EFFECT OF HEALTH POLICY ON THE SURVIVAL AND PRODUCTIVITY IN SOUTH EAST, NIGERIA

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ABSTRACT

The study was on the effect of Health policy on the survival and productivity in Nigeria: A study of South East, Nigeria. The specific objectives were to: examine the effect of health policy on improving multiple resources of the people and determine the effect of health policy on the physical deprivation of the people. The study used explanatory mixed method, the opinion of the populace or residents, through survey method (questionnaire), was analysed.The target population 6,711 (Nine hundred and fifty two thousand, eight hundred and fourteen) made up of the selected firms and residence of capital cities of South East Nigeria namely: Enugu, Owerri, Awka, Umuahia and Abakiliki. The sample size of 364 was determined by the use Freund and Williams's formula. 345 questionnaires were returned and accurately filled. That gave 95 percent response rate. Data was presented and analyzed by mean score (3.0 and above agreed while below 3.0 disagreed) and standard deviation using Sprint Likert Scale. The hypotheses were analyzed using Z - statistic tool. Health policy had a positive significant effect on the improving the multiple resources of the people and Health policy had a positive significant effect on the physical deprivation of the people. Organizations that cares the health of their employees is a welcomed idea; because it reduces unnecessary sick leave and disability; medical costs; high rate turnover. The study recommended that there should be effective HRH polices towards employees health as it contributes to organizational productivity and government and entrepreneurs should establish healthcare facilities and make it affordable to serve the niche of health seekers.

KEYWORDS: *Health Policy, Survival and Productivity*

INTRODUCTION

1.1 Background of the Study

Health is a resource that is supportive to an individual's function in wider society. Health is a physical, mental, and social wellbeing, and a resource for living a full life. Health does not mean the absence of disease, but the ability to recover when affected and bounce back from that disease and other related problems. The factors associated with good health involve genetics, the environment, relationships, and education and also healthful diet, exercise, screening for diseases, and coping strategies improve an individual's health (Nordqvist, 2017). Health policy is those decisions, plans, and actions that are embarked on to achieve specific health care goals within a society. A very detailed health policy can achieve several things because it defines a vision for the future; establish targets of actions and points of reference for the short and medium term; it states priorities and the goals expected from different groups; and it builds consensus and informs people (WHO).

The Federal Ministry of Health in Nigeria (1998) stated that the health of the people contributes to better quality of life and it is essential for sustained economic and social development of the country as a whole. Consequently, health is regarded as a critical resource in the process of economic development. The expenditure on health in developing countries ought to be more important than that of the developed nations. For instance Nigeria, with relatively low level of mechanization and automation, health assumes additional dimension of importance in terms of implications for economic activities. The apartheid of responsibilities for health has inherent problems of coordination. In this case, Nigeria organizational structure and health system and has significantly affected managerial decisions, financing and incentive structure. This has altered the operation of healthcare facilities, hospitals and health centres in terms of medical inputs and service provisions. Chang (1998) and Rosko (1999) opine that changes in financial mechanism of public hospitals can increase financial pressures and point to the need for performance improvement.

Productivity expressed as a ratio of output to inputs, and it also can be expressed as units of a product. Labour productivity is measured as the total amount of output per worker and the cost of the worker-hour, the efficiency of a company is measured by productivity. Furthermore, other factors of productivity, such as creativity, innovation, teamwork, and even quality are qualitative and more difficult to measure, the more they produce, the more they contribute to profits for the company. The economists opine that productivity is good for individuals, organizations and countries (Petra, 2016).

In Nigeria, Agricultural and other physically demanding sectors are important sources of economic growth and development but prevalent diseases such as malaria, typhoid; cancer has unfavourably impact on the productivity, labour supply, and choice of job tasks among employees and thereby reduces the physical capacity of employees towards optimal productivity. Companies that promote and protect workers' health are on the rein of success and can stand the test of time against other firms (competitive). Organizations that promote the health of their employees is a progressive one; because it reduces undue sick leave and disability; medical costs; high rate turnover. When employees' physical and mental health is balanced it increases long-term productivity and good quality of products

and service. However, providing health insurance to employees and giving them the chance to visit doctors when they are sick is the right thing for employers to do.

1.2 STATEMENT OF THE PROBLEM

The effect of health policy on the survival and productivity in Nigeria companies is encouraging because the health of the people contributes to better quality of life and it is essential for sustained economic and social development of the country as a whole. The health policy has contributed in the productivity of so many companies in Nigeria whereby the employees have their sick leave, have the chance to see the doctor and medical tests are run in so many companies before proper employment.

The deficiency of health policy on the survival and productivity in Nigeria is as a result of improper supervision. Some companies find it difficult to approve sick leave of their employees and threatening them of job termination if contrary, in effect, employees go to work physically and mentally imbalance leading to poor productivity. However, unhealthy working environment reduce high level of productivity and also affect greatly the health of the workers.

The effectiveness and efficiency of health policy on the survival and productivity in Nigeria can only achieved if there is a consideration in setting up qualified and competent committee to supervise those producing/manufacturing companies in Nigeria, and construct an opened questionnaire for worker to express their pains; making sure that these companies have a good working environment for the safety of the workers and also ensure that periodic test are run in these companies for increase in productivity and good health of the workers.

1.3 OBJECTIVES OF THE STUDY

The main objective of the study was to evaluate the effect of Health policy on the survival and productivity in Nigeria: A study of South East, Nigeria. The specific objectives were to:

i. Examine the effect of health policy on improving multiple resources of the people.
ii. Determine the effect of health policy on the physical deprivation of the people.

1.4   RESEARCH QUESTIONS

i.   What is the effect of health policy on improving the multiple resources of the people?

ii.   What is the effect of health policy on the physical deprivation of the people?

1.5 STATEMENT OF THE HYPOTHESES

The following alternate hypotheses guided the study.

H_1:   Health policy has a positive significant effect on the improving the multiple resources of the people.

H_1:   Health policy has a positive significant effect on the physical deprivation of the people.

2.0 LITERATURE REVIEW

2.1 Conceptual Framework

2.1.1 Health policy

The World Health organisation defined health as "a state of complete physical, social and mental well-being and not just the absence of disease and infirmity but the ability to recover when affected and bounce back from that disease and other related problems". In this way, health is metabolic efficiency while sickness or ill health is metabolic inefficiency. In any organization or country, health is a fundamental goal of development. In addition, growth in health care costs has been attributed, at least in part, to the inefficiency of health care institutions (Worthington, 2004). A state in which individuals' physical, mental, and social well-being is intact; it leads to increase in social and economic productivity. (Dorlande, 2011).

2.1.2 Health Policy and Nigeria

This National Health Policy (NHP) emerged has a result of elaborate consultative process which involve all stakeholder in health, Federal Government Ministries, Department and Agencies, the National Assembly, the State Ministries of Health and the FCT Department of Health Services, Academia, Public Health Experts, Civil Societies and Development Partners, The Federal Ministry of Health and the Federal Government of Nigeria (Azodoh, 2016).

This commitment is also to ratify other development challenges in Nigeria, such as the emergence of a sustainable development goals, target, health risks posed by health emergencies, emerging and re-emerging epidemic diseases, changes in the epidemiological transition of Nigerians, as well as developments in the political economy affecting health including the projected downward trend in donor aid and available fiscal space for health. This provides the direction necessary in supporting the achievement of significant progress for an improvement in the performance of the Nigerian health system. This enlightened on strengthening primary health care as the foundation base of our national health system and provision of financial risk protection to all Nigerians; specifically for the poor and vulnerable groups. (Adewole, 2016).

2.1.3 Survival of Productivity in Nigeria

A country with low productivity growth was as a result of inadequate motivation and health care of their employees. In underdeveloped country like Nigeria, wages and salaries play an important role in determining productivity growth, low income don't have a significant effect on productivity growth in developed countries due to other motivational incentives and modern technological facilities made available to their employees .Public sectors in Nigeria has low productivity as measured by its output in relation to its capital and labour inputs. This is a problem emanating from government non sustainability action towards labor and its insensitivity towards the unappreciated wages and incentives given to public workers (Obasaolufemi, 2015)

2.1.4 Multiple Resources

Multiple Resources is those pools of resources per individual in which each pool is specific to only one stimulus modality or type of response whereby placing different tasks will draw varying demands on an individual's pools of their resources. The multiple resource model opine that there is a range of pool of resources in the brain, and that each pool is specific to only one stimulus modality or type of response, therefore placing different tasks will draw varying demands on an individual's pools of their resources (Pam, 2013).

2.1.5   Physical Deprivation

Deprivation is the state of being kept from possessing, enjoying, using or access to something. Physical deprivation is a system condition in which community or a region is

lacking the basic necessities of a society or community. Socio-economic deprivation can be described as the lack of social and economic benefits which are considered to be basic necessities of a society or community or in a broader sense of a region (Sarkar, 2014). Psychical deprivation occurs where regions with high demand and low supply of basic requirements often exhibit poor social and economic status compared to the other adjacent regions which mark the former as socio-economically deprived region (Pampalon, 2000).

2.2 THEORETICAL FRAMEWORK

Marginal Productivity Theory

Marginal Productivity Theory is a classical theory of factor pricing. It was advocated by a German economist, T.H Von Thunen (1826) and was further developed and discussed by other economists, J.B Clark, Walras, Barone, Ricardo, and Marshall. Marginal Productivity Theory laid emphasis on the significant of factor pricing. This theory states that under perfect competition, the price of services rendered by a factor of production is equal to its marginal productivity. Marginal product refers to the increase in amount of output by the addition of one unit of factor of production while keeping the other factors constant. The increase in the output with the addition of one unit of factors of production is known as marginal productivity (Nitisha, n.d)

Marginal productivity is that extra output gained by adding one unit of labor where all other inputs are held constant. In other words, the technology and efficiency of the factory stays the same. This is a matter of the common sense of a producer to pay a price to a factor only till marginal productivity of that factor will be equal or more than its price. It is the by the use of marginal productivity of the factor the producer makes good and sells in the market and then finally pays factors by that money.If the productivity will be less than price then how the producer will give payment to the factors of production (Verma, 2016).

2.3 EMPIRICAL REVIEW

Sang & Zawacki, (2009) conducted a research on Health Insurance and Productivity: Evidence from the Manufacturing Sector in US. The objective was to examine the relationship between employer-sponsored offers of health insurance and establishments' labor productivity. The empirical work is based on unique plant level data that links the 1997

and 2002 Medical Expenditure Panel Survey-Insurance Component with the 1992, 1997, and 2002 Census of Manufactures. These linked data provide information on employer-provided insurance and productivity. The study finds that health insurance offers are positively associated with levels of establishments' labor productivity. These findings hold for all manufacturers as well as those with fewer than 100 employees. Our preliminary results also show a drop in health care costs from the 75th to the 25th percentile would increase the probability of a plant offering insurance by 1.5-2.0 percent in both 1997 and 2002. The study provides encouraging and new empirical evidence on the benefits employers may reap by offering health insurance to workers.

Riman & Akpan, (2012), conducted a research on Healthcare Financing and Health outcomes in Nigeria: A State Level Study using Multivariate Analysis Calabar, Nigeria. The objective was to identify women who are of child bearing age and who had given birth to at least one child within the past five years. The study adopted the stratified sampling technique comprising of two rural Local Government Areas and one Urban Local Government Area in Cross River State, Nigeria. The study utilizes the multivariate analytical tool to describe the relationship that exists between health care financing, health facility utilization and health outcome in Nigeria. The study shows that the high levels of infant mortality and morbidity rate was associated with the high incidence of out-of-pocket payment, and the wide disparity and inequality in income distribution. The study finds a disproportionate disparity in the spatial distribution of health facilities, with concentration of health facilities at the urban areas rather than the rural areas, which of course contributed to the poor service demand. The studies therefore recommend among other things the review of the current Federation revenue distribution formula, with emphasis given to the Local Government Areas (who are the principal institution responsible for primary health care in Nigeria) and the speedy implementation of the National Health Insurance Scheme (NHIS).

Umoru & Yaqub, (2013) conducted a research on Labour Productivity and Health Capital in Nigeria: The Empirical Evidence. Lagos, Nigeria. The objective of the study was to analyze the labour productivity effects of health capital in Nigeria. GMM methodology was adopted in the estimation having tested for unit root and possible co-integration. Evident from the hypotheses the null hypothesis of an insignificant impact of health capital investment on labour productivity in Nigeria is vehemently invalidated on the basis of a significant Wald

coefficient. The analysis indicates that health capital investment enhances productivity of the labour force. The study shows that health capital investment is a significant determinant of labour productivity. The study finds the statistical significance of the education-labour and health capital-labour interaction terms. The study concludes that Nigerian government has to build capacity through investment in education in order to enhance productivity of the labour force. This would protect the economy from further negative trends in productivity growth.

Charlton, Rudisill, Bhattarai, and Gulliford, (2013) conducted a research on Impact of deprivation on occurrence, outcomes and health care costs of people with multiple morbidity. England. The objective of the study was to estimate the impact of deprivation on the occurrence, health outcomes and health care costs of people with multiple morbidity in England. Data were analysed for 141,535 men and 141,352 women aged ≥30 years, with 33,862 disease incidence events, and 13,933 deaths. Cohort study in the UK Clinical Practice Research Datalink, using deprivation quintile (IMD, 2010) at individual postcode level. Incidence and mortality from diabetes mellitus, coronary heart disease, stroke and colorectal cancer, and prevalence of depression, were used to define multi disease states. Costs of health care use were estimated for each state from a two-part model. The results show that deprivation is overall strongly associated with the incidence of the study conditions. Participants in higher categories of deprivation are differentially filtered into higher categories of multiple morbidity. The study concludes that the higher incidence of disease, associated with deprivation, channels deprived populations into categories of multiple morbidity with a greater prevalence of depression, higher mortality and higher costs. This study provides new evidence of the impact of deprivation on the occurrence of multiple morbidity. People living in social and material deprivation are channeled, through the higher incidence of disease, into higher categories of multiple morbidity.

Harrison, Caroline, and John (2013) conducted a study on the understanding the labour market of human resources for health in Kenya. Universal health coverage depends on having the necessary human resources to deliver health care services. Kenya is among the African countries currently experiencing a crisis in the area of human resources for health (HRH). The main objective of the study is to evaluate the effect of inadequate and inequitable distribution of Health Workers and health facilities; high staff turnover; weak

development, planning and management of the health workforce; deficient information systems; high migration and high vacancy rates; insufficient education capacity to supply the desired levels of health workers needed by the market; inadequate wages and working conditions to attract and retain people into health work, particularly in rural underserved areas. The study adopts survey research design. This shortage affects most of the available health worker categories. This study concludes that HRH labour market in Kenya, highlighting the importance of a comprehensive approach to understanding the driving forces that affect the supply and demand for health workers. The study recommends that effective HRH polices can contribute to progress towards universal health coverage.

Adjotor, (2013) conducted a research on the effects of occupational safety and health on labour productivity: A Case Study of Some Selected Firms in the Greater Accra Region of Ghana. The objective was to determine the effects of the health and safety of an organisation on one's productivity. The study use primary data from firm survey in the Greater Accra region of Ghana, the univariate estimation technique was employed to access the impact of employees' health and the safety of an organisation on employees' productivity. The study showed the impact of health and safety on performance indicators like attendance, quality, quantity, concentration and efforts of employees. The study finds that health and safety are vital to one's productivity. The study concluded that the impacts of health and safety on labour productivity were not organisation specific. The study recommended that firms should establish occupational safety and health offices that will ensure the wellbeing of their employees; health care incentives should cover all categories of workers; this is to offset constraints to health care demand. Finally there should be a system that evaluates monitors and controls risk at work places in order to reduce the decline in productivity associated with any kind of risk.

Anyika (2014) conducted a study on challenges of implementing sustainable health care delivery in Nigeria under environmental uncertainty. The main objective of the study is to explore the relationship between environmental uncertainty and health care delivery system in Nigeria. The study aims at reviewing the dynamics of health care delivery in some developed economies and Nigeria with regard to methods of adaptation of health care under uncertainty, and developing a framework for sustainable health care delivery. Databases were used to analyze the study. The study concludes that since the trouble with

Nigeria was identified as simply and squarely a failure of leadership committed and proactive health leaders are the imperatives to turn rhetoric into action. The study shows that environmental uncertainty has a multiplicity of interactions with different aspects of health care system, resulting in poor infrastructural development, inadequate government funding, absence of integrated system for disease prevention and surveillance, policy reversals, security challenges, and unimpressive health indicators in Nigeria. The study recommends that government and entrepreneurs should take advantage of the growing demand, to develop top class healthcare institutions to serve this niche of health seekers.

Osypuk, Joshi, Geronimo, and Acevedo-Garcia, (2015), conducted a research on "Do Social and Economic Policies Influence Health? A Review in US. The objective of the study was to examine whether social and economic policies influence adult health by documenting the health impacts achieved by "non-health" social programs that target low-income populations. The study adopted a multifaceted search strategy. We drew on expert knowledge of social policy evaluation; we searched the web sites of federal evaluation sponsors, including Department of Health & Human Services (DHHS) Assistant Secretary of Planning and Evaluation; DHHS Administration of Children and Families, Office of Planning, Research and Evaluation; Department of Housing and Urban Development (HUD) Policy Development and Research; as well as federal contractor websites that were hired to conduct evaluations. The study finds a considerable segregation of program eligibility by gender and family composition. The study concluded that Policy makers should design future social policies to evaluate health outcomes using validated health measures; to target women more broadly across the socioeconomic spectrum; and to consider family caregiving responsibilities as ignoring them can have unintended health effects.

3.0   METHODOLOGY

The study used explanatory mixed method, the opinion of the populace or residents, through survey method (questionnaire), was analysed. The target population 6,711 (Nine hundred and fifty two thousand, eight hundred and fourteen) made up of the selected firms and residence of capital cities of South East Nigeria namely: Enugu, Owerri, Awka, Umuahia and Abakiliki. The sample size of 364 was determined by the use Freund and Williams formula. 345 questionnaire were returned and accurately filled. That gave 95 percent response rate. Data was presented and analyzed by mean score (3.0 and above agreed

while below 3.0 disagreed) and standard deviation using Sprint Likert Scale. The hypotheses were analyzed using Z - statistic tool.

4.0   DATA PRESENTATION ANALYSIS

4.1   Likert Scale Analysis

Research question one. What is the effect of health policy on improving the multiple resources of the people?

Table 4.1:   Responses to research question one on the effect of health policy on improving the multiple resources of the people.

		5 SA	4 A	3 N	2 DA	1 SD	∑FX	-X	SD	Decision
1	There is a decision embarked for the future wellbeing of the people.	645 129 37	564 141 41	120 40 12	38 19 6	16 16 5	1383 345 100%	4.0	1.06	Agree
2	Plans are made to build consensus and informs people on healthcare goals in the society.	1225 245 71	256 64 19	30 10 3	36 18 5	8 8 2	1555 345 100%	4.5	..95	Agree
3	Actions are put in place to sustain a resource for living a full life.	745 149 43	420 105 30	87 29 8	46 23 7	39 39 11	1337 345 100%	3.9	1.34	Agree
4	Emphases are led on health as resource for economic development.	1105 221 64	296 74 21	18 9 2	54 27 8	14 14 4	1487 357 100%	4.3	1.11	Agree
5	Motivational incentives and modern technology facilities are made available to improve outputs.	750 150 43	304 76 22	87 29 8	82 41 12	49 49 14	1272 345 100%	3.7	1.48	Agree
6.	The output depends solely on the fulfillment of the employees in works conditions.	895 179 52	276 69 20	150 50 14	52 26 8	21 21 6	1394 345 100%	4.0	1.23	Agree
	Total grand mean and standard deviation							**4.2**	**1.19**	

Source: Field Survey, 2017

Table 4.1, indicated that during 2019 general election, there is no equality and justice before the law with mean score of 2.0 and standard deviation of 1.06 with 57 percent strongly disagree. There is no freedom of speech without fear with mean score of 2.1 and standard

deviation of 1.24 with 44 percent disagrees. Security of property was assured with mean score of 3.0 and standard deviation of 1.40. The freedom of conscience was not obtained with mean score of 2.7 and 1.39 with 54 percent disagree. There was freedom for moving about with easy no matter your party with a mean score of 3.6 and standard deviation of 1.0 with 48 percent agrees. There is freedom of interactions between party member with mean score of 4.0 and 1.23 with 50 percent strongly agree.

Research question Two: What is the effect of health policy on the physical deprivation of the people?

Table 4.2: Responses to research question two on the effect of health policy on the physical deprivation of the people.

		5 SA	4 A	3 N	2 DA	1 SD	∑FX	-X	SD	Decision
1.	There is room for financing and incentive structure for economic activities of the people.	870 174 50	452 113 33	52 26 8	22 11 3	21 21 6	1417 345 100%	4.1	1.11	Agree
2.	Health care facilities, hospitals and service provisions are there for the people.	1240 248 72	256 64 19	39 13 4	20 10 3	10 10 3	1565 345 100%	4.5	.92	Agree
3.	Physical and mental health is balanced which improves long-term productivity in our area.	1005 201 58	476 119 34	21 7 2	26 13 4	5 5 2	1533 345 100%	4.4	.83	Agree
4.	There are provisions for health insurance to employees which impact on good quality of production.	205 41 12	748 187 54	159 53 15	78 39 11	25 25 7	1212 345 100%	3.5	1.07	Agree
5	Employees are allowed to visit their doctors when they are sick.	730 146 42	488 122 35	144 48 14	12 6 2	23 23 7	1397 345 100%	4.0	1.11	Agree
6.	National health system and provision for finance risk protections are made available.	870 174 50	420 105 30	99 33 10	28 14 4	19 19 6	1436 345 100%	4.2	1.11	Agree
	Total grand mean and standard deviation							4.1	1.03	

Source: Field Survey, 2017

Table 4.2, observed that there is availability of resources to meet daily needs of the Nigeria citizens with mean score of 2.9 and standard deviation of 1.04 with 38 percent disagree. There is provision for quality of education and job opportunities with mean score of 2.6 and standard deviation of .98 with 55 percent disagree. There is provision for community based

resources in support of community living with mean score of 2.7 and standard deviation of 1.06 with 51 percent disagrees. There is Provision for equal recreational and leisure-time activities with mean score of 2.9 and .90 with 47 percent disagree. The provision for public policies that permit people to live better with a mean score of 2.2 and standard deviation of 1.18 with 57 percent disagree. It was agreed that the quality of life and technological advancement were in place with a mean score of 3.0 and standard deviation of 1.12

4.2 Test of Hypotheses

4.2.1 Hypothesis One: Health policy has a positive significant effect on the improving the multiple resources of the people.

Table 4.2.1 Contingency table of cumulative responses of Research Question One

Options	χ	F	Fχ	$\bar{\chi} - \chi_1 = \chi_1$	$F(\chi_1)^2$	$\Sigma f(\chi_1)^2$
Strongly agree	5	1073	5365	-.924	1073 x (-.924)^2	916.101
Agree	4	529	2116	.076	529 x (.076)^2	3.055
Neutral	3	167	501	1.076	167x (1.076)^2	193.349
Disagree	2	154	308	2.076	154 x (2.076)^2	663.701
S. Disagree	1	147	147	3.076	147 x (3.076)^2	1390.881
	15	2070	8437			3167.087

Mean score $(\chi) = \dfrac{F\chi}{N} = \dfrac{8437}{2070} = 4.076$

Variance $= (S^2) = \dfrac{\Sigma f(\chi_1)^2}{N-1} = \dfrac{3167.087}{2069} = 1.531$

Standard deviation $= \sqrt{S^2} = \sqrt{1.531} = 1.237$

Level of confidence $= 0.05$

Critical value $= 1.96$

Table 4.2.1.3: Z – test on the Health policy on the improving the multiple resources of the people.

Health policy has a positive significant effect on the improving the multiple resources of the people		
N		364
Normal Parameters	Mean	4.076
	Std Deviation	1.237
Most Extreme	Absolute	.183
Most Extreme	Positive	.183
Differences	Negative	-.129
Kolmogorov-Smirnon Z		16.462
Asymp. Sig.(2-tailed)		.000

a. Test distribution is Normal
b. Calculated from data

Decision Rule

If the calculated Z-value is greater than the critical Z-value (i.e Z_{cal} > $Z_{critical}$), reject the null hypothesis and accept the alternative hypothesis accordingly.

RESULT

With Kolmogorov-Smirnon Z–value of 16.462 and on Asymp. Significance of 0.000, the responses from the respondents as display in the table is normally distributed. This affirms the assertion that Health policy had a positive significant effect on the improving the multiple resources of the people.

DECISION

The calculated Z- value of 16.462 against the critical Z- value of 1.96 (2-tailed test at 95% level of confidence) the null hypothesis were rejected. Thus the alternative hypothesis was accepted which states that Health policy had a positive significant effect on the improving the multiple resources of the people.

4.4. Hypothesis Two: Health policy has a positive significant effect on the physical deprivation of the people

Table 4.4.2.1 Contingency table of cumulative responses of Research Question Two

Options	χ	F	Fχ	$\bar{\chi} - \chi_1 = \chi_1$	$F(\chi_1)^2$	$\Sigma f(\chi_1)^2$
Strongly agree	5	984	4920	.062	984 x (.062)^2	3.782
Agree	4	710	2840	1.062	710 x (1.062)^2	800.769
Neutral	3	810	2430	2.062	810 x (2.062)^2	3443.999
Disagree	2	93	186	3.062	93 x (3.062)^2	871.953
S.Disagree	1	103	103	4.062	103 x (4.062)^2	1699.484
	15	2070	10479			6819.987

Mean score $(\chi) = \dfrac{F\chi}{N} = \dfrac{10479}{2070} = 5.062$

Variance = $(S^2) = \dfrac{\Sigma f(\chi_1)^2}{N-1} = \dfrac{6819.987}{2069} = 3.296$

Standard deviation = $\sqrt{S^2} = \sqrt{3.296} = 1.815$

Level of confidence $= 0.05$

Critical value $= 1.96.$

Table 4.2.1.3: Z – test on the Health policy on the physical deprivation of the people

Health policy has a positive significant effect on the physical deprivation of the people		
N		364
Normal Parameters	Mean	5.062
	Std Deviation	1.815
Most Extreme	Absolute	.192
Most Extreme	Positive	.192
Differences	Negative	-.110
Kolmogorov-Smirnon Z		21.705
Asymp. Sig.(2-tailed)		.000

c. Test distribution is Normal

d. Calculated from data

DECISION RULE

If the calculated Z-value is greater than the critical Z-value (i.e $Z_{cal} > Z_{critical}$), reject the null hypothesis and accept the alternative hypothesis accordingly.

RESULT

With Kolmogorov-Smirnon Z–value of 21.705 and on Asymp. Significance of 0.000, the responses from the respondents as display in the table is normally distributed. This affirms the assertion that Health policy had a positive significant effect on the physical deprivation of the people

DECISION

The calculated Z- value of 21.705 against the critical Z- value of 1.96 (2-tailed test at 95% level of confidence) the alternative hypothesis was rejected. Thus the null hypothesis were accepted which states that Health policy had a positive significant effect on the physical deprivation of the people.

DISCUSSION OF RESULTS

4.2.2   The effect of health policy on improving multiple resources of the people.

The result of hypothesis one showed that the calculated Z- value of 16.4 against the critical Z- value of 1.96 (2-tailed test at 95% level of confidence) the null hypothesis were rejected. Thus the alternative hypothesis was accepted which states that health policy had a positive significant effect on the improving the multiple resources of the people. The result is in line with the study of Sang & Zawacki, (2009) on Health Insurance and Productivity: Evidence from the Manufacturing Sector in US. The study found that health insurance offers are positively associated with levels of establishments' labor productivity. People living in social and material deprivation are channeled, through the higher incidence of disease, into higher categories of multiple morbidity. Adjotor, (2013) asserts that health and safety are vital to one's productivity and recommended that firms should establish occupational safety and health offices that will ensure the wellbeing of their employees; health care incentives should cover all categories of workers; this is to offset constraints to health care demand.

4.3.2   The effect of health policy on the physical deprivation of the people
The result of hypothesis two, the calculated Z- value of 21.705 against the critical Z- value of 1.96 (2-tailed test at 95% level of confidence) the alternative hypothesis was rejected. Thus the null hypothesis were accepted which states that Health policy had a positive

significant effect on the physical deprivation of the people. People living in deprivation are channelled, through the higher incidence of disease, into higher categories of morbidity. Fatigue and sleep deprivation are correlated to mandatory and voluntary overtime and are also associated with work-related accidents in blue collar workers (Barger et al., 2005; Cochrane, 2001). Psychical deprivation is experienced by areas with high demand and low supply of basic requirements often exhibit poor social and economic status compared to the other adjacent regions which mark the former as socio-economically deprived region. The provision for equal recreational and leisure-time activities, public policies that permit people to live better, this makes quality of life and technological advancement to be in place.

5.0 CONCLUSION

Organizations that cares the health of their employees is a welcomed idea; because it reduces unnecessary sick leave and disability; medical costs; high rate turnover. When employees' physical and mental health is well balanced it enhances long-term output and good quality of products and services. However, providing health insurance to employees and giving them the opportunity to visit doctors when they are sick is the right thing for employers to embark on.

6.0 RECOMMENDATIONS

Based on the findings, the study recommended the following:

i.   There should be effective HRH polices towards employees health as it contributes to organizational productivity.

ii.   Government and entrepreneurs should establish healthcare facilities and make it affordable to serve the niche of health seekers.

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