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Legislative oversight and structural violence in the Lagos State Health Scheme: A study of Alimosho Local Government Area

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Abstract

Structural violence imposes constraints on achieving equitable, affordable, accessible, and high-quality public services, encompassing healthcare. Despite establishing the LSHS, aimed at providing healthcare irrespective of economic status, residents continue to experience deprivation, restricted access, and substandard healthcare services. Doubts arise regarding the efficacy of legislative oversight in mitigating structural violence. This study explores this issue by employing a comprehensive methodology involving primary and secondary data collection through literature reviews, questionnaires, and interviews. The analysis reveals that the prevalence of structural violence within the LSHS cannot be exclusively attributed to deficiencies in the oversight responsibilities of the Lagos State House of Assembly. Lingering disparities, limited accessibility, unaffordability, and inadequate healthcare quality persist. Contributing factors encompass inadequate funding mechanisms, and deficiencies in communication, among others. Challenges such as executive interference, corruption, and the absence of a robust legislative framework impede the effectiveness of oversight.

Keywords: healthcare, insurance, legislature, oversight, structural inequality



Public Interest Statement

This study has the significance of mitigating the burgeoning structural violence in Nigeria through an inquiry into the activities of the legislature; the Lagos State House of Assembly in curtailing structural violence. The findings of this study will be made available to members of the public through the publication of some of its findings in research outlet(s) with a view of bringing new perspectives into the strategies adopted towards curtailing structural violence. Furthermore, the government, policy actors and other non-state actors will benefit from the research as it provides awareness on deadly nature and realities of structural violence.

Introduction

The contemporary global community is currently witnessing a concerning escalation in socio-economic disparity, characterized by a widening chasm between the affluent and impoverished segments of society, as well as the powerful and marginalized populations. A significant majority of individuals find themselves entrenched in conditions of abject poverty, devoid of access to fundamental necessities such as adequate healthcare, education, and viable employment prospects. These dire circumstances are direct outcomes of multifarious constraints imposed by prevailing societal structures, thereby engendering a state of structural violence (Lee, 2019).

Structural violence operates insidiously within pervasive administrative institutions, surreptitiously perpetuating the semblance of normalcy amidst social inequalities (Herrick & Bell, 2020). This inherent imperceptibility arises from the fact that fatalities resulting from structural violence may be erroneously attributed to alternative causes. As a precursor to other manifestations of violence, structural violence stands as the most pernicious form (Rylko-Bauer, 2016; Simpson, 2021). Diverging from overt acts of violence, the deleterious consequences of structural violence persist due to entrenched disparities within existing frameworks. These frameworks are built upon deliberate decisions regarding the distribution of societal wealth and income, as well as the preservation of established arrangements (Lee, 2017; Lee, 2019; Miller, 2020). Consequently, structural violence can be delineated as the heightened prevalence of disability and mortality rates among individuals occupying the lower echelons of society, stemming from avoidable limitations imposed by prevailing structures that obstruct the fulfilment of basic needs and the attainment of a feasible quality of life. The disadvantaged individuals encounter these obstacles as a result of the privileged class's augmented collective bargaining power, which influences the allocation of resources (Simpson, 2021). In a society wherein the interests of the populace are adequately represented and governmental programs are subject to effective monitoring by constitutionally mandated institutions, the enduring challenges posed by structural violence are less likely to persist. Within this context, legislative oversight assumes a pivotal role in mitigating structural violence (Fashagba & Mu'awiyya, 2019).

The responsibilities of the legislature surpass its fundamental functions, particularly in the realm of nation-building (Oni & Samuel, 2014). Through its oversight function, the legislature ensures the diligent implementation of programs devised in the best interests of the populace, thereby realizing desired objectives and fostering national development (Nwagwu, 2014). A democratic government, with the legislature as a prominent institution, assumes power with a mandate to safeguard the security and welfare of the people, as prescribed by the constitution and within the conceptual framework of Hobbesian Social Contract Theory (Nweke & Nkwede, 2019). Furthermore, it falls within the purview of the legislature to meticulously monitor the processes of implementing governmental programs.

Nonetheless, in the context of Nigeria, successive administrations' persistent failures to discharge their primary obligations of providing security and ensuring socio-economic well-being have engendered a plethora of social predicaments, encompassing systemic poverty, insecurity, and disparate access to healthcare and education. These predicaments emanate from entrenched structural inequalities within society and contribute to heightened mortality rates (Mueller, 2017; Dankumo, Ishak, Bani, & Hamza, 2019).

Despite the formulation of governmental programs aimed at enhancing the quality of life for the general populace, structural violence persists in all its manifestations, thereby raising pertinent queries concerning the effectiveness of legislative oversight. The legislature, as an institution entrusted with the responsibility of monitoring program implementation and ensuring governmental accountability for national development, plays an indispensable role in navigating the intricate interplay between structural constraints impeding individuals from reaching their full potential and the legislature's dual mandate of improving living conditions and overseeing governmental activities (Abegunde, 2016). Consequently, this study endeavors to elucidate the relationship between these structural constraints and the legislature, hypothesizing that the prevalence of inequitable structural arrangements is likely to precipitate physical violence, social instability, escalating crime rates, unjust deprivation, and ultimately exacerbate structural violence, culminating in loss of life if left unchecked.

Given the widespread prevalence of social injustice and the ever-widening chasm between the privileged and the impoverished, a comprehensive investigation into the oversight responsibilities of the legislature assumes paramount importance. Grounded in this fundamental premise, this study undertakes a meticulous examination of the efficacy of legislative oversight in preventing structural violence, with a specific focus on how the oversight function of the Lagos State House of Assembly has contributed to curbing structural violence within the purview of the LSHS in Alimosho Local Government Area (ALGA), Lagos State, Nigeria. The specific questions which this paper seeks to provide answers to are:

- a) What is the extent of structural violence in the implementation of the LSHS in ALGA?
- b) To what extent does the oversight function of the Lagos State House of Assembly effectively curb structural violence in the implementation of the LSHS in ALGA?
- c) How have healthcare services improved since the establishment of the LSHS in ALGA?
- d) What challenges does the Lagos State House of Assembly face in curtailing structural violence in the LSHS implementation in ALGA?

Legislative Oversight and Structural Violence

Legislative oversight encompasses a comprehensive array of methodologies employed by the legislature to foster governmental accountability, preserve the original legislative intent underlying formulated policies, and ensure the efficient and effective management of programs (Oni & Dele-Dada, 2022). It entails a variety of activities and mechanisms aimed at holding the executive branch responsible for its actions while ensuring adherence to the laws and budgets enacted by the legislature (Jooji, 2019). Legislative oversight entails the ongoing monitoring and supervision of government agencies, as well as the execution of policies and legislation (National Democratic Institute, 2000).

The role of legislative oversight is pivotal in the meticulous scrutiny and regulation of government operations, which is indispensable for the proper functioning of a democratic system (Jooji, 2019; Oni, Oni, Gberevbie, & Ayodele, 2021). It fosters governmental accountability (Barkan, 2008) and involves comprehensive scrutiny and evaluation of executive actions to ascertain their compliance with acceptable boundaries, along with continuous monitoring of administrative agencies to ensure transparent utilization of public resources (Gberevbie, 2017). Diverse strategies can be employed to monitor governmental activities, and legislative oversight constitutes an indispensable component of such initiatives (Kaufmann & Dininio, 2006). Instruments such as committee hearings, plenary assembly hearings, parliamentary questions, question time, and interpellation are commonly utilized by the legislature to effectively monitor executive actions (Pecoraro, 2020).

The healthcare system garners significant attention within academic discourse owing to its profound impact on a nation's political and economic achievements (World Health Organization, 2000; Tweed, Maduro, Güneş, Poeze, & Busari, 2021). Inequities prevalent within healthcare systems, which impede access and contribute to elevated rates of diseases and mortality, are regarded as manifestations of structural

violence (Gupta, 2012). Healthcare disparities exacerbate the prevalence of illness and mortality, particularly in developing nations like Nigeria (UNICEF, 2012; WHO, UNICEF, UNFPA, & The World Bank, 2018). Despite endeavors to enhance healthcare provisions, the persistence of structural violence in Nigeria calls into question the efficacy of legislative oversight (Eme, 2014).

The legislature assumes a critical role in addressing structural constraints and monitoring the implementation of governmental programs to ensure accountability and foster national development (Rylko-Bauer & Farmer, 2016). Policy demands articulated by citizens instigate the formulation and implementation of policies aimed at addressing societal needs (Gberevbie, 2017). However, the responsibilities of the legislature extend beyond policy formulation, encompassing the vital task of ensuring proper implementation and holding the government accountable for its decisions (PLAC, 2019). The implementation process holds significant importance as it directly impacts the realization of policy objectives. Legislative oversight is expected to assess the effectiveness of policies and programs (Ekong, 2016). The legislature bears the responsibility of ensuring the proper implementation of policies and ensuring that the intended beneficiaries derive the anticipated benefits (Koliba, Meek & Zia, 2017).

An Overview of Healthcare Policies and Legal Frameworks in Nigeria

The healthcare landscape in Nigeria is characterized by fragmentation, with a significant portion of healthcare services being provided by private hospitals, while the remaining portion is delivered through federal, state, local government, and community-funded health institutions (Eme, 2021). The public sector of Nigeria's healthcare system is decentralized, consisting of FMOH, SMOH, and LGHD. The FMOH oversees national health policy coordination and implementation, covering 36 states, Abuja (the Federal Capital Territory), and 774 Local Government Areas (Asewumi & Akinyele, 2020). Secondary healthcare is administered by the SMOHs through state hospitals and comprehensive health centres, while primary healthcare is the responsibility of LGAs through primary healthcare centres. However, the involvement of multiple tiers of government and agencies in primary healthcare management often leads to duplication, task overlap, conflicts, and wastage. The inadequate capacity and deteriorating infrastructure of established facilities, coupled with accessibility challenges and economic factors, have led to a reliance on traditional care providers, particularly in rural areas where a significant portion of the population resides (Adeleye & Ofili, 2010).

The overarching goal of Nigeria's National Health Policy is to establish a comprehensive healthcare system based on primary healthcare principles that encompass prevention, protection, restoration, and rehabilitation, aiming to ensure the well-being and productivity of individuals and communities (National Health Policy, 1987; revised in 2004). In line with this objective, the LSHS Bill was enacted in May 2015 by the Lagos State House of Assembly in collaboration with the Ministry of Health. The establishment of the LSHS aims to address the economic disparities among residents, particularly the less privileged, by ensuring equitable access to quality healthcare services and protecting individuals from financial hardships associated with healthcare expenses. The plan entails expanding the health insurance program to cover every local government in the state, to promote widespread adoption of health insurance throughout Lagos (Balogun, 2022).

Methodology

In this study, a combination of quantitative and qualitative methodologies was utilized to collect and analyze data (Ishtiaq, 2019). By adopting this approach, the research aims to gather diverse yet complementary information on the same topic, taking advantage of the strengths and addressing the limitations of both qualitative and quantitative methods (Creswell & Creswell, 2018). To obtain qualitative data, structured interviews were conducted with selected individuals from the Lagos State House of Assembly, Lagos State Health Management Agency (LSHMA), and Lagos State Television Station (LTV). Additionally, quantitative data was gathered through the systematic administration of a standardized questionnaire that

was distributed to respondents residing in the six Local Council Development Areas (LCDAs) of Alimosho L.G.A. Specifically, the questionnaires were distributed among residents of Agbado/Okeodo, Ayobo/Ipaja, Egbe/Idimu, Mosan/Okunola, Ikotun/Igando, and Egbeda/Akowonjo LCDAs. These questionnaires comprised written questions that participants completed and returned to the researcher, thereby providing data for subsequent analysis (Tan, 2019). Respondents were typically required to choose among provided response options when answering the written questions (Tan, 2019).

The questionnaire utilized in this study consisted of two parts. The first part primarily focused on gathering personal data from the respondents, while the second part aimed to elicit their opinions regarding the LSHS, which is specifically designed to enhance healthcare accessibility. The questions within the questionnaire were structured employing a 7-point Likert-style rating scale, enabling respondents to express their level of agreement or disagreement with a series of statements. The adoption of a Likert-style rating scale facilitates quantitative analysis by assigning numerical values to the various situations presented in the questionnaire (Amidei, Piwek & Willis, 2019).

The collected data was subjected to analysis using both descriptive and inferential statistical techniques. Initially, a primary examination of the returned questionnaires was conducted to identify any errors or omissions, such as unfilled questionnaires, which were subsequently excluded from the analysis. The data provided by the respondents were then coded accordingly. Two statistical analyses, namely Mean Average and Linear Regression Analysis, were employed to test the null hypotheses of the study at a significance level of 0.05. These analyses aimed to determine the extent to which the independent variable (Legislative Oversight) could account for the variations observed in the dependent variable (Structural Violence). The Statistical Package for Social Sciences (SPSS) software was utilized for the purpose of data analysis. Additionally, the information obtained from the one-on-one interviews was transcribed and subjected to thematic analysis, thereby complementing the findings derived from the questionnaire triangulation process.

Findings

Table 1 shows the response rate from the questionnaire administered to residents of Alimosho Local Government Area, Lagos State.

Questionnaire Administered and Response Rate

	Frequency	Percentage
Retrieved questionnaire	380	98.96%
Unretrieved questionnaire	4	1.04%
Total Questionnaire Administered	384	100.0

Source: Field Survey (2022)

As shown in Table 4.1, 384 questionnaires were administered, out of which 380 (representing 98.96%) were retrieved, whereas 4 (representing 1.04%) of the administered questionnaire were not retrieved. Thus, only 98.96% retrieved were utilised for the analysis in this study.

Background Characteristics of Respondents

Table 2 presents the frequency distribution of respondents' demographic characteristics, including gender, age, marital status, highest educational attainment, employment status, and income details.

Table 2: Background Characteristics of Respondents

		Frequency	Percentage
Gender	Male	172	45.3
	Female	208	54.7
	Total	380	100.0
Age	20-29 years	126	33.2
	30-39 years	122	32.1
	40-49 years	80	21.1
	50-59 years	30	7.9
	60 years and above	22	5.8
	Total	380	100.0
Marital Status	Married	186	48.9
	Single	147	38.7
	Divorced	17	4.5
	Widow	17	4.5
	Widower	13	3.4
	Total	380	100.0
Highest Educational Qualification	SSCE	48	12.6
	OND	59	15.5
	HND	74	19.5
	B.Sc.	126	33.2
	Masters	44	11.6
	PhD	29	7.6
	Others	-	-
	Total	380	100.0
Employment Status	Employed	195	51.3
	Self employed	178	46.8
	Unemployed	7	1.8
	Total	380	100.0
Income Specification	N10,000-N50,000	80	21.1
	N51,000-N100,000	139	36.6
	N101,000-N150,000	67	17.6
	N151,000-N200,000	51	13.4
	N200,000 and above	36	10.3
	Total	373	98.9
	Zero income	7	1.8
Total	380	100.0	

TEST OF HYPOTHESES

This section provides an analysis of the hypotheses tested to examine the interrelationships among the study variables. Statistical techniques, specifically Mean Average and Linear Regression, were employed using SPSS Version 28 to compute the results.

Hypothesis One

Ho: There is no significant presence of structural violence in the implementation of LSHS in ALGA.

Table 3: Presence of structural violence

	N	Sum	Mean
	Statistics	Statistics	Statistics
Bias in the registration process of LSHS	380	1684	4.43
Unequal access to affordable and quality health care system under the LSHS.	380	1700	4.47
Inaccessibility of residents to quality health care services when required.	380	1681	4.42
I do not benefit from the health insurance provisions of the LSHS.	380	1625	4.28
Inequality in accessing the provisions of the LSHS.	380	1705	4.49

Source: Field Survey (2022)

The findings of the Mean Average, as presented in Table 3, depict the average prevalence of structural violence in the implementation of the LSHS within the Alimosho Local Government Area. The findings show that all structural violence indicators exceed the average level, indicating a significant prevalence of structural violence in the implementation of the LSHS in Alimosho. As a result, the premise that structural violence does not occur during the implementation of the LSHS in Alimosho Local Government Area is refuted. This implies that there is considerable statistical evidence to support the conclusion that structural violence is pervasive in Alimosho’s implementation of the LSHS.

These findings corroborate the information acquired during the interviews. According to the respondents, many people have difficulty completing the LSHS registration process, with financial restrictions being a key barrier to acquiring health insurance through the scheme. Furthermore, interviewees reported that registration and insurance purchase procedures are frequently unorganized, resulting in cases where individuals are denied medical assistance in hospitals due to a variety of problems. However, the interviewees agreed that some people were able to benefit from the plan and enjoy the related benefits.

Hypothesis Two

Ho: The prevalence of structural violence in the LSHS in ALGA is not due to the ineffective oversight role of LSHA.

To better understand the oversight efforts of the Lagos State House of Assembly on the LSHS, interviews with officials from the Lagos State Health Management Agency (LSHMA) were conducted. According to the interviewees, the oversight committee of the Lagos State House of Assembly makes biennial visits to check in on the plan and make sure everything is running smoothly. The primary goals of these inspections are to assess the agency’s proficiency in LSHS implementation and to guarantee efficient management. As a result of the committee’s oversight functions, the agency has been able to pinpoint problem areas and fill in performance gaps, as stated by the interviewees.

In addition, the interviews verified that the Lagos State Health Management Agency (LSHMA) regularly provides high-quality and economical healthcare services to the people of Lagos State as mandated

by the oversight committee of the Lagos State House of Assembly. These visits also aim to ensure financial protection and reduce out-of-pocket expenditure for healthcare. Additionally, the interviewees mentioned that the oversight committee invites representatives from the agency to present yearly reports on their performance at the State House of Assembly. The legislature also conducts official visits to the agency to verify the enrollment of individuals into the LSHS.

Based on the interviews, it can be concluded that the Lagos State House of Assembly effectively monitors and controls the implementation of the LSHS through its mandated oversight role. As a result, the hypothesis stating that the prevalence of structural violence in the LSHS in Alimosho Local Government Area is not attributable to the ineffective oversight role of the Lagos State House of Assembly is accepted. This implies that there is sufficient evidence to support the conclusion that the prevalence of structural violence in the LSHS is not due to the ineffective oversight role of the Lagos State House of Assembly.

Hypothesis Three

Ho: There is no significant improvement in the healthcare services in Alimosho Local Government Area since the establishment of the LSHS.

In order to assess the extent of improvement in healthcare services within Alimosho Local Government Area subsequent to the establishment of the LSHS , linear regression analysis was employed. The objective was to ascertain the degree to which healthcare services have enhanced in terms of affordability, equality, accessibility, and quality. These dimensions served as indicators for measuring the level of improvement in healthcare provision within the aforementioned local government area.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.120 ^a	.014	.004	1.788

a. Predictors (constant), LSHS

Table 4 presents the results of the analysis conducted to investigate the relationship between the independent variable, the LSHS, and the dependent variable, healthcare services. The correlation coefficient (R-value) of 0.120 indicates a weak association between the two variables. Additionally, the R square value of 0.014 indicates that the LSHS explains approximately 14% of the variance in healthcare services. These findings suggest that the LSHS has a limited impact on the variability of healthcare services.

Table 5: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	17.593	5	4.398	1.375	.242 ^b
	Residual	1199.488	375	3.199		
	Total	1217.082	380			

a. Dependent Variable: Healthcare services (equality, accessibility, affordability, quality)

b. Predictors: LSHS

From Table 5 above, the Analysis of Variance (ANOVA) indicates that the regression model does not have a significant influence on the dependent variable, healthcare services. The p-value of 0.242 and the associated F-value of 1.375 indicate that the test is not statistically significant, as the p-value exceeds the threshold of 0.05 (i.e., $p > 0.05$). Therefore, we accept the hypothesis that there is no significant improvement in healthcare services since the establishment of the LSHS in Alimosho Local Government Area.

Table 6: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Constant	4.514	.203		22.208	<.001
	Affordability	-.046	.076	-.044	-.605	.546
	Accessibility	.023	.069	.025	.338	.735
	Quality	.095	.067	.096	1.405	.161
	Equality	.042	.071	.041	.589	.556

Dependent Variable: Healthcare Services

Table 6’s coefficient table provides a thorough examination of the LSHS’s effects on the equity, accessibility, cost-effectiveness, and quality of healthcare services.

When compared to the generally accepted cutoff for significance (p 0.05), the p-value for this research shows that the LSHS has a negligible effect on healthcare costs in the Alimosho Local Government Area. Similarly, the LSHS’s p-value of 0.735, which is higher than the set level of significance, indicates that it has no appreciable impact on the region’s ease of access to healthcare. In addition, the p-value for the LSHS’s effect on the quality of healthcare in the local government area is higher than the threshold for statistical significance (p > 0.05), indicating that the LSHS has no discernible impact on healthcare quality in the region. The results also imply that the LSHS does not significantly affect the equity in healthcare services within the Alimosho Local Government Area, with the related p-value being larger than the threshold for statistical significance.

The insights derived from the interview data are in alignment with these analytical results. The majority of the interviewees concur that the improvements witnessed in healthcare services following the establishment of the LSHS have been modest. They emphasize that the target population still encounters difficulties in accessing the benefits provided by the scheme, primarily due to financial limitations that the LSHS was intended to alleviate. The interviewees also mention the ongoing efforts of the Lagos State Health Management Agency (LSHMA) to enable residents to derive advantages from the scheme by establishing branches in various local governments across Lagos State. However, they acknowledge that while some individuals have experienced notable enhancements in healthcare services, the majority of the population has yet to observe substantial improvements.

Hypothesis Four

Ho: There are no significant political factors affecting the Lagos State House of Assembly in carrying out its oversight duties in the LSHS.

Based on the interview findings, it emerged that corruption, executive interference, and the absence of a robust legislative framework for oversight constitute notable challenges that impede the effective execution of oversight responsibilities by the Lagos State House of Assembly in relation to the LSHS . Consequently, the hypothesis asserting the absence of significant political factors influencing the performance of oversight duties by the Lagos State House of Assembly in the LSHS is refuted. In essence, the evidence substantiates that there are indeed significant political factors that impact the execution of oversight duties by the Lagos State House of Assembly in relation to the LSHS.

Discussion of Findings

Presence of Structural Violence in the Implementation of LSHS in Alimosho Local Government Area

Structural violence emerges from inadequacies within the prevailing administrative structures, engendering adverse limitations on the lives of affected individuals and imperiling their overall well-being. In the specific

context of the LSHS, this manifestation of violence exposes individuals to precarious circumstances, wherein their physical well-being becomes jeopardized due to constrained access to healthcare services characterized by equity, affordability, accessibility, and quality. Sahifa (2021) affirms that these provisions ought to be accessible to all Lagos State residents, irrespective of their gender, economic status, or social standing. Regrettably, healthcare disparities, recognized as indicators of structural violence, pervade the implementation of the LSHS, as the majority of residents encounter substantial inequities, limited accessibility, exorbitant costs, and substandard quality of healthcare services. Even after completing the registration process, a considerable portion of Alimosho Local Government Area's populace remains unable to avail themselves of the scheme's benefits. Respondents frequently reported encountering biases during registration, as noted by the interviewee, resulting in a chaotic process marred by significant discrepancies that effectively hinder residents from accessing the scheme's advantages. Such registration disparities further impede individuals from receiving the necessary medical attention at healthcare facilities. Moreover, enrolled individuals are expected to remit their premiums by the 25th of each month, which unfortunately renders disadvantaged individuals incapable of affording these payments and consequently denies them access to the scheme's provisions. In fact, the majority of Alimosho residents continue to bear the substantial financial burden associated with accessing effective healthcare services. These findings corroborate the observations made by Shittu and Afolabi (2020), who noted the persistence of financial constraints among state residents despite the presence of Community-Based Health Insurance and State-Based Health Insurance schemes. They further remarked that the benefits derived from these schemes do not consistently align with the premiums paid, thereby necessitating out-of-pocket payments for individuals. Consequently, some residents opt not to renew their insurance coverage in subsequent years (Mathur, Das & Gupta, 2018).

Effectiveness of the Oversight Function of Lagos State House of Assembly in Curtailing Structural Violence in the Implementation of LSHS in Alimosho Local Government Area.

The Lagos State House of Assembly's oversight committee conducts biannual visits to the Lagos State Health Management Agency (LASHMA) in order to ensure that the state's residents have access to affordable healthcare services and receive financial protection. These visits serve the purpose of closely monitoring program implementation, as stated by Vedung (2017). The findings from these inspections provide evidence for assessing the efficacy of the program as a whole. The implementation of the healthcare program and the legislature's oversight role are intrinsically linked. The agency's culture of accountability has been strengthened thanks to this group's efforts, and they've received useful feedback on how they're doing so far and what they can do to improve. According to PLAC (2019), an annual report from agency representatives is required by the oversight committee so that the committee can keep tabs on how well the agency is carrying out its stewardship of the scheme. Gaitonde, Oxman, Okebukola, and Rada (2016) and Fryatt, Bennett, and Soucat (2017) emphasize the importance of legislative oversight in this area, as it allows for an assessment of the program's proper implementation and an evaluation of its effectiveness in addressing particular challenges.

This research has uncovered additional elements that contribute to structural violence within the LSHS, despite the fact that it has been established that the ineffectiveness of the Lagos State House of Assembly's oversight role is not the cause of such violence. One major aspect that has been identified as accountable for the pervasiveness of structural violence inside the scheme is the lack of a sustainable finance structure. Uzochukwu, Ughasoro, and Eiaba (2015) stressed the necessity of a long-term funding structure for a program to improve healthcare access, affordability, and quality. Aregbesola (2018) and Adebisi, Umah, Olaoye, Alaran, Sina-Odunsi, and Lucero-Prisno (2020) emphasize that a lack of a sustainable finance structure has resulted in a heavy reliance on out-of-pocket payments for healthcare, limiting access to effective and quality healthcare services. Inconsistencies in the registration process and a lack of communication from state residents also play a role in the scheme's ability to perpetuate structural violence. Failing to communicate the challenges faced in accessing the scheme poses a barrier to enjoying affordable,

accessible, equitable, and high-quality healthcare services provided by the scheme. Consequently, this situation erodes confidence in the scheme among residents, leading them to perceive it as ineffective, resulting in reluctance to enroll or renew their insurance coverage. To fully benefit from the scheme, individuals must actively communicate the challenges they encounter in accessing the scheme's provisions.

LSHS and Healthcare Services in Alimosho Local Government Area

The LSHS, established in 2015, aimed to enhance healthcare services in the ALGA region, focusing on principles of equity, accessibility, affordability, and quality. However, despite its establishment, the expected substantial advancements in healthcare services have not been realized. This finding aligns with Sahifa's (2021) observations, emphasizing that the LSHS was conceived to ensure that all residents of Lagos State have equal, affordable, and high-quality healthcare services. While certain individuals have indeed benefited from the scheme and witnessed improvements in healthcare provision, the majority of the population has not experienced such positive outcomes. Consequently, many residents, particularly those who are socioeconomically disadvantaged within the local government area, are compelled to accept substandard healthcare or shoulder the financial burden associated with accessing quality services. Even among those enrolled in the scheme, individuals facing financial constraints encounter delays in receiving prompt medical attention. Shobiye, Dada, Ndili, and Rinke de Wilt (2021) attribute this issue to the low reimbursement fees allocated by the government to hospitals and the prevailing perception among private facility managers that the scheme is financially unviable. These factors contribute to the static nature of healthcare services despite the implementation of the LSHS. The persisting challenges encountered by residents within the local government area indicate that financial limitations remain a substantial barrier to accessing high-quality healthcare services, despite the provision of health insurance through the scheme. This predicament can be primarily attributed to the inability of many residents to afford the requisite premium for enrollment. Moreover, even for those capable of meeting the financial obligations, there is a risk of being denied treatment if the required services surpass the coverage limits of their insurance (Shobiye, Dada, Ndili & Rinke de Wilt, 2021). Consequently, individuals are compelled to rely on out-of-pocket payments to supplement their healthcare expenses or face constraints in accessing services of optimal quality (Domapielle, 2021).

Challenges of the Legislature in Curtailing Structural Violence in LSHS

This study elucidates the political determinants influencing the efficacy of oversight activities conducted by the Lagos State House of Assembly in addressing structural violence within the healthcare scheme. Notably, corruption, executive interference, and the absence of a comprehensive legislative framework for oversight are identified as critical challenges. Omotosho and Oladeji (2019) contend that the prevalence of a corrupt political culture impedes the effectiveness of legislative oversight, hindering the meticulous examination of policies, programs, laws, acts, and activities vital to national development. Fashagba (2019) concurs, emphasizing the detrimental impact of corruption on oversight effectiveness. Aliyu, Ikedinma, and Bello (2018) remark on the long-standing implication of lawmakers in corrupt practices, eroding the integrity, transparency, and credibility of their oversight duties. Multiple instances have arisen where legislators have misused their oversight powers for personal gain (Stapenhurst, Jacobs & Olaore, 2016).

Moreover, Godswalth, Ahmad, and Jawan (2016) observe that executive interference presents obstacles to legislative oversight, as the executive engages in covert politicking and utilizes financial means to foster divisions among legislators. This interference compromises the pursuit of good governance, prioritizing personal and political objectives (PLAC, 2017). Similarly, Stapenhurst, Jacobs, and Olaore (2016) highlight the limited independence of the legislature from the executive, hampering the effective execution of oversight duties. The ambitions of legislators often lead them to prioritize interactions with the executive and lobbying for political and leadership positions, neglecting their oversight responsibilities.

In terms of establishing a robust legislative framework for oversight, the legislature typically passes resolutions authorizing specific oversight functions. However, without a corresponding law obligating the

executive to respond to these resolutions or provide justifications for non-implementation, the executive has the discretion to disregard them (PLAC, 2017).

Conclusion

This study highlights the widespread presence of structural violence in the implementation of the Lagos State Health Scheme (LSHS) in Alimosho Local Government Area. It is important to note that this structural violence cannot be solely attributed to the ineffectiveness of the legislative body, despite the oversight functions of the Lagos State House of Assembly. The study identifies several causes for this issue, including a lack of sustainable funding, discrepancies in the registration process, and poor communication among residents. These factors collectively contribute to healthcare disparities and hinder residents' access to equal, affordable, and quality healthcare services as envisioned by the LSHS.

The study emphasizes the significance of sustainable financing for healthcare programs and highlights the challenges associated with relying heavily on out-of-pocket payments. Additionally, it underscores how effective communication plays a critical role in addressing challenges and building trust within the healthcare system. Furthermore, it reveals that even years after its establishment, there has been little improvement in healthcare services for less privileged residents in Alimosho Local Government Area. This is due to various challenges such as low reimbursement fees and private facility managers perceiving the scheme as unprofitable, which further exacerbate difficulties faced by residents in accessing quality healthcare.

Moreover, the study sheds light on political factors that affect oversight functions within the Lagos State House of Assembly. These factors include corruption, executive interference, and a lack of a solid legislative framework. These challenges hinder effective legislative oversight aimed at curbing structural violence within LSHS. The study emphasizes the need for a political culture that prioritizes transparency, integrity, and eradication of corruption to ensure the effective performance of oversight duties.

Recommendation

The research recommends that the Lagos State Health Management Agency create a streamlined registration process and better overall organization. This is an essential measure for levelling the playing field in medical facilities and preventing patients from being turned away from doctors. The Lagos State House of Assembly should pay the Lagos State Health Management Agency more regular and consistent visits to improve the effectiveness of existing systems of supervision. They'd then be in a better position to keep an eye on how the health care plan was being put into practice and handle any problems when they arose.

It is advised that a thorough work plan and oversight template be developed to guarantee efficient implementation. These resources would be crucial in laying forth precise rules and facilitating the health plan's smooth implementation. However, it is essential to recognize that the socio-political dynamics within the political community may influence the effectiveness of oversight operations, hence imposing some constraints.

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Moyosoluwa Dele-Dada: She wrote the paper, gathered and analysed data for the study.

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References

- Abegunde, O. (2016). Legislature and democratic sustainability in Nigeria. *International Journal of Humanities and Social Studies (IJHSS)*, III, 226-235.
- Adeleye, O. A., & Ofili, A. N. (2010). Strengthening intersectoral collaboration for primary health care in developing countries: can the health sector play broader roles?. *Journal of environmental and public health*, 2010.
- Aliyu, M. K., & Bello, M. A. (2018). Analysis of the challenges of legislative oversight on good governance in Nigeria. *Developing Country Studies*, 8(8), 148-157.
- Amidei, J., Piwek, P. & Willis, A. (2019). The use of rating and Likert scales in Natural Language Generation human evaluation tasks: A review and some recommendations. In: Proceedings of the 12th International Conference on Natural Language Generation, 29 Oct - 1 Nov 2019, Tokyo, Japan.
- Balogun, J. A. (2022). Reimagining the Nigerian Healthcare System to Achieve Universal and High-Quality Health Care by 2030. In *The Nigerian Healthcare System: Pathway to Universal and High-Quality Health Care* (pp. 407-454). Cham: Springer International Publishing.
- Creswell, J., & Creswell, D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approach* (5th ed.). Los Angeles: Sage Publications.
- Dankumo, A., Ishak, S., Bani, Y., & Hamza, H. (2019). The Relationship between Public Expenditure, Corruption and Poverty in Nigeria. *Jurnal Ekonomi Dan Studi Pembangunan*, 11(1), 76–89.
- Ekong, S. (2016). Nigerian policy on child labor: An evaluation of the education sector preparedness for effective policy implementation (Doctoral dissertation, Walden University, Minnesota, United States). Retrieved from <https://www.proquest.com/openview/df77af7220f95a52e8ca59a29bb5bb0e/1?pq-origsite=gscholar&cbl=18750>
- Fagbadebo, O. (2019). An Overview of Legislative Oversight and Accountability Mechanisms in Nigeria and South Africa. In: O. Fagbadebo & Ruffin, F. (eds) *Perspectives on the Legislature and the Prospects of Accountability in Nigeria and South Africa*. Switzerland: Springer, Cham.
- Fashagba, J.Y. & Mu'awiyya A. (2019). A Comparative Analysis of the Roles of the Legislature in Nigeria and South Africa: The Central Legislature in focus. In: O. Fagbadebo & Ruffin, F (eds) *Perspectives on the Legislature and the Prospects of Accountability in Nigeria and South Africa. Advances in African Economic, Social and Political Development* (pp. 63-83). Springer, Cham.
- Gaitonde, R., Oxman, A. D., Okebukola, P. O., & Rada, G. (2016). Interventions to reduce corruption in the health sector. *Cochrane Database of Systematic Reviews*, (8) 2.
- Gberevbie, D.E. (2017). Public Administration: A Conceptual Perspective
- Godswalth, I. C., Ahmad, Z. B., & Jawan, J. (2016). Factors Influencing the Executive and Legislative Conflict in Nigeria Political Development. *IOSR Journal of Humanities and Social Science*, 21(8), 20-25.
- Herrick, C. & Bell, K (2020). *Concepts, Disciplines and Politics: On 'Structural Violence' And The 'Social Determinants of Health.'* *Critical Public Health*, DOI: 10.1080/09581596.2020.1810637
- Ishtiaq, M. (2019). Book Review Creswell, JW (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Thousand Oaks, CA: Sage.
- Jooji, I. T. (2019). Legislative oversight functions and the entrenchment of democracy in Nigeria. *Development*, 9(3).
- Koliba, C., Meek, J. W., & Zia, A. (2017). *Governance networks in public administration and public policy*. London: Routledge.
- Lagos Bureau of Statistics. (2017). Abstract of Local Government Statistics. Retrieved from <https://mepb.lagosstate.gov.ng/wp-content/uploads/sites/29/2018/06/Abstract-of-LG-Statistics-2017edited.pdf>
- Lagos State Health Management Agency (2020). LSHS. Retrieved from <https://www.lashmaregulations.com.ng/>
- Lagos State House of Assembly (2013). Lagos State House of Assembly Votes and Proceedings. Retrieved

- from <https://nairametrics.com/wp-content/uploads/2013/03/lagos-state-house-of-house-of-assembly-votes-and-proceedings.pdf>
- Lee, B. X. (2016). Causes and cures VII: Structural Violence. *Aggression and Violent Behavior*, 28 (2), 109-114.
- Lee, B. X. (2017). Causes and Cures XV: Synthesis and Integration. *Aggression and Violent Behaviour*, 35, 91-96.
- Lee, B. X. (2019). *Violence: An Interdisciplinary Approach to Causes, Consequences, and Cures*. New Jersey: John Wiley & Sons, Inc.
- Miller, T. (2020). *The Persistence of Violence*. New Jersey: Rutgers University Press.
- Mueller, C.W. (2017). *Unequally Uninsured: Safety-Net Healthcare Delivery and the Reproduction of Inequality* (Doctoral Thesis, Duke University, Durham, United States). Retrieved from <https://dukespace.lib.duke.edu/dspace>
- National Bureau of Statistics. (2016). Annual Abstract of Statistics (Vol. 1). FGN. National Conference of State Legislature.
- National Conference of State Legislature (2022). Retrieved from <https://www.ncsl.org/research/about-state-legislatures/separation-of-powers-legislative-oversight.aspx>
- Nwagwu, E. J. (2014). Legislative oversight in Nigeria: A watchdog or a hunting dog. *JL Pol'y & Globalization*, 22, 16.
- Nweke, K., & Nkwede, J. O. (2019). The Nigerian State and Hobbes' Social Contract Theory: An Albatross around the Collective Will of the People. *European Journal of Scientific Research*, 152 (6), 304-321.
- Oni, A., & Samuel, O. (2014). E-parliament and Democratic Representation in African States: Prospects and Challenges. *Journal: International Journal of Computers And Technology*, 13(6).
- Oni, S., & Dele-Dada, M. (2022). Legislative oversight and executive aggrandisement in the Nigeria's COVID-19 emergency governance. *The Theory and Practice of Legislation*, 10(2), 186-202.
- Oni, S., Oni, A. A., Gberevbie, D. E., & Ayodele, O. T. (2021). E-parliament and constituency representation in Nigeria. *Cogent Arts & Humanities*, 8(1), 1878590.
- Pecoraro, R. (2020). Parliamentary control on EU affairs: Finnish Eduskunta and the Nordic countries.
- Rylko-Bauer, B. & Farmer, P. (2016). Structural Violence, Poverty and Social Suffering. In: D. Brady & Burton, L. *The Oxford Handbook of the Social Science of Poverty* (pp. 47-74). Oxfordshire: Oxford University Press.
- Sahifa (2021). Lagos State Health Insurance Scheme. Retrieved from <https://health.lagosstate.gov.ng/lagos-state-health-insurance-scheme/>
- Simpson, T. (2021). *A Statistical Analysis of the Manifestation of Structural Violence as Interpersonal Violence* (Masters Dissertation). Retrieved from Education and Research Archive. (R3-EZW8-6T59)
- Stapenhurst, R., Jacob, K. & Olaore, O. (2016). Legislative Oversight in Nigeria: An Empirical Review and Assessment. *The Journal of Legislative Studies*, 22(1), 1-29.
- Tan, Y.Y (2019). *The Use of Surveys and Questionnaires in World Englishes Research: Research Methodology and Practical Application*. London: Routledge.
- Tweed, T. T. T., Maduro, C. V., Güneş, N. H., Poeze, M., & Busari, J. O. (2021). Diversity matters: the other doctor within the Dutch academic healthcare system. *BMJ leader*, leader-2021.
- United Nations Office for Risk Reduction. (2022). Vulnerability. Retrieved from <https://www.undrr.org/terminology/vulnerability>
- Vedung, E. (2017). *Public policy and Program Evaluation*. London: Routledge.