

HEALTH CHALLENGES IN THE PRESENT DEMOCRATIC ERA IN NIGERIA: THE PLACE OF TECHNOLOGY

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Abstract— The paper is on Health Challenges in the Present Democratic Era in Nigeria: The Place of Technology. This position paper highlights the situation concerning maternal and child health, where the poor states of women and children are alarming due to poor facilities for neonatal intensive care, women dying in childbirth as a result of bleeding, as well as small pelvic to allow free passage of children distorted by malnutrition. Others are lack of access to good health care, poor nutrition due to poverty, wars/violence, female general mutilation and abortion. On the place of technology regarding these challenges, it is known that diversifying the agricultural sector will boost the supply of the needed food nutrients by individuals in the society. In medical sciences there is skepticism of new technology causing clinicians to be more rigorous about accepting the latest inventions which have helped in reducing morbidity and mortality from medical errors. As a result of war, many children have lost their parents, many are prey to human trafficking, and some are made homeless. Abortion, has damaged the reproductive organs of many women and had made some unproductive. Based on these and many others, it was recommended among others that, since curative health care alone has not promoted the health of Nigerians to a level expected, it is worthwhile for preventive health care to be practiced alongside with the curative.

Index terms- Child health, Child birth, Malnutrition, Mortality, Neonatal care.

I. INTRODUCTION

Good living, its sustenance and peace are key variables for development. These factors lead to healthy living thereby paving the way for productivity and progress in life with the attendant consequence of individuals and national development. For the modern day human rights, the attainment of high standard of health in democratic era devoid of distinction of race, religion, and political belief, economic or social condition is one of the fundamental rights of every human.

Describing good health, Nzelum (1999)[16] posited that, it is of paramount importance to the live of everybody. The value of good health is very much appreciated where one is sick. In line with this assertion, Gali (1988)[9] expressed that health is

a crown on a healthy man's head which is not seen by a sick person.

A. Concept of Health

Health is being described by the World Health Organization (WHO)[31] as the state of complete physical, mental and social wellbeing and not merely the absence of diseases or infirmity. Ademuwagen and Odanton (1988)[1] explained it to mean a quality resulting from the total functioning of the individual in his environment that empowers him to achieve a personally satisfying and socially useful life. Whereas, Uche (1991)[26] states that, it is a feeling of wellbeing enjoyed by the person when the body systems are working affectively together and in harmony with the environment. The term health in this context is used to mean keeping the body, mind and all the systems there in at the highest level of efficiency possible for one to be at his best to achieve the objective of good living. This is very possible if good health policies are provided and followed.

B. Concepts of Democracy

There seems to be difficulties in trying to define democracy these days due to the fact that all governments want to be called democratic. Dare and Ayewale (1983)[6] posited that the ancient Greek define democracy as a government of the people by the people and for the people. Again, they expressed that democracy is a system of government in which government is under the control of citizens as a whole. It was therefore not surprising that Pious (1998)[17] explained democracy as a political system in which the people of a country are ruled through any form of government they choose to establish. Democracy as applied to this paper refers to government of the people that promotes, cares, and protects, as well as legislate policies that maintain the health if its citizens so as to acquire healthy living and national development.

Where good and authentic democratic norms are not adhered to, good medical care cannot be provided to the citizenry. True and genuine democracy according to Josiah (2002)[10] is seen as the government of the citizens, for the citizens and by the citizens, has not been reflected in any of the Nigerian democracy. Some of the health policies proved to be

mere political expediencies, which underscore the link between health and policies.

C. Problems Statement

Nigeria is noted for its ability to formulate wonderful national health policies that, if well implemented, would have made the country to achieve for long the ideology “health for all by the year 2000” and for this course, would have led to tremendous development of the country. In line with this, experience has shown that the main challenges bedeviling the health care delivery system is the lack of implementation of the health policies stemming mainly from poor planning, execution and corruption.

Worse still, Nigeria, since independence has been struggling to evolve a formidable health care system. Unfortunately, the more the struggle, the more the solution seems to elude the nation. Therefore, this paper highlights mainly, maternal and child health problems, lack of accessibility to good health care, poor nutrition as a result of poverty, wars/violence, female general mutilation and abortion and the impact of technology on health were the main focus of the paper.

D. Factors Challenging the Health of Nigeria in this Dispensation

This is the sixteenth unbreakable democratic year in Nigeria since the beginning of the system all these years, new challenges have emerged due to political, social, demographic and economic changes that are occurring throughout the nation. (Udoh, 2000)[27]. From the declaration of Alma Ata and the launching of the “Health for All” movement by the World Health Assembly in 1977 to the Ottawa Charter of Health promotion, the commitment to promoting health and bringing health as a total well-being of all has been clearly expressed.

Nigeria which claims to “identify herself with Ottawa Charter for Health Promotion is still far from achieving “Health for All” for her citizens. The response of Nigerian government to the health of her citizens is only a lip service. This negative attitude has ushered in many health problems that have seriously affected her citizens, such health problems include, diseases of various kinds, notably are, malaria, tuberculosis, and HIV/AIDs, maternal and child health, poor nutrition and inadequate, potable water supply some of which are the main focus of this paper

II. MATERNAL AND CHILD HEALTH PROBLEMS

In the democratic dispensation, maternal health seems to be progressively deteriorating at the early stages. It resulted and is still resulting in maternal mortality and other similar attendant problems as stillbirth, eclampsia, pelvic inflammatory diseases and vesico-vaginal fistulae. It was not surprising that Kwast (1991)[13] posited that unless vigorous action is taken, pregnancy related factors will kill 7.5 million women between that time and year 2000. Most women in a pregnancy and child birth are poor and live in remote rural areas or city slums. He further lamented that in developing countries (Nigeria one) there are about 208 times more maternal death per 100,000 live births than in developed countries, and that women in Nigeria

have a life risk of dying from pregnancy related causes of about 1 in 20 whereas the corresponding risk for women in developed countries is only 1 in 2000. The poor health status of women in a democratic dispensation is alarming.

This justifies why WHO (1995)[30] reported that hundreds of pregnant women alive at sunset never saw the sunrise this morning. Some died in labour, their pelvic bones were too small and distorted by malnutrition in childhood to allow the free passage of the infant. Some died on the table of unskilled abortionist, trying to terminate an unwanted pregnancy. Others died in hospitals lacking blood to control their haemorrhage and others died in the painful convulsions of eclampsia, too young to bear children in the first place and never seen for antenatal care. The ugly situation described above is the same picture of the health situation of women in Nigeria of the present dispensation.

The challenges of neonatal care in Nigeria as reported by Disu (undated) were as a result of poor facilities for neonatal intensive care and poor public health education. Due to these, factors, he expressed that every month in 2009, of neonates admitted at Lagos State University Teaching Hospital (LASUTH) between 13% - 50% of patients died within the first 24 hours of admission with an average of 30%. For every neonate admitted at least two others are turn away for lack of bed space. He explained other challenges to include, inadequate staffing, facilities and admission space to meet demand and poorly remunerated as well as poorly motivated staff. If a teaching hospital is experiencing these, what will we say of general hospital and other lower levels of health facilities do? This explains why Mathew, Ward, Akpaideuu, Okeke (2015)[18] reported that the rate of recorded maternal and child deaths in the south east of Nigeria was 1450 per 100,000 in 1991. The reasons they attributed were due to poverty, isolation, underutilization of existing professional, poor maternal services, lack of resources and cultural beliefs and practices of some ethnic groups give rise to these cases.

However, a state like Ogun State in the Western part of Nigeria used some intervention to boost maternal and child health. This is because Okeke (2015)[18], reported that Nigeria Demographic Health Survey shows that the maternal mortality rate has declined from 201 to 157 deaths per 1,000 live births-based on some high profile initiative comprising high impact intervention packages. Such initiative include the midwives service scheme and the launch of Maternal, Newborn and child health week (NNCHW) in 2009 which is an integrated health care package to improve access to good quality health services of mothers, newborns and children less than 5 years of age in Nigeria.

These programmes demonstrated impact in terms of significantly increasing coverage levels of all care preventive and curative interventions that include, vitamin-A supplementation, routine immunization, screening for malnutrition in children, birth registration, distribution of long lasting insecticide net (LLIN) to pregnant women, distribution of family planning commodities, health education on key household practice among others at no cost. The result of this intervention has surpassed the national Target of 78 percent on Routine immunization with zero status of wild polio virus. What can bring positive results to a state, where property

replicated cases can bring the same result all over the country, indicating that a democratic government that has the health needs of her citizens at heart can curtail these problems.

A. Lack of Accessibility to Health Care

The golden factor to health and survival of any nation is her citizen's access to good health services. Good health care offers the skills needed to ensure that complications are not becoming disastrous. If the democratic government of Nigeria must promote the health of her citizens, there must be provision of health care that is qualitative, affordable and accessible to every average Nigeria. Unfortunately health care services in Nigeria are not affordable because they are too costly and at the same time inaccessible. Most of the health centres are located in the urban or semi-urban settings, leaving out the rural areas. Even where these are available there is lack of qualified manpower and good drugs for essential services. Equally absent from the rural areas are, good roads and proper means of transportation of individuals with health problems leading to their deaths before getting to the health facility. As Okeke (2015)[18] posited, that according to global statistics, the most vulnerable group of the population, especially in African countries (Nigeria inclusive) are women and children.

Their health demand special attention and emphasis is always on the maternal and child health through provision of services at primary care centres in the country. The maternal mortality and child death rate remains a major area of concerns at the international arena as ways of reducing the menace, have become challenging. This is disturbing and disheartening bearing a mind the number of women dying as a result child-bearing related complications from anemia, echoinpsia, malaria, hypertension, obstructed labour, unsafe abortion and many others, some of which are very much preventable.

The government that has the health of its citizens at heart according to Safe Motherhood Newsletter (1995) who stressed that whatever kind of health care, prenatal, delivery emergency, accident, post natal, family planning, nutrition advice, it must be available where people have access to it at a price they can afford. Again, that pregnancy and childbirth are such common features of women lives, that the full range of services they are likely to need to maintain their health and that of their babies should be provided as close as possible to where they live. Ideally, neither man nor woman should have to travel a long distance to obtain, prenatal care or treatment of common complication of child birth.

In line with this, inadequate supply of drugs/vaccine in a democratic dispensation seems to pose serious challenge of health. WHO (1981)[29] pointed out that inadequate supply of drugs and vaccine against certain diseases like meningitis, tuberculosis, poliomyelitis, yellow fever etc. have claimed millions of lives. In Nigeria, most of the health centres are saturated with out-of-stock (OS) syndromes. This has led to many patients falling prey to quacks or purchasing drugs from drugs peddlers that have endangered and is still endangering the health of many Nigerians.

One other thing that relates to this, is shortage of manpower. Most hospitals lack specialists in the various areas of health. Similarly most hospitals have no equipment. Where they have these personnel, majority are kept in cities. WHO

(1995)[30] estimated that for every 200 normal deliveries each year, one trained midwife is needed to ensure the appropriate quality health care. Therefore, the backup of one obstetrician/gynecologist, physicians or other persons capable of performing essential obstetric functions is needed for every nine midwives. This means that for every 2,000 births a country should aim to ensure that One obstetrician and nine midwives are available. In the Nigeria health care system, this standard is million miles from being attained.

B. Poor Nutrition as a Result of Poverty

As observed by United National Development Programme (UNDP) (1977)[28], the poorest of the poor would be illiterate, malnourished without access to safe water, or health services, and likely to die young. This situation described above is a reflection of the pathetic condition of Nigerians who are poor. In the same vein, at a macro level, child malnutrition is related to poverty as it reduces choice of body's foods and forces households to make such difficult decisions and trade-offs. It was not surprising that a study conducted by Nnanyelugo (undated) on 17 towns of Anambra State, Nigeria were investigated with a view of identifying some of the existing nutritional problems of children in Nigeria. Information on nutritional status and demographic data were obtained by visiting primary schools, maternity homes and the child welfare centres. House to house visits were also made. A total of 3406 children (0-17years) were seen. The results revealed among other things, a high incidence of malnutrition as judged by weight for age measurements according to the Harvard Standard Values. Thirty percent of the 3-year olds and 20% of the older girls and boys were severely malnourished. Poor earning power, poor management of money, food and poor methods of food preparation and high cost of foods were major causes of malnutrition in urban and rural areas. Again, that many malnourished children came from the poorest sectors of the society.

Discussing on other causes of poor nutrition, it is known that poverty is perpetrated by lack of payment of workers' salaries in a democratic dispensation has caused ill health and nutritional problems. The same issues were discussed between the president of Nigeria and state governors this year. Malnutrition and poverty are related. Malnutrition according to Sub-Committee on Nutrition (NCS) (2002) is disorders resulting from an inadequate diet or from failure to absorb or assimilate dietary elements. Poverty as such, is thus implicitly an economic concept with income tradition considered as the main determinant of a person's wellbeing. Most citizens who are poor lack access to health services and safe water supply. These deprive them of qualitative health care as well as expose them to water-borne diseases, that is why WHO (2004)[31] posited that death and sickness result from drinking contaminated water, lack of access to water for adequate hygiene.

C. Wars and Violence

The present democratic dispensation has witnessed crises ranging from that of political, religious and tribal, one of the issues is Boko-Haram which is on going. These have posed and is still posing serious health problems to the citizens as it has

rendered many homeless, cause serious injuries, nutritional problems, emotional crisis and untimely deaths. Social upheavals have many adverse effects on health. However, due to the scope of the paper, discussion will be based on the health challenges often encountered by refugees as a result of crisis.

Sub Committee on Nutrition News (1991)[22] attested that at least 30 million people in the world (Nigerian inclusive) have either fled their countries as refugees, or been displaced internally, due mainly to civil wars or other crises. This number would have tripled by now. Ariyo (undated) reported that as at 2010 the Boko Haram war had killed over 5,000 people and that many children have lost their parents and relatives. These children, as he expressed have become victims in other ways. For instance, many will be prey to human traffickers as they are homeless, and parentless with no one to cater for their needs. Others will become re-absorbed into the terrorist world as fighters in order to be able to survive. The Boko- Haram insurgency as posited by him, has disrupted the education of millions of children in that part of Nigeria and has destroyed the lives of millions of children too. The effect of war may lead to women laboring untimely, ovaries dysfunction, increase menstrual irregularities and decrease fertility. Among the men, there would be decrease in libido, potency and sexual activity. Again, it is known that this can lead to untimely deaths of individuals of all ages well as diseases of various kinds.

Again, Sub Committee on Nutrition News (1991)[22] reported that malnutrition, infectious diseases and mental imbalances are some of the more common consequences of being displaced. The main killers of refugees are measles and dehydration caused by diarrhea. Diarrhea caused by infection with bacteria such as shigella, giardia, salmonella amoeba. Underlying the risk of contracting these diseases is malnutrition. Refugees more often than not require food which is inadequate both in quantity and quality, and if this condition is prolonged, they not only starve but suffer from debilitating micronutrient deficiency diseases leading to outbreak of scurvy, pellagra, beriberi and other deficiency diseases.

The immediate cause of nutritional crises is simple and obvious. Firstly, not enough food is given to many refugees. Secondly, refugees may be largely dependent on the food provided by government and donors as well as unable to use the diversity of foods as others do. Similarly, refugee's rations usually contain either insufficient vitamins-A or none at all. This upholds why Sub Committee on Nutrition News (1991)[22] reported that outbreaks of exophthalmia, a clear sign of severe vitamins-A deficiency have recently been discovered among several groups of refugees.

D. Female Genital Mutilation (FGM) and Abortion

According to demographic and Health survey. Egypt (DHSE) (1995) most girls undergo FGM when they are between 7 and 10 years of age. However, FGM seems to be occurring at earlier ages in several countries because parents want to reduce the trauma to their children. They also want to avoid government interference or resistance from children as they are yet older and form their own opinions, particular in Mali and Nigeria. Hosken (1993)[11] stated that some women undergo FGM during early adulthood when marrying into a

community that practices it or just before or after the birth of the first child.

The immediate physical problems associated with FGM is intense pain or bleeding that can lead to shock during and after the procedure. As reported by Kosa-Thomas (1987)[12], a 1985 Sierra-Loane study found that nearly 97 percent of the 269 women interviewed experienced this, and more than 13 percent went into shock. Other complications that are common and can lead to death were highest maternal and infant mortality rates in regions where it is practiced and where medical facilities are ill-equipped, emergencies arising from the practice cannot be treated. Thus, a child who develops uncontrolled bleeding or infections after FGM may die within an hour.

A good democratic government that knows that the health of its citizens means productivity and national development will provide legislations against this practice, spelling out the penalty for violating these legislations, the fine, imprisonment for a great number of years or both. All these factors and many that are not discussed in this paper suggest that the health status of Nigerians even in a democratic dispensation leaves much to be desired.

One other disturbing health challenge is abortion which is being described by Barret (1981)[4] as the ending of pregnancy through the removal or forcing out from the womb of a fetus before it is able to survive on its own. However, it can occur spontaneously in which case it is often called miscarriage.

The adverse effect of legal abortion on women is coming to the forefront as a particularly important human rights issue. Issues such as abortion on breast cancer link the abortion depression link, the abortion suicide links are now receiving widespread coverage especially in advanced countries. According to the organization, "hurt by abortion" refers to all the damaging consequences of abortion in their lives. The group realized that the longer it was since an individual had an abortion the more extensively and deeply their lives had been affected by it. ([www.afterabortion.info/...](http://www.afterabortion.info/))[32]

The consequences of abortion as stated by The Times (May 17th, 2001) is the risk of damage to a woman's reproductive organs and her future ability to have children and emotional, physical, psychological, social or medical trauma the person undergoes. In Nigeria, among many communities once a woman is known to have aborted (especially the unmarried) she may find it very difficult to get married. This type of category of people cause a lot of nuisance to the society. Most of these types of abortion come as a result of unwanted pregnancies which come due to idleness. A good democratic government plans well for her citizens, with policies that can take care of these menaces in order to pave way for meaningful development.

E. Impact of Technology as it Relates to Health

In the area of agriculture, diversifying this sector has been possible due to the ability for man to develop technology which is transformable. For example, mechanized farming has made it possible for nations to have enough food for their citizens and even export. Equally known is that diversifying this sector made Nigerians to be reinvesting in small holder farming which is seen as a structure to boost income and food security.

In medical sciences there is skepticism of new technology causing clinicians to be more rigorous about accepting the latest invention (Soza, 2000)[21]. This has helped reduce morbidity and mortality from medical errors by providing electronic prescriptions that allow physicians to understand if there is drug-drug or drug-food interactions. In relation to heart attacks, around 70% of survival improvement in heart mortality is as a result of changed in technology. Technology increases spending, but apparently the health benefits more than justify the added cost (Cutter and Meara, 2000)[5].

Again, in abortion, Bazelon (2012)[3] expressed that technological advances have made it easier to shift abortion to the earlier stages of pregnancy. Test have become sensitive enough to detect pregnancies two weeks after conceptions. It was not surprising that Planned Parenthood (2006)[19] posited that neonatal intensive care technology has consistently extended viability to earlier stages of pregnancy; so that viability in some sense has been pushed back from the twenty-four to twenty-eight weeks first recognized in Roe to twenty-two weeks or earlier, allowing 500-600 gram fetuses to survive, albeit with a high risk of disability and impairment, thus giving anti-abortion forces more room to barn abortion.

In times of war, technology has made armies that could coursed reach for their, hit harder, and get there faster usually won, while the range-restrictal, less well armed, and slower armies lost. For this reason, a vast amount of human creative effort has been poured into extending the range, increasing the fire power, and accelerating the speed of weapons and of armies (Toffler, 1995)[24]. Technology has changed the traditional thought processes or military effectiveness. Increasingly, modern armed forces are endeavouring to obtain superiority over the enemy by quantitative means through developing advanced technologies. They observed that the root causes of war are people, whether political leader, nations, states or non-states actors, they will continue to be involved in wars or conflict for fear, revenge, hatred, greed or other human emotions.

III. CONCLUSION

The past and present democratic eras in Nigeria had faced and are still facing many health challenges. Maternal and child health problems, lack of accessibility to good health care, poor nutrition as a result of poverty, war and violence and many that are not described in this paper.

Again, the growth of technology has far reaching consequences for the users and the providers. However, it assessment with regards to its benefits and cost must be evaluated and good decisions made that will benefits the common man. For tomorrow's progress as could be seen in life is determined today.

As we all know, research development and education are key as well as good partnership to ensure acceptable health care system in a democratic dispensation. Despite high cost of technology, its transfer can be encouraged with real government support. The health benefits that will be derived are far reaching and better than the drawbacks. It's better for us to bargain for an expensive technology that will improve the quality of lives of the citizens, for this will encourage productivity and submerging the high cost of disability. Under

this, issues of war dialogue must be sought between aggrieved communities with government at the forefront to ensure peace.

IV. RECOMMENDATIONS

Based on the discussion and conclusion of this paper, the following are recommended:

1. Since curative health care alone has not promoted the health of Nigerian to a level expected, it is worthwhile for preventive health care to be practiced alongside the curative. This can be achieved through employing in addition to other medical personnel, health educators who in turn educate the public on preventive health related matters.
2. In responses to high influx of refugees, countries affected can develop selective feeding programmes, primary health care activities and preventive health measures such as waste disposal and a clean water supply.
3. To reduce the menace of FMG and abortion, strong legislations should be made by government spelling out the penalties involved as well as seek advocacy and technical assistance from international development agencies.

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