

## **Ethnography of Health and Illness Behaviour in Nigeria**

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### **ABSTRACT**

**The ineffective initiatives to tackle Nigeria's various health issues have contributed to the marginal change in health outcomes. Besides ignoring the value of tackling public health problems, it will make the situation even worse for vulnerable Nigerians that frequently remain at the wrong end. This work followed a conceptual measure to explain the targets and purpose of the work comprehensively. The study was information was sourced from the Nigerian Ministry of Health through their web search engines, rational analysis and necessary documentation. The main challenges that public health is facing in Nigeria seem to be communicable diseases, vector control on some diseases, maternal deaths, child mortality rates, improper sanitation, hygiene, disease control, non - contagious diseases, and the issue of injuries from some diseases road accidents and many more. At the moment, Nigeria is struggling to accomplish strategic development goals. However, given coordinated action by the Nigerian Government, funding organisations, including NGOs, provide healthcare efficiently and effectively in Nigeria.**

**Keywords:** hiv/aids, malaria, maternal mortality, public health

### **INTRODUCTION**

Nigeria, which is the largest black nation in Africa going by the population, has a population of over 200 million persons spread across six geopolitical zones. Nigeria also has more than 250 ethnic groups with rich varying cultures, traditions, and religious views. Health issues in Nigeria have been daunting, but they need to be addressed utilising health service philosophies to enhance reliability in this essential part of the globe (Centre for Disease Control and Prevention, 2013). According to Faisal, Jamil, & Chowdhury (2017), Nigeria's major health issues include communicable diseases, maternal mortality, child mortality, inadequate nutrition and hygiene practices, disease control, non-communicable diseases, and also road traffic casualties.

Notwithstanding the combined exploit of the Nigerian Government with several Non-Governmental Organisations to provide securely and reliably health care services in Nigeria, mainstream issues make those exploit far less beyond desirable (Agboola, 2019). The hiccups are health challenges that appear to be either evolving or in the form of the outbreak which includes HIV/AIDS pandemic, contagious diseases (which includes Ebola, LASSA fever, yellow fever, malaria, corona-virus), low salaries and wages for healthcare professionals, low standard of treatment, uneven distribution of medical facilities, and heterosexism in the recruitment of medical staff and several others, in addition, statistics on the global level have shown that malaria and HIV continue to be the number one factor of mortality in Nigeria, killing well over 190,000 and 130,000 individuals alike (Agboola, 2019). However, the study seeks to explore the ethnography of health and illness in Nigeria. In the simplest definition, ethnography is the

"scientific description of peoples and cultures with their customs, habits, and mutual differences".

### **HEALTH AND ILLNESS ISSUES IN NIGERIA**

Bolaji (2016), in his report, stated that Nigeria is experiencing multiple obstacles and public health issues. Nigeria's health problems include contagious diseases, sewage management, medical care insurance, supply of drinkable water, pollution of the air, pollution from noise, environmental emissions, accommodation, disposal of solid waste, disaster management, vector control of certain diseases, ratio of doctor to population, ratio of population to bed, ratio of population to the health facility, system or mode of payment for health care services, utilisation care, access to emergency, inappropriate donor funding cohesion, maternal mortality, child mortality, financing for health, poor education and hygiene practice, an unrelenting strike by healthcare professionals, disease prevention and control, tobacco consumption, brain drain, rapid population growth, non-contagious diseases, alcohol, and drug abuse, deteriorating environment and many more. Muhammad, Abdulkareem, & Chowdhury (2017) the unsatisfactory health initiatives developed to overcome Nigeria's countless health-related issues led to the deterioration of the health system.

#### **The Nigeria Centre for Disease Control (NCDC)**

In addressing the problems of public health threats, the Nigeria Center for Disease Control (NCDC) was founded in 2011 to improve Nigeria's preparation and responsiveness to outbreaks via the avoidance, identification, and management of highly contagious diseases. Its fundamental responsibility is to identify, evaluate, prevent, as well as control health issues of domestic and international relevance to public health (Agboola, 2019). To accomplish the "Public Health Excellence for Healthy Nigerians" which is the vision statement of CDC-Nigeria, the department continues to collaborate with the Nigerian Ministries of Health (MOHs) both at the Federal as well as State level in designing, monitoring and controlling disease management operations and the scheme that contribute to strengthening public health facilities and framework for service delivery in Nigeria (Centre for Disease Control and Prevention, 2013)

The Centre for Disease Control and Prevention (2013) CDC confirmed that the main medical issue in Nigeria is contagious and infectious ailments. Furthermore, hunger incidents, injuries, food poisoning are also problems of public safety that can be monitored and avoided. Such health issues, nevertheless, are Nigeria's major causes of death. The statistics from CDC (2013), revealed that the top ten (10) leading source of mortality in Nigeria are shown as below:

| S/N | CAUSE OF DEATH              | % OF TOTAL DEATH |
|-----|-----------------------------|------------------|
| 1   | Malaria                     | 20%              |
| 2   | Lower Respiratory Infection | 19%              |
| 3   | HIV/AIDS                    | 9%               |
| 4   | Diarrheal Diseases          | 5%               |
| 5   | Road Injuries               | 5%               |
| 6   | Protein Energy Malnutrition | 4%               |
| 7   | Cancer                      | 3%               |
| 8   | Meningitis                  | 3%               |
| 9   | Stroke                      | 3%               |
| 10  | Tuberculosis                | 2%               |

Nigeria seems to have 2,9 million individuals that are living with HIV/AIDS. This is based on the report by Elvis, Akinola, & Ikeoluwapo (2015). This appears to be the third-largest all over the world, only surpassed by India and South Africa. The report also revealed that over 930,000 children had been rendered orphan as a result of the outbreak of HIV/AIDS. This reinforced the results reported by the United States Agency for International Development (2018) which stated that Nigeria is with the second-highest number of persons living with HIV worldwide and represents about nine% of the worldwide prevalence of HIV.

The US government is presently assisting over 600,000 Nigerians with life-enhancing HIV therapy via the President's Emergency Plan for AIDS Relief (PEPFAR), which represents 90% of the persons living with HIV/AIDS within the region. The program provides support and care for over one million orphaned Nigerian children that appear to be vulnerable as a result of the HIV/AIDS pandemic. USAID (2018) subsequently reported that Nigeria seems to have the world's highest malaria prevalence that appears to be the primary source of childhood disorder and mortality (Agboola, 2019).

Bolaji (2016) claimed that the Department of Public Health's responsibility for Public Safety emergency preparation and response and also Disease avoidance and management under the FMOH did not make a significant contribution to issues other than the public health mission as established by the Institute of Medicine (IOM), which fulfils the interest of society in ensuring conditions in which people can be safe. Annually Nigeria registers an epidemic of various infectious illnesses that in their thousands kill innocent Nigerians.

Notwithstanding the frequent outbreak incidence, Nigeria has failed to set up an appropriate and reliable framework for emergency management and disease control (Elvis, Akinola, & Ikeoluwapo, 2015). This constitutes the reason why the FMOH Department of Public Health

has to be updated to an entity as a subsidiary of the FMOH which mostly concentrates on emergency management in the country; disease mitigation and monitoring; and enhancement of the health of the Nigerian citizens, this will allow FMOH to concentrate on other matters. Nigeria's cholera epidemic is approximated to between 3 million and 5 million incidences per year, and at 100,000 to 150,000 mortality per year. This was Nigeria's highest disease outbreak in recent times (Agboola, 2019).

## **Findings on the Health and Illness Issues in Nigeria**

### ***Malaria***

Malaria appears to be Nigeria's leading killer disease (Population Services International, 2018). It is the largest burden of diseases in Nigeria, accounting for approximately 300,000 children been killed by malaria each year. This represents more than 25% of infant mortality (children under one age), 30% of child mortality (children under five), and 11% of deaths to mothers (Elvis, Akinola, & Ikeoluwapo, 2015). A minimum of 50% of the populace has at minimum one outbreak of malaria per year, while children under the age of 5 have 2 to 4 outbreaks per year (Nigeria Demographic and Health Survey, 2018). Malaria is mostly serious between young women, including children under the age of 5 attributable to their comparatively reduced resistance rates (Agboola, 2019). In the quest to resolve and develop strategies to tackle the incidence of malaria, the Society for Family Health (SFH) came up with malaria programming centres on Pre-Packaged Therapy (PPT) as well as the idea of Long-Lasting Insecticide Treated Nets (LLINs) (Society for Family Health Nigeria, 2017).

There was also a new initiative for the treatment of malaria by the Federal Ministry of Health. This approach encompasses the utilisation of Artemisinin-Based Combination Therapy (ACT) as the current leading drug to be used for malaria issue that has not gotten to a complicated stage (Society for Family Health Nigeria, 2017). Furthermore, as a measure to curb malaria, in 2008, the KidACT was launched, the package is substantially subsidised so that it can be accessed by both the poor masses and the vulnerable individuals residing within Nigeria who are affected by the incidence of malaria (Muhammad, Abdulkareem, & Chowdhury, 2017). To complement the efforts of other Non-Governmental Organisation, Society for Family Health Nigeria appears to encourage government policies on malaria and also supplying PermaNet that appears to be a durable insecticide-treated mosquito net (Nigeria Demographic and Health Survey, 2018; Society for Family Health Nigeria, 2017). The body ensures to make the mosquito net affordable and available so that every individual that demands it can get it for malaria prevention and possibly other vector-borne diseases that threatening the health as well as the wellbeing of the Nigerian citizens.

### ***HIV/AIDS***

The Joint United Nations Programme on HIV/AIDS (UNAIDS) (2019) reported that about 1.9 million persons in Nigerians have HIV/AIDS, this figure appears to be third all over the world trailing India and South Africa. The issue of HIV/AIDS is a serious health challenge in Nigeria as it has leftover 93,000 little ones orphaned, as well as led to the death of several individuals estimated to be 53,000 (Joint United Nations Programme on HIV/AIDS, 2019). Baba & Omotara (2012) argued that there had been the high incidence of abortion which in the most instance are carried out through unsafe means, they opined that this is as a result of social stigma and

legal restrictions, as the meagre utilisation of contraceptives is responsible for the approximated 1.4million unintentional pregnancies with the country.

As a reaction to the escalating issue of HIV/AIDS, USAID/Nigeria went into the provision of antiretroviral drugs and health services to patients with HIV/AIDS. They also engaged in the provision of laboratory supports for the examination and keeping track of persons tested positive of HIV/AIDS (Faisal, Jamil, & Chowdhury, 2017). Some of the features of the treatment schedule include; reduction in target costs, leveraging of cost as well as efficient training of health care professionals by the partners to standardise and harmonise the treatment services. The scheme supply the drugs needed to several persons living with HIV in Nigeria; however, they have not succeeded in minimising the rising rate of the incidence of the disease.

Going by the goal drafted by the Nigerian Government in 2010 as regards universal access to prevention, care as well of treatment of HIV. On this note, the Federal Government of Nigeria appears to have implemented many strategies to enhance the service of HIV, which includes; "a national counselling and testing program and increase external collaboration donors and non-governmental organisations (Planned Parenthood, 2017; Federal Ministry of Health Nigeria and National Tuberculosis and Leprosy Control Programme, 2019).

### ***Reproductive health and child survival***

Despite considerable gains in the past decade, Nigeria's reproductive health indicators are still very poor. Country-wide, the total fertility rate is 5.7 children per mother, with a contraceptive prevalence rate of less than 10%(Society for Family Health Nigeria, 2017). Furthermore, these statistics mask wide regional variations, for example, the total fertility rate in the northwestern region is as high as 7.3, with a contraceptive prevalence rate of 3%.<sup>23</sup> Lack of sexual health information and services make young people vulnerable to sexually transmitted infections (STIs) and unintended pregnancy. Nevertheless, the Nigerian Government, both at Federal and State, is working in collaboration with many organisations to improve adolescent reproductive and sexual health through advocacy and prevention programming.

Child survival in Nigeria is threatened by nutritional deficiencies and illnesses, particularly malaria, diarrhoea diseases, acute respiratory infections (ARI), and vaccine-preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood (Society for Family Health Nigeria, 2017). Other threats include high maternal morbidity and mortality. Regarding child health, the country has adopted and implemented to a certain extent several major global initiatives affecting children, such as the Safe Motherhood Initiative and its follow-up Making Pregnancy Safer, Baby-Friendly Hospital Initiative (BFHI), and Integrated Management of Childhood Illness (IMCI). Others are Roll Back Malaria Initiative (RBM), Elimination of Iodine a Dependent Diabetes, Vitamin A Deficiency Control, and National Program on Immunization (NPI), the latter with a special emphasis on the eradication of poliomyelitis.

However, the impact of interventions in child survival to a large extent have not achieved as much as would have been expected despite the amount of funds and resources that have been put into these programs. For instance, Nigeria is still one the three countries of the world harbouring and spreading the three serotypes of wild polioviruses to different parts of the

world despite ongoing intensive immunisation activities because of non-compliance to polio vaccination(United Nations International Children's Emergency Fund, 2017). It may be recalled that in 2003, there was political propaganda that the Polio vaccine contained infertility agents, spread HIV and was reported generally unsafe (Guerrera, 2017). Although the safety of the polio vaccine was later proven beyond all reasonable doubt globally, and frantic efforts have been made to disabuse the minds of the people, pockets of parents still refuse their wards/children to receive the vaccine.

The crude death rate, life expectancy, infant mortality rate, human development index, maternal mortality rate, the proportion of GNP spent on health services are testaments to this fact. The above indicators do not show that Nigeria is a country that supports the survival of the Nigerian people in a world where their fellow human beings live long enough due to increased life expectancy and proper investment in the health of the people(Bolaji, 2017). It is often believed that only wealthy nations can increase life expectancy and reduce infant and maternal mortality rate as recorded in countries like United Kingdom, Germany, Italy, Spain, France, Japan, Canada, Australia, Sweden, Chile, USA etcetera but donor funds to developing countries which is expected to bridge the financing gap have not been properly utilised for the improvement of the citizen's health status(Bolaji, 2017).

### ***Tuberculosis control***

Nigeria currently ranks amongst the nation's poorest hit nations, as well as being the 1st in Africa(Dim, Dim, & Morkve, 2018). This has spurred the occurrence of over 460,000 confirmed cases of TB in Nigeria on an annual basis. Lagos State is responsible for 8.4% of the TB prevalence Nigeria, and also has steadily been responsible for around 11% of total TB cases in Nigeria, though the global recommended strategy known as STOP TB is being implemented in the state (Federal Ministry of Health Nigeria and National Tuberculosis and Leprosy Control Programme, 2019).

A comprehensive approach has been adopted by the USAID/Nigeria towards the implementation of the policies and initiatives of HIV/AIDS and also schemes for TB collaborating with several agencies of the United State Government as well as the Centers for Disease Control and Prevention and the Department of Defense, all these bodies work together as a fundamental component of President Emergency Plan for AIDS Relief(World Health Organization, 2020). Plans and policies are developed to minimise the transmission of TB, enhancement of diagnosis, and also the management of the multi-drug-resistant-TB problems, and even more so within HIV-infected individuals.

As a prime concern, the USAID TB Directly Observed Treatment Short-Course made regular HIV testing a priority. Tuberculosis prevention and management in modern times has several dilemmas and backside. Some of the major challenges are as follows; the influence of HIV/AIDS as well as the instances of multi-drug resistant tuberculosis (MDR-TB). In addition to raising the epidemic of tuberculosis, the HIV/AIDS pandemic poses a great threat for its assessment and monitoring. The HIV epidemic reported in Nigeria across persons with TB cases is approximate at 27%(Baba & Omotara, 2017)

### ***Leprosy Control Program***

It is reported that around 5,000 incidents of leprosy emerge annually (Federal Ministry of Health Nigeria and National Tuberculosis and Leprosy Control Programme, 2019). Nigeria seemed to be leading the park amidst several nations in its operations to handle leprosy between the period of 1940s and 1950s. The reported prevalence of leprosy has indeed been substantially lowered, with certain indications of diminished spread. This was due to enhanced and facilitated prevention efforts contributing to the eradication of the sickness as a national public health issue. On a sub-national stage, nevertheless, there appear to be traces of endemic patches.

The recovery of a large proportion of ex-leprosy individuals that appears to have been healed from leprosy but also have disorders constitutes a source of worry in leprosy management. In partnership with several NGOs, viable, incorporated leprosy prevention strategies are currently underway, whereby both females as well as male individuals are located, examined and addressed by the healthcare system at the initial phase of leprosy (Agboola, 2019). These initiatives as well operate to control and mitigate leprosy-related disorder and provide sufficient incentives for recovery and skills training and general education training for people suffering from leprosy (The CIA World Fact Book, 2018).

### ***Nigerian National Health Policy and its shortcomings***

The revised national health policy has remained relatively unknown to the public as no concrete efforts have been made to create awareness on the policy. The issue of "equity, accessibility, affordability, quality, effectiveness and efficiency" which has remained the policy targets of the revised national policy appears to be persistent. From the period of independent, the scope of legal coverage in respect to social protection has been very poor resulting in a scenario where more than 90% of the populace do not have health insurance coverage, given the fact that the scheme has been in existence since 2005, less than 10% of the Nigerian population are covered by the National Health insurance scheme, which means that a large number of the vulnerable population are jostling for the medical care services that are not affordable (Faisal, Jamil, & Chowdhury, 2017). (Bolaji, 2016) opined that these sets of individuals are not having access to the "social and financial risk protection". It is in line with the foregoing that Faisal, Jamil, & Chowdhury (2017) highlighted the following to be the problem hindering the activities of the National Health Policy

| S/N | CONSTRAINTS IDENTIFIED BY THE NATIONAL HEALTH POLICY                                      |
|-----|-------------------------------------------------------------------------------------------|
| 1   | Disease control and other health programmes being implemented within a weak health system |
| 2   | Inefficient and non-functional referral system between levels of care                     |
| 3   | Erratic supply and non-availability of essential drugs and materials                      |
| 4   | Ineffective and inefficient management of the nation's limited health resources           |
| 5   | Culture of corruption and promotion of self-interest                                      |
| 6   | Poor coordination of donor fund                                                           |

## CONCLUSION

Nigeria, as a result of their weak health system, remains the largest contributor to the yearly global mortality rate. This can be attributed to the varying global public health challenges that appear to be predominant in Nigeria. These health challenges appear to be preventable and can be managed only with a dogged effort by the Government, efficient planning, and funding. At present, the country is riding on a concurrent program geared towards accomplishing the Sustainable Development Goals, which was drafted by the United Nations and has a deadline of 2030. Nevertheless, more effort is still required in the promotion of Nation Health scheme to resolve the health issues that appear to be re-emerging, which includes; malaria, Ebola virus, LASSA virus, HIV/AIDS as well as currently coronavirus pandemic that has kept the whole world on standstill and an efficient working National Health Policy amidst an enhance national health system and potentials.

## RECOMMENDATIONS

The recommendations put forward by the study are as follows:

- ❖ The strategies adopted by the Government in Nigeria to arrest the several public health challenges should be encompassing (these major health issues include, malaria, Tuberculosis and HIV/AIDS). More efforts should also be directed towards the cases of drug-resistant TB and extremely drug-resistant TB to rectify the issues promptly.
- ❖ The spread of HIV infection needs to be hurtled strategically to guarantee the minimisation of the transmission between mother and child.
- ❖ There is the need for Government to show more commitment in the aspect of Global Fund initiative which is geared towards curbing malaria, TB and HIV/AIDS, all possible measure need to be analysed and carefully adopted to minimise the cases of the above three cases to meet the strategic development Goals (MDG) timed to come to an end by 2030.

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