

THE NIGERIAN HEALTH AND HUMAN RIGHTS SITUATION IN THE CONTEXT OF STRUCTURAL ADJUSTMENT

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Introduction

Nigeria came into existence as a political entity in 1914 with the amalgamation of the then Northern and Southern British Protectorates. It is one of the largest countries in Africa with an area of 923,768 sq. kilometres, an estimated population of over 100 million in 1997 and consists of over 250 ethnic groups and tribes. The three major tribes, are the Hausas in the North, Igbos in the Southeast and Yorubas in the Southwest. The rate of natural increase is 3.0% while life expectancy at birth is 53 years. The population doubling time is 22 years. Of the total population, children below the age of 15 constitute about 59%.

This paper attempts to examine the health status of Nigerians and the human rights situation in the country in the context of structural adjustments. The first section looks at the political and economic situations in the country and the introduction of Structural Adjustment Programmes. The second section examines the effect of these factors on the health and human rights of Nigerians, while the third and final part proposes some changes that need to occur within the context of the current situation in the country.

Political situation

Nigeria attained independence from Britain in October 1960 and experienced its first military coup in January 1966, the sequel of which was a bloody civil war from July 1967 to January 1970 when the south-eastern part of the country attempted to succeed. As part of the measures to redress the political crisis that led to the civil war, the country was divided into 12 autonomous states in 1967 and local government authorities were created in 1975. Today there are 36 states in the Federation with a Federal Capital Territory and 775 Local Government Councils. The main reason for this large number of states and local councils was to decentralise government to bring it nearer to the people at the grassroots level. Since independence 37 years ago, the country has had 10 heads of state, 7 of them military. One of the civilian heads of state was only in office for about 80 days. For the 37 years of independence, the military have ruled for about 28 years. All the 36 states of the federation are currently ruled by military administrators while the local government councils are headed by civilian administrators.

The most serious political crisis the nation went through, apart from the civil war, has been the annulment of the 12th June 1993 Presidential elections, the aftermath of which brought the present military regime to power in November 1993 and from which the nation is yet to recover. A transition programme to hopefully return the country to a democratically elected government in 1998 has however been put in place.

Socio-economic situation

About 65% of Nigerians live in rural areas. A great majority of these rural dwellers are either subsistence farmers or depend on informal sector employment for survival. Adult literacy rate for males and females are 62% and 40%¹ respectively, while primary school enrolment is about 64%.² 75% of the population in urban areas have access to safe drinking water. The corresponding figure for the rural areas is 41%, giving a national figure of 47%.³ The GNP per capita for the country is USD 300.³ The GNP per capita average annual growth rate between 1965-1980 was 4.2% while between 1980-1992 was -0.4%.³

At independence, Nigeria's economy was solely based on agricultural export production with little industrial base. Immediately after independence, crude oil became the main export commodity for the country. Nigeria is an exporter of the highly coveted "Bonny light" crude oil. The oil crisis of the early 70's resulted in a large transfer of wealth to Nigeria - the so called oil boom years. Oil exports then contributed more than 90% to the GDP. The oil glut of the late 70's and 80's compelled the country to take a 2.4 billion dollars loan to check the worsening balance of payment situation.⁴

In 1982, Nigeria incurred current account deficits of about 8% of GNP. Nigeria's volume of crude oil export was cut by 50% between 1980 and 1983 and the commodity was over priced leading to loss of sales. This, coupled with a decline in non-oil exports led to a fall by 60% of the dollar value of Nigeria's export.⁵

The search for solutions to the economic crisis in the early to mid eighties ranged from increasing the debt-service ratio, debt rescheduling, financing budget deficits through bank loans, to the introduction of the Structural Adjustment Programme (SAP) in September 1986.

Such a programme basically involves:

- (a) Trade Liberalisation
- (b) Currency devaluation
- (e) Curtailment of imports and reduction in public sector spending including removal of subsidies.
- (d) Commercialisation and privatisation of some public enterprises.

These measures had and continue to have drastic effects on socio-economic status of the majority of Nigerians. Currency devaluation, introduction of minimum wages and removal of consumer subsidies have greatly reduced the purchasing power of the people. Curtailment of public sector expenditure has led to cut-back in social sector financing, especially health and education. This trend is seen in almost all states of the Federation. Enrolments in primary schools have been declining mostly because parents would rather keep their children at home to contribute to the family-coping strategies through informal employment. Another factor resulting in the decline of enrolments is the lack of any economic benefit to acquiring education and in many cases inability of the parents to pay for their education.

A decrease in school enrolment leads to an increase in the number of children in informal sector employment which range from street trading/begging to teenage prostitution.

Structural adjustments and health

The health status of Nigerians is similar to most other developing countries. The introduction of SAP however, has led to a worsening of the health and nutritional status of the people. This is reflected in the poor nature of the major health indices as shown in the table below:⁶

This demographic and health survey clearly indicates the general and poor health status of Nigerians and the dramatic differences across regions and social groups.

Table 1: Major Health Indices for Nigeria

Background Characteristics	Under 5 Mortality	Infant Mortality	Under 5 Stunted	Diarrhoea Prevalence	Total Fertility Rate	Adolescent Fertility
Residence:						
Urban	129.8	75.4	35.0	11.7	5.03	17.4
Rural	207.7	95.8	45.5	19.6	6.33	32.7
Region:						
Northeast	214.6	87.7	51.9	23.9	6.53	50.2
Northwest	244.4	109.8	50.4	25.7	6.64	46.2
Southeast	143.7	82.7	36.6	12.2	5.57	16.7
Southwest	167.2	84.6	35.6	8.7	5.46	10.8
Mother's Education	210.1	95.9	48.1	20.1	6.50	52.1
Some Primary	191.1	97.5	38.6	14.4	7.17	26.6
Completed Primary	137.7	79.8	39.7	17.2	5.57	21.2
Some Secondary	149.8	92.9	35.9	12.7	5.07	8.2
Completed Secondary	77.3	48.6	23.1	8.9	4.18	12.2
Total	191.0	91.4	43.1	17.9	6.01	28.3

Source: Federal Office of Statistics 1992 and Demographic and Health Survey

SAP has also brought to the nation a changing pattern of disease. Diseases associated with poverty and other consequences of structural adjustment are on the increase including Sexually Transmitted Diseases (including AIDS), Tuberculosis and other vaccine preventable diseases are all on the increase. The country recorded its first case of AIDS in 1986 and by 1992 the prevalence of HIV was 1.4%. This increased to 3.8% by 1994.⁷ The prevalence showed wide differences among socio-economic and age groups. A survey of workers in the sex industry showed HIV infection prevalence of 22.5%. The corresponding figure for STDs and TB patients were 8.9% and 7.8% respectively.⁷ Of particular concern however, is the age groups most affected, 15-19 years for females and 20-29 years for males and the large pool of susceptible people due to the large population of the country.

Immunisation coverage for the six childhood preventable diseases has also shown a drastic fall from about 90% in the early 90s to less than 30% in 1995.⁸

Structural adjustment has been having negative effects on the health and nutritional status of Nigerians mostly through the following :

Decrease in public social spending including health and education

This led to the introduction of 'reform' within the health system which in the Nigerian context meant the introduction of user charges in public hospitals. Even though the budgetary allocation to health had been increasing, in real terms it had actually been decreasing. A 1992 study showed decreasing per capita health expenditure over the years by all the three tiers of government as shown in the table below.⁹

Table 2: Per Capita Health Expenditure, Federal Government and Selected States (in 1987 Naira)

Government Level	1985	1986	1987	1988	1989	1990	1991	Average 1985-91
Federal	3.15	4.90	4.02	3.54	2.31	3.77	3.90	3.66
Average State	8.42	8.23	9.05	6.12	5.23	6.85	6.08	7.18
Akure LGA	1.23	1.16	1.54	2.28	2.35	2.32	3.52	2.06
Total	12.80	14.34	14.61	11.94	9.89	12.94	13.50	12.90

Sources: Thomas 1992 a-d for States (Benue, Kano, Lagos, and Plateau); Federal Ministry of Health and Social Services; Akure Local Government Estimates.
Expenditures adjusted to 1987 Naira using Consumer Price Index.

Introduction of user charges has led to a drop in hospital attendance all over the country. Patients now rely more on traditional healers or visits to local drugstores for treatment of diseases. It is not uncommon to see patients taking half the doses of drugs prescribed to them (including antibiotics) either as a cost-saving measure or because that was all they could afford. The consequences include the emergence of drug resistant infections which have already been witnessed. The impact of this is seen more in patients with STDs, Tuberculosis and Malaria. Inappropriate treatment of STDs has been shown to be a predisposition to acquiring HIV infection.

Reduction in budgetary allocation to health in real terms is also posing a serious threat to the purchase of vaccines, drugs and dressings which are mostly imported. This has attributed to a drastic decline in the immunisation coverage for children and pregnant women. The worsening situation in the public health system has resulted in an unprecedented increase in private medical practice mostly beyond the reach of the poor.

Within the educational sector, fees and levies have been introduced leading to a drop in total school enrolment especially at primary level. The net effect is that more and more children are dropping out of school, a situation that would have serious repercussions to manpower production and socio-economic development of the country.

Rising unemployment across the country with more people living below poverty line, and expansion in informal sector employment which in the case of women includes prostitution

Similarly, the country is witnessing a large scale rural-urban immigration leading to congestion in the cities and increased prevalence of diseases associated with overcrowding like meningitis. Just last year, the country had one of the worst meningitis epidemic in recent times. Urban congestion also places severe stress on the already cash strapped social services like water supply as evidenced by a high incidence of water-borne diseases like typhoid fever and gastroenteritis. Rural-urban migration has also been shown to be a contributory factor to the spread of HIV and AIDS.

Removal of subsidies especially on fertiliser and petroleum products

Lack of fertiliser or unaffordable cost of the commodity has severely affected agricultural production in the country. Diminished agricultural production, emphasis on cash crops and poverty have been having serious negative effect on nutritional status of children and pregnant women in particular. Apart from causing higher mortality, malnutrition before birth or early childhood reduces a person's capacity to take advantage of additional employment opportunities.⁹ Malnutrition

among Nigerian children is significantly higher than in most other developing countries. A Federal Office of Statistics survey in 1990 found that 43% of Nigerian pre-school children are chronically malnourished.⁹

Removal of subsidies on petroleum products led to an over 700% increase in the pump price of petrol with resultant hyper-inflation and increase in cost of transportation. For the poor living in rural areas, this means inability to afford transport fare to the cities/towns to attend hospitals.

Currency devaluation in a bid to stimulate exports has resulted in escalating costs of imports including drugs and vaccines

This has added to the high cost of health care in the country. Similarly, the policy has led to an astronomical level of inflation and severe decrease in the purchasing power of the people.

Human Rights and SAP

The first direct effect of SAP on the human rights situation in Nigeria was in 1988 when the citizens under the co-ordination of university students embarked upon a nationwide demonstration against the economic measures introduced by government (the 'SAP RIOTS'). This led to the killings of a number of people mostly students by soldiers and the police who were drafted to restore 'law and order'. Similarly, demonstrations and more killings occurred in 1989. In response to the widespread riots, government introduced 'SAP relief packages' exclusively targeted at the civil servants who only formed about 1% of the population.

Decreasing agricultural production and increased reliance on crude oil as the main export earner led to increased exploitation of the commodity with serious consequences on the environment and health of the people due to degradation of agricultural land and pollution to rivers thereby affecting their main livelihood - fishing and farming.

Protests against the environmental effects of crude oil exploitation was sometimes seen by the government as a threat to its economic policies and such protesters were termed economic saboteurs. But human rights should be seen beyond the interpretation given to it in Nigeria i.e. freedom of speech and expression. While it is true that the degree of press freedom in the country is far better than most other African countries, fundamental human rights should be viewed in all its ramifications. This would include among others, the right to:

- education (which is suppose to be free and compulsory at primary level in the country)
- food and nutrition
- health care
- shelter

The economic crisis and SAP as highlighted earlier have drastically affected these fundamental rights. Of recent, however, the human rights situation in the country has taken a 'bashing by the international community principally as a result of the 'Ogani crisis'. But these crises are political in nature (and not directly related to structural adjustment) following the annulment of the June 12th presidential elections.

Conclusion

Structural adjustments as prescribed by the IMF, have been shown in many studies not to have led to the expected economic recovery in most of the countries that implemented the programme. It has

rather led to a further widening of the gap between the rich and the poor and the near-total wiping out of the middle class. Various measures were put in place to ameliorate the burden of SAP on the poor. In Nigeria, 'relief packages' to cushion the effect of SAP were introduced to civil servants. Such measures include an increase in some allowances to workers, increasing the minimum wage and setting up of some infrastructures and institutions that execute projects mostly in the rural areas. Examples of such institutions include the Directorate of Food, Roads and Rural Infrastructures (DFRRI), Oil Mineral Producing Areas Development Commission (OMPADEC) and recently, the Family Support Programme (FSP).

The current military administration has since coming to power in November 1993 'abandoned' SAP - at least the IMF prescribed version. The country doesn't take foreign loans anymore and has introduced some economic measures that have arrested the falling value of the local currency. Budgetary allocation to social sectors have been improving in real terms (due to stabilisation of the exchange rate). The removed subsidy from the petroleum products is now being revamped back into the social sector through a Petroleum Trust Fund which was set up by government recently. The benefits of all these measures, however, go to the upper class rather than those intended for. The only solution to the socio-economic problems facing the country with its resultant effects on the people would be to establish a truly representative democratic government that is answerable to the people. Socio-economic factors that lead to unemployment, rural-urban migration, landlessness, school drop-outs, poverty and the place of women in society must equally be addressed for any meaningful development in the health and well being of the people.

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