Material culture and norms of healthcare consumption in Nigeria

Julia Ngozi Chukwuma

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Outline

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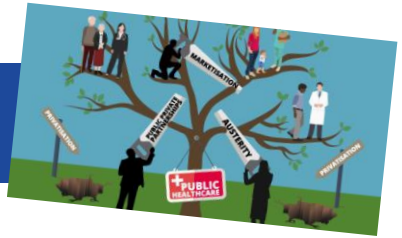
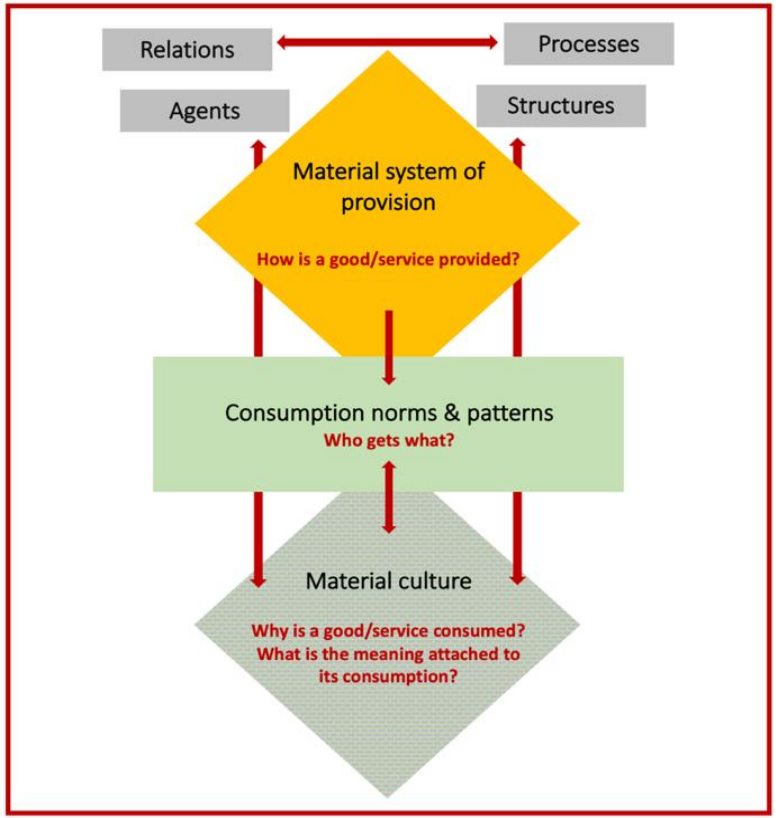
1. Introduction



- **Narrowing of the scope of social policy** with the ascendancy of neo-liberalism (Lavinas, 2017; Adésínà, 2015; Mkandawire, 2009)
- More recently, intensified **global push for universalism**
- Persistent calls for **Universal Health Coverage (UHC)**
  - UHC reforms are "intrinsically political" (Greer and Méndez, 2015)
  - Depends on context – need for country-specific/system-specific analysis
  - Form that UHC takes affects **who** can access healthcare, **where, at what price**, etc.

2. Systems of Provision (SoP) approach & material culture



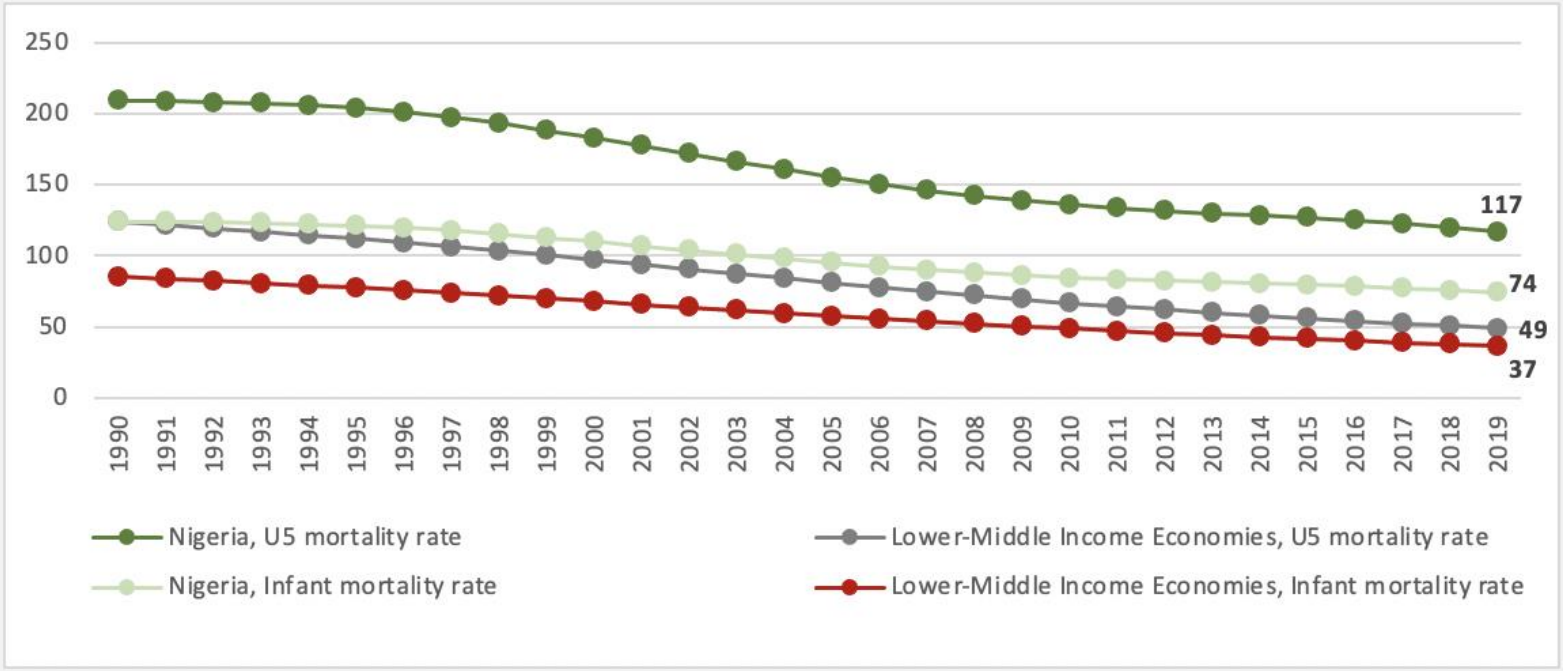
Material culture as the link between the material good/service and the social and cultural relations associated with it

3. Views, norms and patterns of healthcare consumption in Nigeria

- **Nigeria** as an interesting case study as efforts to attain UHC on-going
  - National Health Act adopted in 2014
  - Basic Health Care Provision Fund instituted in 2018 (theoretically)
- Healthcare in Nigeria – a "female domain"?
  - Women (and children) as important healthcare users
  - Women contribute massively to burden of disease
- Poor health outcomes & massive health inequalities

Under 5 mortality rate

Figure 3: Trends in U5 and infant mortality rates in Nigeria



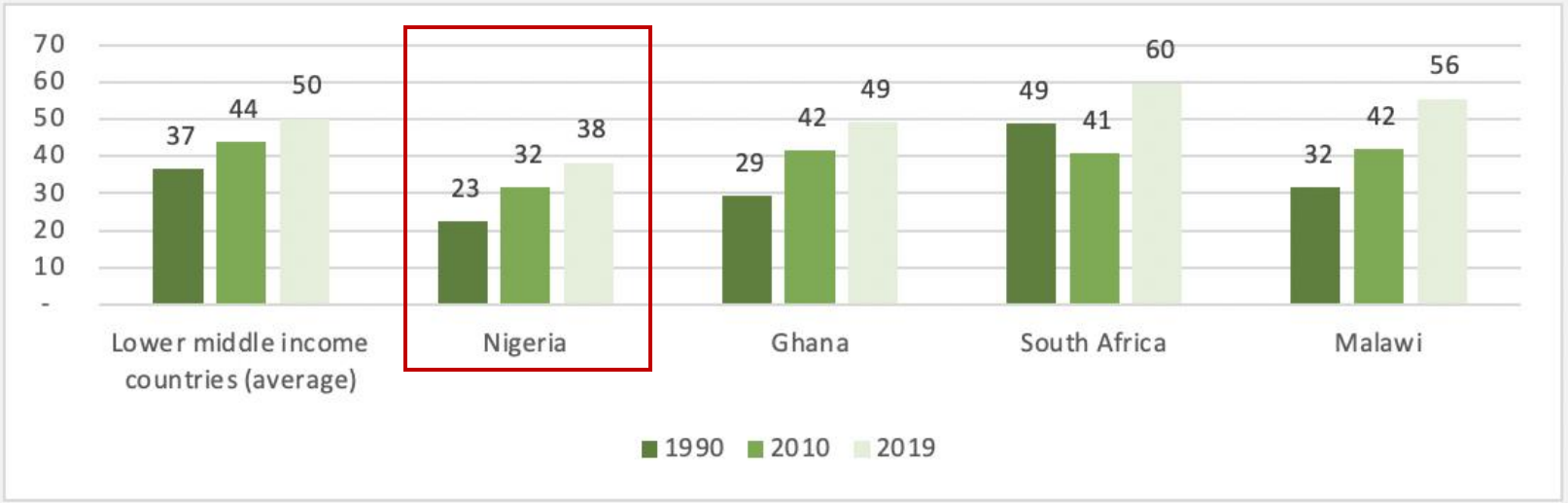
Source: Own illustration based on UN IGME estimates, 2020

Women's health

Indicator	Source	Nigeria	SSA
Reproductive and maternal health			
Maternal mortality ratio (per 100,000 live births)	WHO, 2017	917	525
Prevalence of anaemia in women (15–49 years) (%)	WHO, 2016	49.8	39
Live births delivered in a health facility (%) - Public sector; private sector	DHS, 2018	39.4 (26.4; 13.0)	
Births attended by skilled health personnel (%)	MICS, 2016-17	43.0	

Service coverage

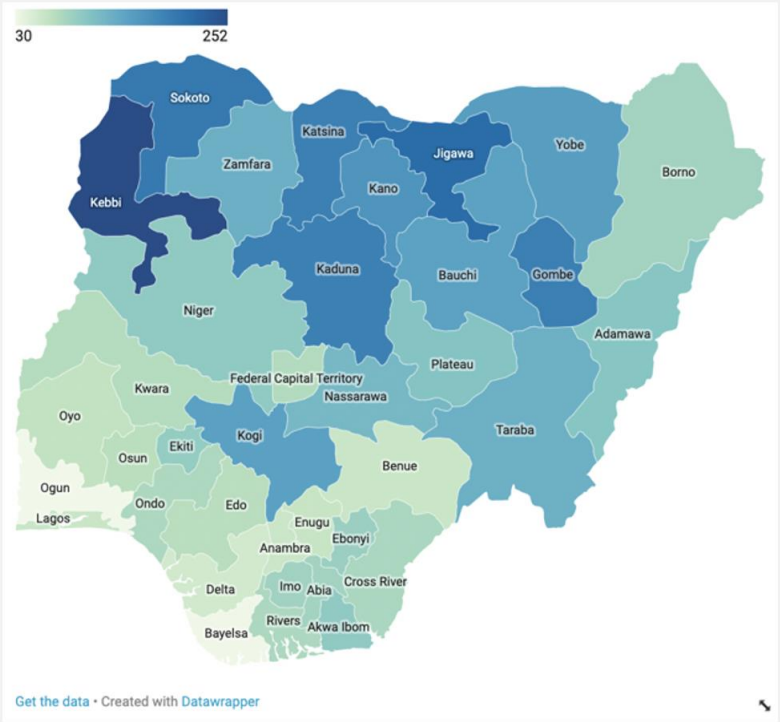
Figure 2: UHC Effective Coverage Index



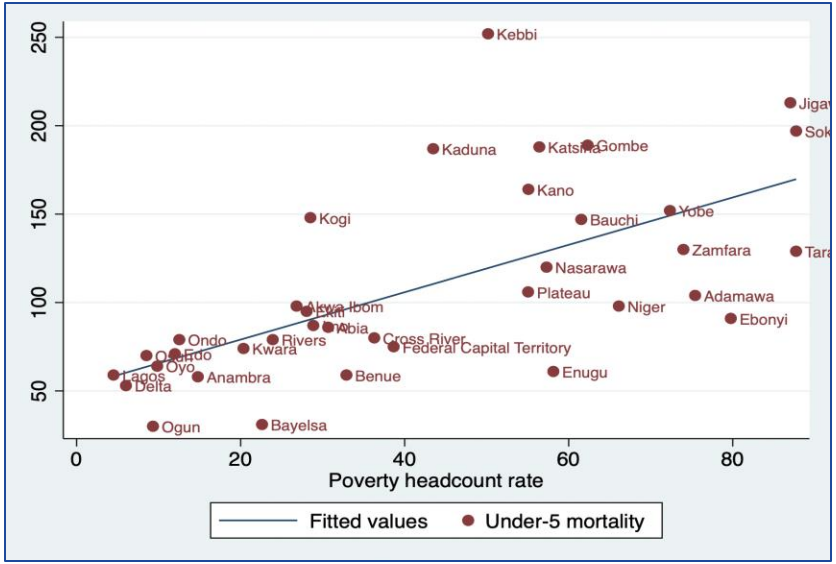
Source: Own illustration on basis of data by The Lancet/IHME 2020

Health inequalities – U5MR & poverty headcount

Figure 4: U5MR by State

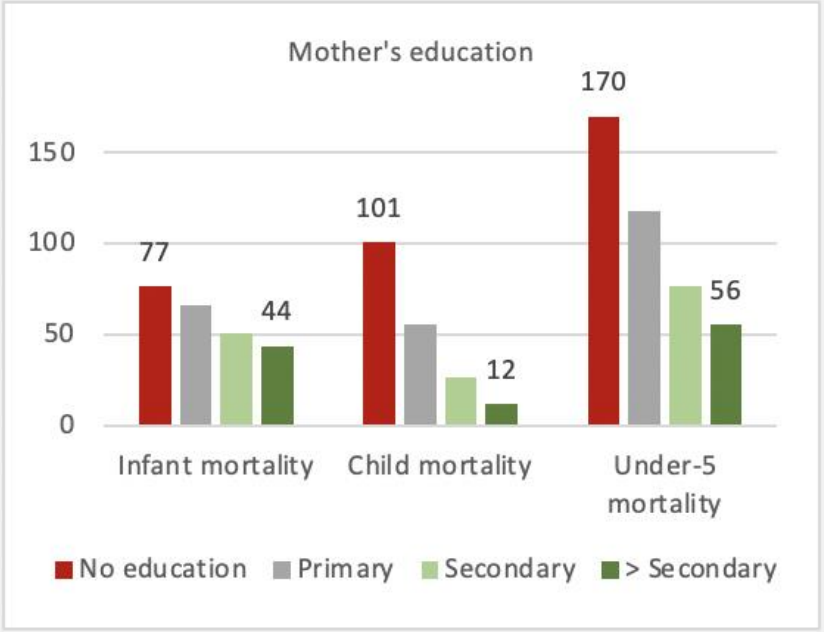


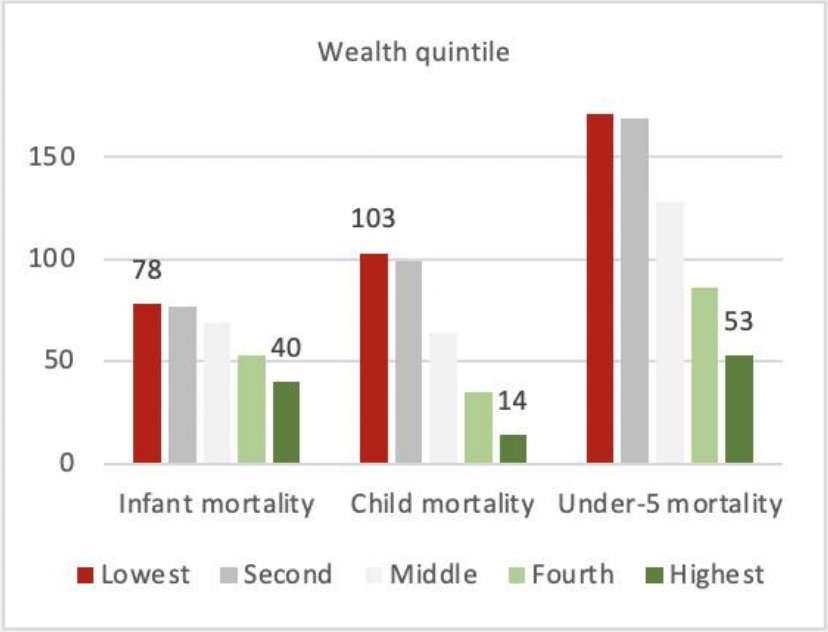
Source: Own illustration based on DHS 2018 data



Health inequalities – U5MR & wealth/education status

Figure 8: Child mortality rates depend on children's families' socio-economic background





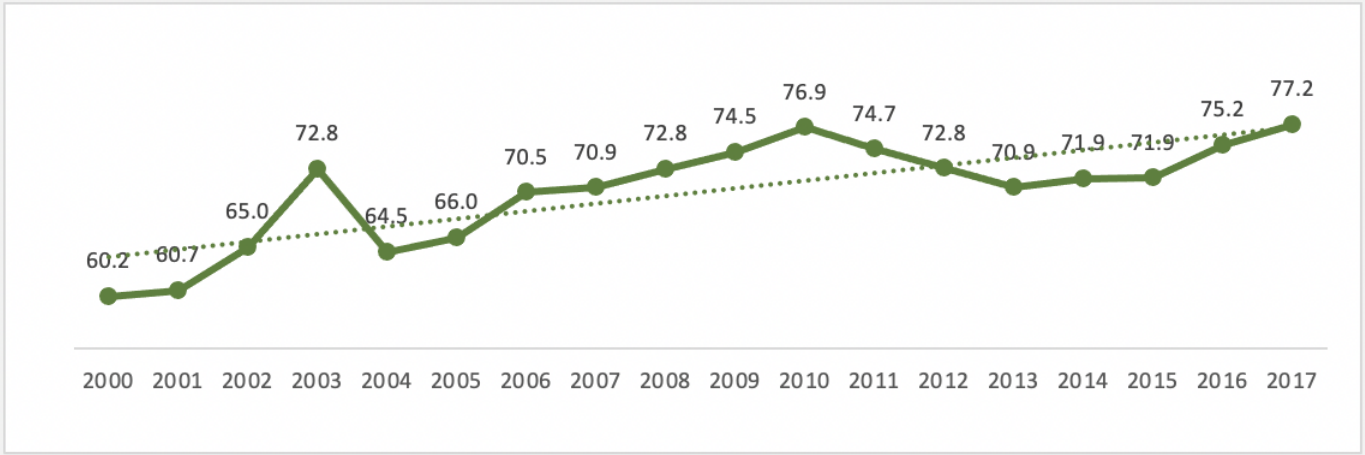
Source: Own illustration based on 2018 DHS data

3.1 Financial barriers to accessing healthcare [I]

Dissatisfaction with high costs associated with healthcare consumption

- *"Payment should not be a barrier to accessing healthcare."* [FGD 6, Ward Development Committee]

Figure 17: Out-of-pocket spending as % of current health expenditure



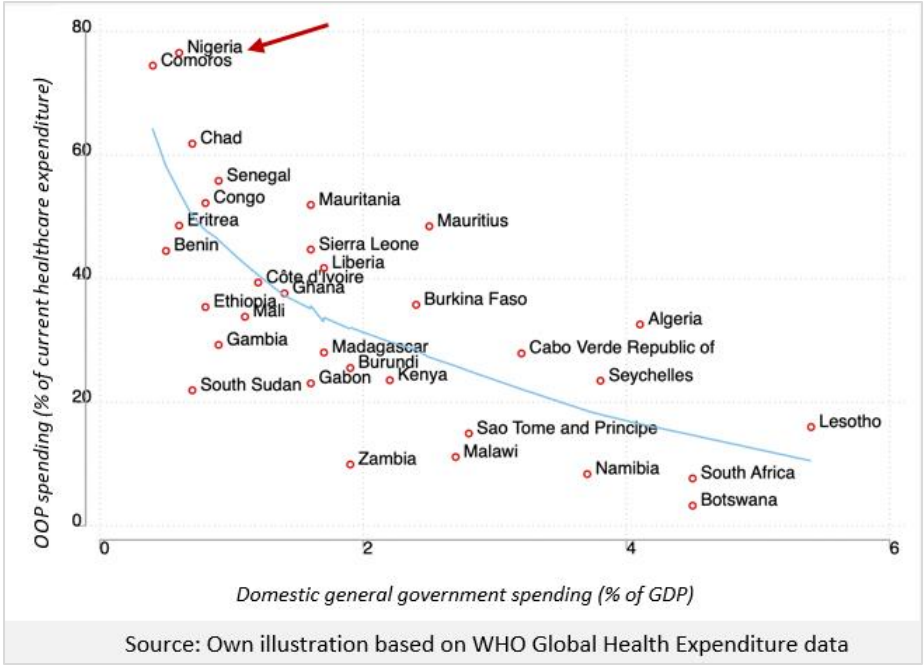
Source: Own illustrated based on World Health Organisation data

3.1 Financial barriers to accessing healthcare [II]

Rich country, poor people

"But if people don't have financial access, you know, we cannot solve the problem of utilisation, of people actually using the health centres. You can do every beautiful thing, you know, you want to do with the supply side, but if you haven't addressed the barriers to access, particularly financial barriers to accessing healthcare on the demand-side, … it will be useless."

[Interview 15; health systems researcher]



Source: Own illustration based on WHO Global Health Expenditure data

3.1 Financial barriers to accessing healthcare [III]

Who should be responsible to assure everyone can access healthcare?

- **Government**
  - *"The government should make it to be affordable so that no matter the amount the mother has, she will bring the child to the hospital. The common cause of child death is lack of money by the parent." [FGD 1, Ward Development Committee]*
- **Communities/individuals can make "reasonable contribution"**
- **Private sector/philanthropists/donors**

3.1 Financial barriers to accessing healthcare [IV]

Cash transfer versus free/affordable healthcare?

- New cash transfer programme introduced in 2015
- Concerns that cash transfer scheme could take precedent over the provision of free and/or subsidised healthcare services.
  - *"Our poverty level is too high here. An average black man will prefer to die if he is sick than spending the money you have given him to treat that sickness. … he will tell you … I am hungry, let me go and eat food, and that sickness will be abandoned and he will die. So, I think if the government is giving direct free medical care to people, they will save more lives." [FGD 7, village heads]*

3.2 Seeking healthcare in private vs. public sector [I]

Private sector crowding out public sector?

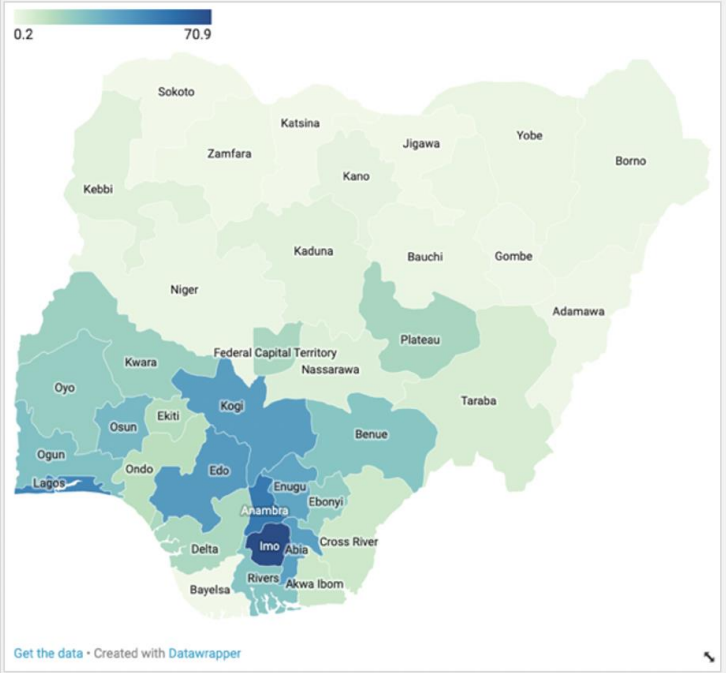
- 60% of Nigerians seek healthcare privately (Alliance for HPSR & WHO, 2017)

Table 3: Health Facilities in Nigeria (%)

	% of all levels	% in public ownership	% in private ownership
Primary	87.9	80.6	19.4
Secondary	11.6	24.6	75.4
Tertiary	0.5	52.5	47.5
All levels		**73.9**	**26.1**

Source: Own calculations based on Health Facility Register (as of October 2019)

Figure 10: Share of deliveries having taken place in private sector facilities (%), by State



Source: Own illustration based on 2018 DHS data

3.2 Seeking healthcare in private vs. public sector [II]

"Need for the private sector" – but narrative is nuanced

- **Government** – cannot deliver healthcare without the private sector

  versus

- **Community members** – cannot afford accessing healthcare without financial assistance of the private sector/private persons

  - *"We are all saying the same thing. I am thinking of attributing the women's suffering to the government because when you get to the private hospitals, they are clean, and you will see all the required drugs there."*
    [FGD 2, women]

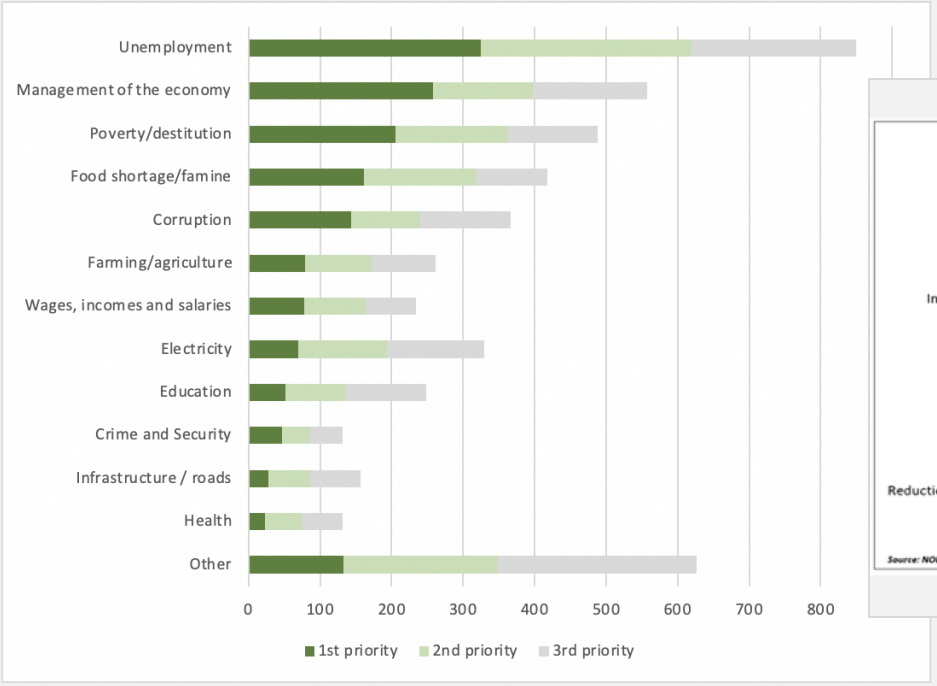
3.2 Seeking healthcare in private vs. public sector [III]

Private sector does not necessarily mean better quality

- Private sector heterogenous and quality is not always guaranteed
- But problems with the public system are vast due to its underfunding
- As a result: private sector, providing low quality for the low income population (Mackintosh et al., 2016)

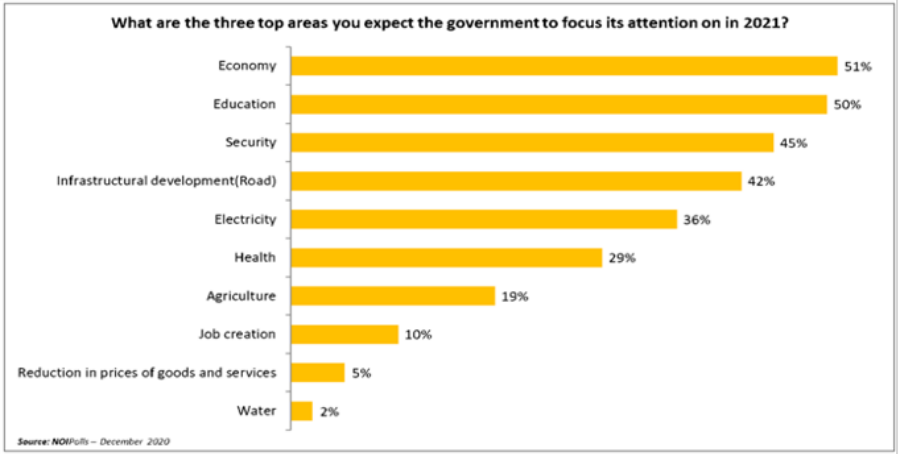
3.3 Health and healthcare: a priority? [I]

Figure 27: In your opinion, what are the most important problems facing this country that government should address?



Own illustration on basis of an analysis of Afrobarometer data (2017)

Figure 46: Healthcare not a top-five priority in Nigeria for 2021



Source: NOI Polls, December 2020

3.3 Health and healthcare: a priority? [II]

Other areas take precedent, why?

- **Intangible target**
- **Healthcare – associated with women**
  - *"It's just that [healthcare] is often seen as <u>women's issues</u> … I would definitely think that if it's seen more of a "man-issue" it'd be a priority …. There's also the problem that this society is so patriarchal, so men always have to show that they're strong. So, if you have health issues then you're kind of weak." [Interview; UN Women rep]*
  - *"We lack a lot of things, because the community people are seeing this health center as <u>women and children's health care center</u>." [FGD Health Facility Committee]*
- **Security concerns**
- **Focus on inequalities**

Concluding remarks

Reducing social inequalities as a major concern, with a role for the healthcare system to support this endeavour

- Informed citizens demand more than 'health' from their healthcare services (Mooney, 2009)
- Health system's performance cannot be measured exclusively in terms of health outcome, but must **aim for universality** of access according to need, and **solidarity in provision and financing** (Mackintosh and Koivusalo, 2005)
- Attention of a healthcare system should not only be on assuring the efficient use of resources to facilitate changes in health status of the individual, but needs to include **concerns around equity and social justice** (Birn et al., 2017)

Thank you for your attention!

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