinics, however, there were some services that were not obtainable in certain Clinics as represented as below.

Table 6 Medical Services Rendered by the Health Centres

Nature of Services Rendered	Number of Medical Institutions
1. Diagnoses and Treatment of diseases	12
2. Family planning	9
3. Surgical services	2
4. Pre-natal and post-natal care	12
5. Immunization	11
6. HIV services	9
7. Health Talk	13
8. Health Hygiene and diseases Preventive services	13
9. Mortuary services	
10. 10. Training of medical personnel	1

Field Study 2023

Data from the table indicates that, all the 13 Clinics rendered services like health talk and preventive health services which enlightened the community on prevention of diseases. 12 of the Clinics carried out diagnosis and treatment of diseases and maternity serves, 11 of the Clinics were involved in immunization services, 9 of the Clinics rendered HIV/AIDS services and family planning services, 2 Clinics rendered surgical and mortuary services while only one health institution rendered training services to Laboratory and birth attendants. The above information indicates that though these health institutions participated in rendering common services, there were some specific services that were rendered by only few, either due to availability of facilities or as a nature of Church policy. For instance in all the Roman Catholic Clinics, family planning services were absent due to Church policy, as their doctrine forbids family planning.

In some societies mortuary services were made available, which helped to take custody of corpses in the villages. One of the institutions was a training institution, which did not treat sicknesses. However, most of the institutions rendered basic medicals services needed by majority of the patients thereby contributing immensely to the health of the community. This sustains the ideas of Crampton (2004) who is the view that, the Mission hospitals, Clinics maternity and leprosy homes treats sicknesses and diseases and at the same time render disease preventive services like health enlightenment talks to the people to improve their hygiene and eating habit. . Below is the picture of a morgue in one of the faith based health institutions in the study area.



Plate 5. Mortuary services at St. Christopher's Health Clinic Annune

Field Study 2023

An assessment of health activities of the church in the rural areas indicates that, the church was very effective in the provision of medical services to the rural people. Almost all the rural communities where the church existed had one health clinic or the other, and these were operational, performing their duties in the rural areas and attending to the health needs of the rural people. More so, basic health services like immunization, anti-natal services, HIV/AIDS, mortuary services and treatment of diseases were handled in almost all the church clinics studied. The clinics also partnered with Dona agencies to obtain assistance in various ways to boost their productivity. It was therefore clear that, health activities of the church were actually commendable.

The Impact of Church Activities on the Health of the Rural Communities

Information was collected from the administrators of the various Clinics set up by the Church and people within the host communities of such Clinics to ascertain its impact on the health of the rural communities. The information was then presented on different tables for the sake of lucidity.

Using an open ended question, Data were collected from 33 administrative staff of various Health Clinics which identified several ways in which the health status of the rural communities was improved by the health institutions set up by the Church, the responses were presented in the table below.

Table 7 Views of Administrative Staff of the Clinics about its Impact on the Health of the Rural communities

S/N	Impact of Health Clinics	Frequency	Percentage
1.	Health services are brought closer to the rural communities.	5	15.2
2.	Adoption of preventive health habits in the rural communities.	2	6.1
3.	Increased use of orthodox medicine by the communities.	6	18.2
4.	Emergency cases which would have claimed lives are averted.	3	9.1
5.	Reduced cases of infant and maternal mortality in the communities.	4	12.1
6.	Access to free consultation outside the Clinics.	1	3
7.	Easy access to Anti-natal and postnatal services.	7	21.2
8.	Increased management of HIV/AIDS in the community.	3	9.1
9.	Easy access to Immunization services for children.	3	9.1
Total		33100	

From the table above 5(15.2%) of the respondents were of the view that health institutions set up by the Church in the rural communities have brought medical services closer to the rural people making them easily accessible. 2(6.1%) of the respondents said that, some members of the community have adopted certain disease preventing health habits learnt from the clinics through health talks programmes. 6 (18.2%) respondents pointed out that the presence of the health institutions increased the use of orthodox medicine by the rural people who were used to exclusive herbal treatment of diseases 3(9.1%) of the respondents said that, emergency cases like accident or sudden ailment in the communities were usually rushed to the Clinics due to proximity thereby averting any consequence as a result of delay in medical attention. 4(12.1) of the respondents mentioned the fact that, services rendered by the Clinics have reduced infant and maternal maternity in the rural communities, hence rural women have nearby maternity homes to turn to during labour. 1(3%) of the respondents pointed out that, medical staff from the clinics living within the community usually offer free consultation to the rural people outside clinic when met they meet one on one for any health challenge 7(21.2%) of the respondents said that, postnatal and pre-natal services were easily accessed by the rural people. 3(9.1%) of the respondents were of the view that victims of HIV/AID were assisted by the clinics on how best to manage their conditions 3 (9.1%) felt that, rural children have easy access to immunization services due to the presence of the Church established Health Clinics. With all these, it was clear that the Clinics set up by the Church contributed immensely to improve the health of the rural people.

In expressing the importance of the Church established health institutions to the rural communities, one of the respondents a 42years female health extension worker at St. Christopher's Health Clinic Annune has this to say:

This Clinic is a referrer centre to other Clinics around here, cases which other clinics find difficult to handle are always transferred to our clinic where adequate staff and facilities are available to cater for the sick. Our theatre complex has reached 95% completion as you can see and by the time we are through with it, major operations would be carried out. Meanwhile

minor operations are successfully carried out. We charge moderately for our services, by this, we usually have so many patients both on admission and out patients. See plate 6 below.



Plate 6. Theatre Complex at St. Christopher Health Clinic Annune
Field Study 2023

It was also observed that, Health Clinics set up by the Church within the rural areas increased the consciousness of the people to access orthodox medicine because, most of the health workers render informal services to community members, who enjoy medical advice and free consultation out of Clinic. This was made possible because, majority of the health workers serving in such Clinics resided within those communities. They also relate with people at home, village market and during Church services. This clearly shows that the clinics were beneficial to the improvement of the health of the rural communities studied leading to rural development as the health of the people determines their productivity.

An open ended question was posed to 150 members of the host communities of the health institutions to know their views about its impact on the health condition of the rural communities. The respondents acknowledged the efforts of the clinics to improve the health of the rural people in different ways, the information was however continuous since all the respondents repeated several points already mentioned by others in the course of the interview, the information is presented on table 8 following

Table 8 Host communities View on impact of the health institutions

S/N	Impact of Health Institutions	Frequency
1.	The clinic has saved many lives during emergence	80
2.	Women no more born at home	38
3.	The Clinics are easily accessed	140
4.	Many people now go for modern medicine.	90
5.	Mysterious sickness are diagnosed.	73
6.	Training of birth attendants and other health workers	60
7.	Health talks and diseases preventive skills	47
8.	Eradication of Leprosy, measles and small pox.	75
9.	Free medical diagnoses on personal grounds.	100
10.	Decrease in death of HIV/AID victims.	50
11.	Increased awareness about child care.	70
12.	Affordable. Charges and friendliness	46

Field Study 2023

The above table, revealed several ways in which Clinics set up by the Church in the rural areas have impacted positively on the health of the rural people, many respondents mentioned similar ways the health institutions have benefited them these includes: easy access to medication (140), Personal home free medical diagnosis and treatment enjoyed by the poor masses (100), Exposure to orthodox medicine (90), saving of lives during emergence situations (80), Eradication of Leprosy, measles and small pox (75) increased awareness on child care (70) Handling of mysterious sickness (73), Training of birth attendants and other health workers (60) Management of HIV patients (50), health talks and diseases preventive skills (47) Affordability of charges and friendly atmosphere (46), availability of maternal homes (38).

The respondents were of the view that, the Clinics have saved many lives by arresting emergency situations medically. Accident cases and sudden ailment were handled in the nearby church established clinics which helps to avert the death of the victims. Some of them pointed out that due to the presence of these clinics pregnant women now have their babies born in the clinic and not at home under traditional birth attendants. The clinics provided easy access to maternity services within the rural areas improving the health of both the mothers and the new born babies. Some of the respondents mentioned the fact that, these clinics were easily accessed as they are located within the rural areas, nearness of the Clinics to the rural communities has influenced many people to apply modern orthodox medicine instead of herbs, also some of the ailments that appeared mysterious to the rural communities became well known as they were diagnosed and treated by the clinics. To some people immunization of children by the staff of the clinics has decreased the number of measles cases in the community also, staffs from such clinics usually offer free medication and medical advice to rural people in their homes as the need arises. With this situation cases of death among HIV/AIDS victims were minimised as the Clinics take good care of its management. Other respondents said that nursing mothers in the rural communities were taught about care of children and exclusive breast feeding from the Clinics. These responses revealed the fact that, health institutions set up by the Church in the rural areas actually affected the health lives of the people.

One of the respondents, a 74 years male beneficiary of the health clinic in the host community of NKST Primary Health Care Wuna Buruku Local Government expressed satisfaction with the existence of the Clinics when he says:

Before we had this clinic here, sometime a woman would be in labour in the night for hours, and there was no hospital we could easily take her to for safe delivery. Sometimes she would labour and die together with the child. The only hospital some could go to was at Mkar but at times before we could reach, they would die on the way. But since they opened this clinic, it is not like that again, immediately labour starts the woman can move to this clinic nearby and before you know the child is already crying. This my daughter here was born in this Clinic.

A probing question was asked to find out the relevance of the Mission Health Centres in the presence of new government and private Clinics littered everywhere in most rural areas and it was revealed that, the nature of control and management of the Clinics set up by the Church and the discipline instilled in their workers makes such clinics to stand out amidst others in the rural areas in terms of service delivery and were still highly patronised. More over some people delight in attending Clinics set up by their Church denominations instead of private or government Clinics. Therefore despite the increase in number of government established

primary health centres and private Clinics in the rural areas, the Health care centres set up by the Church were still very relevant to the lives of most rural dwellers.

Challenges faced by faith based established health institutions

Data collected from the 39 high ranking staff of the various Health institutions in rural communities revealed that, they were confronted with several challenges including low-payment of wages salaries, poor funding, inadequate social amenities and inadequate accommodation for staff The information was continuous in nature since all the health institutions had several uniform challenges as seen on table 9 below:

Table 9 Challenges faced by faith based established health institutions

Types of Challenge	Frequency
Low Wages and Salaries	39
Delay in Payment of Wages and Salaries	27
Inadequate Accommodation	20
Inadequate Social Amenities	35
Poor Funding	39

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The above table indicates that, Low wages and salaries, were the most prominent challenge facing the faith based health institutions in the study area since all (39) of the staff interviewed complained that their take home was not commensurate with the services rendered, and is not paid as when due. Poor funding was another serious challenge as pointed out by all (39) the staff interviewed who explained that, the Church usually expect the health institutions to be self-funded while the finances generated internally were not enough to take care of all that is needed to run those health institutions. With this situation it becomes very difficult for them to operate. Others (35) talked about inadequate social amenities like water, standby power sources, while some staff (20) mentioned inadequate accommodation which makes it difficult for them to reside within the premises of their work place. It was therefore clear that despite the operation of the faith based health institutions in the rural areas, they were confronted with certain problems capable of limiting their operations. These shows that, the faith based health institutions needs support to enable them operate effectively for the welfare of the rural people.

Discussion of findings

This study has examined the contributions of faith based health institutions to the health improvement of the rural people in the Benue North –West senatorial district where the Roman Catholic Church and NKST were selected for study and activities of their health institutions examined. Findings revealed that, 13 health institutions were set up by the 15 consistories and parishes in the study area, these rendered various health services to the rural people including Diagnoses and treatment of diseases, immunization, family planning, HIV prevention and management services, health and hygiene, pre-natal and post-natal care, training of medical personnel and mortuary services. These health institutions had medical equipment needed with desired staff and building facilities.

Findings shows that, the health services rendered by these health institutions have contributed immensely to improving the health of the rural people in the study area since such health facility were established closer to the people, accessibility becomes easy. In a key-informant interview with one of the most elderly man in Annune Tarka Local Government Area, he was asked to assess the value of St, Christopher's health Clinic to the community which he reacted saying " *This Clinic you see here is our saviour in this place, even myself would have died if not for this Clinic, there was a day I collapse in the mid-night not even talking and was rushed there by my wife, after treatment I started talking may be I would have died that day before reaching the town but see me here today*" One of the participants in a Key-informant interview in Bururku Local Government Area also expressed satisfaction with the services rendered by NKST Primary Health Care Wuna saying:

"This Clinic is of great help to many of us in this village, we receive immunizations of different types close by and many of the health workers here do give us free treatment at home when we don't have money to go to the clinic for treatment, they will check you free and write drugs for you to go and buy, with this we don't become stranded when a child get sick suddenly. One of them treated my mother's diabetic wound at home until the thing finished, we thank God for this Clinic"

Moreover rural people had opportunity to learn informally many health tips from the health worker which improve patronage to orthodox medicine. With this situation women within the child bearing age get enlightened on how to care for themselves and the new born children. These services were also discovered to have improved the health of the rural people who easily manage diseases like HIV through training gotten from such health institutions. The finding collaborates the ideas of Deji (2012) who explained how the Redeemed Christian Church of God (RCCG) has assisted in the effective implementation of some programmes like the eradication of polio, payment of taxes and eradication of HIV/AIDS pandemonium in the country. Observation shows that in most of the rural areas studied only faith based health institutions were in operation while in some areas they were the oldest. This indicates that the faith based health institutions are doing more than even the government in terms of rendering health services in the rural areas.

However, information collected from the staff of faith based health institutions operating in the rural areas studied shows that, they were faced with several challenges including low payment of salaries, delay in payment of wages and salaries, poor funding, inadequate amenities and accommodation. In an interview with an administrator in one of the Clinics in Gwer Local Government Area he laments "the Clinic is small and its financial turnover quite little but the Church rather demands money from us instead of supporting the Clinic financially" This shows that the health institutions suffer inadequate funding.

Contradiction of interest

The study had no contradiction of interest since both the churches studied and the health institutions were very comfortable with the information generated and ready to have the information generated given to hands that could assist them fund their activities.

Conclusion

The health needs of the rural people in Nigeria were basically looked into first by missionaries activities in the country, these came with the message of salvation and were interested in the physical wellbeing of their adherents with this health institutions were set up to render various degrees of services to the rural people. Findings of the study indicates that in all of the local governments studied there exist viable Church established health institutions closer to the rural people contributing in many ways including treatment, diseases prevention, health talks, mother-child care, HIV centres and immunization services. These have helped in exposing the rural people to the use of orthodox medicine as against traditional herbs hitherto used. This is indicative of the fact that if faith based health institutions are well supported by the government and NGOs in Nigeria, they can do creditably well in addressing the health challenges of the rural people.

Recommendations

It has become obvious from the study that, faith based health institutions have affected the health of the rural people, for them to do more therefore it is recommended that:

1. Government and non-governmental organizations should partner with the faith based health institutions to augment their efforts.
2. Faith based Health institutions should be supported with drugs and health workers to assist activities of such institutions.
3. New church denominations penetrating the rural areas should also get involved in setting up health institutions in the rural areas.
4. Rural communities to embrace the health institutions set up in their areas to benefit maximally from their services.
5. The Churches with health institutions in rural areas should intensify their support to such institutions to see that adequate and efficient services are maintained.

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