

# Barriers to Access and Utilization of Social Welfare Services in Nigeria's Urban Health System: Evidence from Abuja Municipal Area Council (AMAC), Fct

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DOI: <https://doi.org/10.47772/IJRISS.2026.1026EDU0365>

Received: 19 May 2026; Accepted: 25 May 2026; Published: 20 June 2026

## ABSTRACT

Social welfare services are essential for addressing the non medical needs of patients within the healthcare system. However, in many urban areas of Nigeria, access to these services remains limited despite existing health policies. This study examined the barriers to access and utilization of social welfare services in health facilities in Abuja Municipal Area Council (AMAC), Federal Capital Territory. The study adopted a mixed methods approach, combining a survey of 184 respondents with in depth interviews of key stakeholders. Findings revealed that while services such as counselling, health education, and referral are available, financial assistance is limited. Awareness was relatively high (71.7%), yet accessibility remained moderate. Major barriers identified include financial constraints (65.2%), lack of awareness (59.8%), inadequate staffing (54.3%), and poor infrastructure (51.6%). The study concludes that structural and systemic challenges continue to hinder effective utilization of social welfare services in urban health settings. Using the Social Determinants of Health Framework, it highlights the need to address broader social and economic conditions beyond policy formulation. The paper recommends improved staffing, sustainable funding, public sensitization, and better coordination to enhance access to these vital services.

**Keywords:** Social welfare services, healthcare access, urban health, Abuja Municipal Area Council, barriers to access, Social Determinants of Health

## INTRODUCTION

Social welfare services form an important part of healthcare delivery in Nigeria. These services go beyond medical treatment to include counselling, financial assistance for vulnerable patients, health education, referral support, and other forms of social protection. In theory, they are meant to help patients especially the poor, elderly, disabled, and women cope with the social and economic burdens that often come with illness. Successive governments have introduced policies such as the National Health Insurance Scheme and the Basic Health Care Provision Fund to integrate social support into the health system. Yet, translating these policies into real help at the point of care remains difficult, particularly in urban settings (Federal Ministry of Health, 2022; World Health Organization, 2021). Nigeria's health sector continues to face deep challenges. Chronic underfunding, shortage of personnel, and high out of pocket expenses leave many families struggling. Even in the Federal Capital Territory, where better infrastructure is expected, access to basic social support within health facilities is uneven. Many patients who need counselling, help with transport costs, or assistance to complete treatment still go without it. This situation creates a clear gap: policies and programmes exist on paper, but the day to day reality for ordinary people, especially in rapidly growing urban areas, tells a different story (Yautama & Sylvanus, 2025).

In urban centers like Abuja, the gap between policy promises and actual access to social welfare services in health facilities has become a serious concern. Although Abuja Municipal Area Council (AMAC) hosts a mix of public and private health centers, many residents particularly low income families, migrants, and vulnerable groups still face significant barriers. Financial constraints, lack of awareness about available

support, long waiting times, inadequate staff, and poor coordination between health workers and social welfare officers frequently prevent people from benefiting from existing services (Familusi, 2025). Recent evidence shows that while awareness of some services such as counselling and referral exists, actual utilization remains low. Many patients continue to bear the full social and economic costs of illness alone. This leads to delayed treatment, incomplete care, and worsening health outcomes. This persistent disconnect between available policies and real life access in an urban setting like AMAC raises important questions about why well intentioned programmes often fail to reach those who need them most (Aregbeshola & Khan, 2022; Nigeria Health Watch, 2024).

This paper focuses on AMAC as a case study because the area council represents a typical fast growing Nigerian urban environment. With its blend of formal settlements, informal communities, and diverse population, AMAC offers valuable lessons for other cities across the country. Understanding the specific barriers to social welfare services in this setting can help policymakers, health administrators, and social workers design more practical and inclusive interventions (Yautama & Sylvanus, 2025). By highlighting both the strengths and weaknesses in current service delivery, the paper contributes to ongoing discussions on achieving equitable healthcare and social protection in Nigeria. The findings are expected to provide evidence based recommendations that can support efforts toward universal health coverage and better integration of social welfare into primary healthcare. Ultimately, improving access in urban areas such as AMAC is critical not only for individual well being but also for building stronger, more resilient communities (Federal Ministry of Health, 2022).

## Conceptual Review

### Concept of Social Welfare Services in Health

Social welfare services in the health sector refer to the range of non medical support provided to patients and their families to help them cope with the social, economic, and psychological challenges that arise from illness. These services go beyond clinical treatment to address the broader social needs of individuals. They typically include counselling, financial assistance, health education, referral to other support services, discharge planning, and help with accessing social benefits. The main goal is to reduce the burden of illness on patients, promote recovery, and prevent unnecessary complications that may arise from social and economic difficulties (World Health Organization, 2021). In Nigeria, the integration of social welfare into healthcare has been part of national health policies for several years. The National Health Act (2014) and the Basic Health Care Provision Fund recognize the importance of addressing both medical and social needs of patients. Social welfare services are expected to support vulnerable groups such as low income households, the elderly, persons with disabilities, and women, especially in maternal and child health. However, in practice, these services are often poorly coordinated and limited in scope within most public health facilities (Federal Ministry of Health, 2022).

Scholars have described social welfare services in health as a bridge between clinical care and social protection. According to Aregbeshola and Khan (2022), when patients face financial hardship, loss of income, or family stress due to illness, medical treatment alone is usually not enough. Social welfare interventions help by providing emotional support, linking patients to financial aid, and ensuring continuity of care after discharge. This holistic approach is believed to improve treatment adherence, reduce hospital readmissions, and contribute to better health outcomes. Recent studies in urban Nigeria have shown that the most common social welfare services available in health facilities include patient counselling, health education, and referral services. Financial assistance is less common and often depends on donor support or limited government funds. Many health facilities still lack dedicated social welfare units or trained medical social workers, making it difficult to deliver these services effectively (Familusi, 2025). Also, weak coordination between doctors, nurses, and social welfare officers further limits the impact of available services.

The concept of social welfare in health is closely linked to the idea of Universal Health Coverage (UHC). The World Health Organization (2021) argues that true UHC must include financial risk protection and social support, not just access to medical services. In the Nigerian context, however, many patients continue to experience high out of pocket expenses and limited social support, which pushes some families deeper into

poverty when illness strikes (Yautama & Sylvanus, 2025). Thus, while the idea of integrating social welfare services into healthcare is well established in policy documents, its practical application in facilities remains weak. There is a clear need to strengthen the presence, funding, and coordination of these services, especially in urban areas where population pressure is high. A better understanding of the conceptual foundation of social welfare in health is therefore important for identifying gaps and proposing realistic solutions.

### **Overview of Barriers to Access to Social Welfare Services in Health**

Access to social welfare services within the health sector remains a major challenge in many parts of Nigeria, particularly in urban areas. Even when these services are available, many patients are unable to benefit from them due to several interconnected barriers. These obstacles are not only financial but also structural, institutional, and socio cultural in nature. Understanding these barriers is essential for designing realistic solutions that can improve service utilization. One of the most significant barriers is financial constraint. Many households in Nigeria still rely on out of pocket payments for healthcare. Even when social welfare services such as counselling or referral are free, indirect costs like transportation, feeding during hospital visits, and loss of daily income make access difficult. Low income patients often have to choose between seeking help and meeting basic family needs. Studies have consistently shown that high out of pocket expenditure remains a major reason why vulnerable groups avoid or delay accessing available support services (Aregbeshola & Khan, 2022; World Bank, 2023).

Lack of awareness is another critical barrier. A large number of patients do not know that social welfare services exist in health facilities. Many only discover these services by chance or when their condition has worsened. Poor information dissemination, weak public sensitization programmes, and low health literacy contribute to this problem. In fast growing urban centers like AMAC, where populations are diverse and highly mobile, reaching people with timely and clear information has proven difficult (Nigeria Health Watch, 2024; Familusi, 2025).

Inadequate infrastructure and distance also limit access. Many health facilities lack dedicated spaces for social welfare activities. In addition, poor road networks and high transportation costs discourage patients, especially those living in informal settlements on the outskirts of Abuja. Even when facilities exist, long waiting times and overcrowded spaces reduce the willingness of patients to seek help. These physical and logistical challenges are common in rapidly urbanizing areas where population growth has outpaced infrastructure development (Yautama & Sylvanus, 2025).

Shortage of trained personnel is a persistent institutional barrier. Most public health facilities have very few or no qualified medical social workers. Where they exist, one or two officers are often expected to serve hundreds of patients. This leads to heavy workload, burnout, and poor quality of service. Doctors and nurses, who are already overstretched, rarely have time to provide the social and emotional support patients need. The limited number of trained social welfare officers therefore creates a serious bottleneck in service delivery (Federal Ministry of Health, 2022).

Bureaucratic bottlenecks and poor coordination further complicate access. Patients are often required to go through lengthy administrative processes before receiving assistance. Poor coordination between clinical staff, social welfare units, and other government agencies results in delays and confusion. In some cases, patients are referred from one department to another without clear guidance. This fragmented system discourages many people from even attempting to access available services.

Socio cultural factors also play an important role. Stigma associated with certain health conditions, gender norms, and lack of trust in government services prevent some individuals from seeking help. For example, some women may feel uncomfortable discussing personal or family problems with male officers, while cultural beliefs sometimes discourage open discussion of illness related stress.

Taken together, these barriers create a situation where the existence of social welfare services does not automatically translate into access. The problem is not merely the absence of services but the presence of multiple obstacles that make utilization difficult for those who need them most. Addressing these barriers

requires more than policy statements. It demands practical improvements in funding, staffing, infrastructure, information sharing, and inter agency collaboration. A clear understanding of these access barriers provides the foundation for meaningful intervention. Without tackling them directly, efforts to integrate social welfare into Nigeria's health system will continue to produce limited results, especially in urban communities where the demand for such services is rapidly increasing.

## **THEORETICAL FRAMEWORK**

### **Social Determinants of Health Theory**

The Social Determinants of Health Framework provides a powerful explanation for the findings in AMAC. Many patients cannot access social welfare services not because the services do not exist, but because of unfavorable social conditions. For example, low income residents in informal settlements face financial constraints and transportation difficulties, which prevent them from reaching health facilities where counselling or financial assistance is available. This directly reflects the economic and physical environment determinants. Education and health literacy also play important roles. Patients with low education levels are often unaware of available social welfare services such as referral support or discharge planning. Cultural norms and stigma further discourage some women and elderly persons from seeking help. These illustrate how social and cultural contexts shape service utilization. Also, weak governance and poor inter agency coordination key structural determinants result in fragmented services and bureaucratic bottlenecks. A patient who needs financial support may be sent from one department to another without clear assistance. The framework helps explain why policy interventions alone have not produced desired results: without addressing these broader social conditions, improving access to social welfare services will remain difficult.

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The Social Determinants of Health Framework was adopted because it best explains the complex realities observed in this study. Unlike theories that focus only on policy processes or individual behaviour, the SDH Framework provides a comprehensive lens to understand how structural factors such as poverty, education, infrastructure, and governance influence access to social welfare services in AMAC. It aligns perfectly with the study's emphasis on the gap between policy and practice, and supports the development of practical, multi level recommendations.

## **METHODOLOGY**

This study adopted a mixed methods approach to provide a comprehensive understanding of the barriers to access and utilization of social welfare services in the health sector. The quantitative component involved a structured survey administered to 184 respondents, selected through stratified random sampling across selected public health facilities in Abuja Municipal Area Council (AMAC). The questionnaire gathered data on awareness, accessibility, adequacy, and challenges of social welfare services. Complementing the survey, the qualitative component involved in depth interviews with key stakeholders, including healthcare providers, social welfare officers, and policymakers. This combination allowed for both statistical breadth and contextual depth, enabling triangulation of findings for greater validity and reliability (Creswell & Plano Clark, 2017).

The study was conducted in Abuja Municipal Area Council (AMAC), Federal Capital Territory (FCT), Nigeria. AMAC was purposively selected because it represents a typical rapidly urbanizing area with a heterogeneous population comprising both affluent and low income communities, formal and informal settlements. As the administrative and political heart of the FCT, AMAC offers an ideal setting to examine the practical realities of health policy implementation and social welfare service delivery in an urban Nigerian context. The area’s diverse socio economic characteristics and proximity to government institutions make it a strategic case for understanding urban health challenges and opportunities (National Population Commission, 2022)

## FINDINGS

**Table 1: Availability and Types of Social Welfare Services**

Social Welfare Service	Frequency	Percentage (%)
Health Education	125	67.9
Counselling	110	59.8
Referral Services	95	51.6
Financial Assistance	78	42.4
Others	30	16.3

**Source: Field Survey: 2026**

The study revealed that several social welfare services are available within health facilities in Abuja Municipal Area Council (AMAC). The most commonly reported services were health education (67.9%), counselling (59.8%), referral services (51.6%), and financial assistance (42.4%). Interview participants confirmed that counselling and referral services are the most established forms of support, while financial assistance remains limited and often irregular. However, many respondents noted that these services are not consistently provided across all facilities and are often basic in nature.

**Table 2: Level of Awareness and Accessibility**

Indicator	Response	Percentage (%)
Awareness of Services	Yes	71.7
Accessibility	Very Accessible	16.3
Accessibility	Accessible	32.6
Accessibility	Moderately Accessible	29.9
Accessibility	Poorly/Not Accessible	21.2

**Source: Field Survey: 2026**

Awareness of social welfare services was relatively high, with 71.7% of respondents indicating they were aware of such services in health facilities. Despite this, actual accessibility remains moderate. Only 16.3% rated the services as very accessible, while 32.6% described them as accessible and 29.9% as moderately accessible. A notable 21.2% of respondents considered the services either poorly accessible or not accessible at all. Similarly, adequacy was rated as average, with many patients reporting that available services only partly meet their needs.

**Table 3: Major Barriers to Access**

Major Barriers	Frequency	Percentage (%)
Financial Constraints	120	65.2
Lack of Awareness	110	59.8
Inadequate Staff	100	54.3

Poor Infrastructure	95	51.6
Distance to Facility	70	38.0

**Source: Field Survey: 2026**

A significant majority of respondents (77.2%) confirmed that patients face challenges accessing social welfare services. Other notable barriers were distance to facilities and long waiting times. Interview respondents further highlighted issues such as delayed funding, shortage of drugs and materials, and poor coordination between clinical and social welfare units. These barriers collectively limit the effective utilization of available services, particularly among low income and vulnerable populations.

**DISCUSSION OF FINDING**

The findings of this study reveal a clear gap between the availability of social welfare services and their actual utilization in health facilities within Abuja Municipal Area Council (AMAC). While services such as health education, counselling, and referral are present in many facilities, they remain limited in scope, inconsistent, and often basic in nature. This situation supports the view that the mere existence of services does not guarantee effective service delivery (Federal Ministry of Health, 2022; Nigeria Health Watch, 2024).

The relatively high level of awareness (71.7%) is encouraging. However, this awareness does not translate into easy access. Only about half of the respondents described the services as accessible or very accessible. This disconnect highlights a common challenge in urban Nigeria, where knowledge of services exists but structural obstacles prevent people from benefiting from them. Many patients still struggle to receive timely counselling, financial support, or proper referral due to systemic weaknesses.

The major barriers identified financial constraints (65.2%), lack of awareness (59.8%), inadequate staff (54.3%), and poor infrastructure (51.6%) are consistent with existing literature. Financial difficulty remains the strongest barrier, confirming that high out of pocket costs continue to limit access to both medical and social support services (Aregbeshola & Khan, 2022; World Bank, 2023). The shortage of trained social welfare officers and poor coordination between health workers further worsen the situation. These findings align with the Social Determinants of Health Framework, which emphasizes that economic conditions, education, physical environment, and governance structures significantly influence health and social service access (World Health Organization, 2021; Marmot, 2020).

Interestingly, the study shows that while policy documents and advocacy efforts exist, their impact on ground level service delivery remains modest. This confirms the implementation gap widely reported in Nigerian health system studies. Patients in AMAC, especially those from low income and informal settlements, continue to bear heavy social and economic burdens during illness due to weak social protection mechanisms. Thus, the findings demonstrate that improving access to social welfare services requires more than policy formulation. It demands deliberate attention to structural barriers, adequate staffing, sustained funding, and better coordination within the health system.

**CONCLUSIONS**

This study examined the barriers to access and utilization of social welfare services in health facilities within Abuja Municipal Area Council (AMAC). The findings show that while some services such as counselling, health education, and referral exist, they are limited in scope, inconsistently provided, and poorly integrated into routine healthcare delivery. Although awareness of these services is relatively high, actual access remains moderate due to significant structural and systemic barriers. Financial constraints, lack of awareness, inadequate staffing, and poor infrastructure emerged as the most critical obstacles preventing patients from benefiting from available social welfare support. These challenges are particularly pronounced among low income residents and other vulnerable groups. The study confirms a persistent gap between policy intentions and practical implementation in urban Nigeria. Using the Social Determinants of Health Framework, the

research demonstrates that access to social welfare services is heavily influenced by broader social and economic conditions rather than the mere availability of programmes.

## RECOMMENDATIONS

To improve access to social welfare services in AMAC and similar urban areas, the following recommendations are proposed:

**Strengthen Institutional Capacity and Staffing:** The FCT Health Services Secretariat and AMAC authorities should recruit and train more qualified medical social workers. Each major health facility should have a functional social welfare unit with adequate personnel. Regular capacity building workshops should also be organized to equip social welfare officers with relevant skills for effective advocacy and service delivery.

**Improve Funding and Financial Support Mechanisms:** Government should allocate dedicated and sustainable funding for social welfare services in health facilities. This should include a clear budget line for financial assistance to indigent patients. Public private partnerships and donor coordination should be explored to supplement government efforts and reduce reliance on irregular funding.

**Enhance Public Awareness and Information Dissemination:** The Ministry of Health and AMAC should design and implement aggressive, community-based sensitization campaigns using local languages, radio, social media, and community leaders. Information about available social welfare services should be displayed clearly in all health facilities and integrated into routine patient education.

**Address Structural and Infrastructural Barriers:** There is an urgent need to improve infrastructure, reduce waiting times, and establish clear referral pathways between clinical departments and social welfare units. Mobile social welfare outreach services should be introduced to reach underserved and informal settlements within AMAC.

**Promote Better Coordination and Policy Enforcement:** Relevant government agencies should establish a functional inter agency coordination platform for social welfare and health services. Strong monitoring and evaluation mechanisms should be put in place to track service utilization, identify gaps, and ensure accountability in implementation.

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