



## Review Article

# INDICES THAT CAN ENSURE THE HEALTH SECURITY OF CHILDREN IN NIGERIA

\*Kajang, Y. G.

Department of Physical and Health Education, Faculty of Education, University of Jos, Jos Nigeria

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### ABSTRACT

The paper examines the indicators that can ensure the health security of children in Nigeria. It is estimated that at least 44 developing countries (Nigeria is one) have less than a 20% chance of achieving the 4<sup>th</sup> MDG that is to reduce child and infant mortality in the world by 2/3 by 2015. Health security is used in the paper to mean measures adopted by Government and individuals to protect children from diseases and other conditions that bring pains and discomfort to them. Literature provide that the Nigeria health system is full of corruption, neglect and lack of direction as there are no strong health policies proposed, and implemented. To give direction to the paper, five major areas were identified and discussed; which were: Policy making and implementation, Environment, health services available to children, personal life style of children and inherited genes from ancestors. Among many things discussed, literature provides that in Nigeria and other African countries-malaria prone areas use a lot of self diagnosis for malaria, drug stores were always the first point of call in the south-east. In Malawi, it was discovered that mothers usually go through different treatment regimes before consulting health facilities and thus causing obvious lag in appropriate health seeking... It was recommended among others that since majority of children that have poor health security live in villages, policies to reduce child poverty need to be enacted by government as an instrument for development of the health security of children in the country.

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## INTRODUCTION

The world over, there seems to be a growing concern and attention is being directed towards children's health. This situation might not be unconnected to the fact that they are "the nation" of tomorrow. As explained by Murray, La'akso, Shibuya, Hill and Lopez, (2012), every year appropriately 10 million children under 5 years of age die throughout the world, mostly in developing countries (of which Nigeria is one). According to then, of every 1000 children born in sub-Saharan Africa (Nigeria inclusive) appropriately 170 die, compared with less than 10 of these who are born in developed countries. Bearing in mind that the fourth Millennium Development Goal is to reduce child and infant mortality in the world by two-thirds by 2015, yet current estimates suggest that at least 44 developing countries have less than 20% chance of achieving the goal. However, great improvements in health status have occurred in advanced nations such as Canada since 1900. As confirmed by Mickinllay, and Mckinlay (1987) that access to improved medical care is responsible for differences in health

but best estimates are that 10-15 percent of increased longevity since 1900 in wealthy industrialized nations is due to improved health care. They expressed that the advent of vaccines and medical treatments are usually held responsible for the profound declines in mortality from infectious diseases in Canada since 1900. Equally mentioned by them is the fact that by the time vaccines for diseases such as measles, influenza, and polio as well as treatments for scarlet fever were discovered dramatic declines in mortality had already occurred. This would not have been possible without good ideology, policy making and implementation as well as other factors that brought this favourable state of health security in Canada.

### Definition of Key Variables

Health is define in different forms by individuals, but for the purpose of this paper, the definition by Dubes, (1987) is adopted where he views health as away of life that enables imperfect human beings to achieve a rewarding and not too painful existence while they cope with an imperfect world. This means, individuals' Physical and mental needs, aspiration and hopes, stresses and their vulnerability to disease differ which could be measured generally by how well they are able to

\*Corresponding author: Kajang, Y. G.,

Department of Physical and Health Education, Faculty of Education,  
University of Jos, Jos Nigeria.

function within and adapt continually to their constantly changing environments to secure health. Gudman, (2005) stated that security, are things done to keep some one or something safe. State of being protected from bad things that could happen to one. Applied to this, it is the use of measures to protect children from diseases and other conditions that bring pains and discomfort to them. However, health security as explained by National Health Security strategy (NHSS) (2009) is a state in which the state and its people (children inclusive) are prepared for, protected from and resilient in the face of health threats or incidents with potential negative health consequences. In the paper, health security of Nigerian children is expected to be prepared for, protected from diseases and resilient when health threats or potential negative health consequences are noticed: Base on this definition, the NHSS states that the purpose of the strategy is to refocus the patch work of disparate public health and medical preparedness response and recovery strategies for the achievement of health security. The refocusing according to the document will strengthen the community, integrate response and recovery systems, generate a frame work for accountability and continuous Quality improvement, and create coordination between all levels of the medical system. Again, that the resulting NHSS will provide a common vision for how the nation will achieve national health security for all citizens (including children). In addition to these, the NHSS complements and supports key national security documents and policies, for example, National security strategy (May 2012), Quadrennial Homeland security Review Report: A strategy framework for a secure Homeland, February 2010 and preparedness policy Directive).

### Problem Statement

All these are wonderful policies that are supposed to secure the health of children and adults alike in the country. But the Question is what is really wrong with other good health policies? What is the problem with Nigeria's health sector? Tokunbo Adedaja (undated) of This Day writes on the issues raised by some of Nigerian Physicians in the Diaspora who recently converged on Las Vegas for the annual scientific session of the Association of Nigerian physicians in Americas (ANPA) which was put in net had the following as answers to the Question raised as follows:

*The difficulty is more than medicine. It is governance, its leadership, its management, its corruption and all the things that plague our society. So we suffered as a nation, several decades of terrible crumbling educational institutions of all professions and medicine suffered from that inadequate funding, corruption and absence of a serious health care bill that would provide a road 'map'—but the disease burden is higher in local government so, does that make sense? The best doctors and nurses go to the Federal medical centres and teaching hospitals, but the bulk of the population resides in places where they rely on primary health care and not federal, so this is a mismatch of funding: Nigeria's culture does not favour the promotion of excellence. Nigeria's culture favours the promotion of not only mediocrity, but it promotes material possession. Are you able to get quick emergency care? Of course, we stopped going to my state, Imo, this year because of the amount of kidnapping...*

Apart from these problems identified by the member of ANPA, studies have indicated that in Nigeria and some other African Malaria prone areas indicated that self diagnosis and other poor health practices exist. For example, Uzochukwu and Omoujekwe, (2004) explain that self diagnosis of malaria by respondents was commonest, while drug stores or buying over the counter drugs was the first point of visit in south-east Nigeria. If this is done by adults that have malaria as a health problem, what of when children are involved and in places where medical attention is very difficult? As mentioned before, poor health practices are not just peculiar to Nigeria alone in Malawi, Chibwana, Mathanga, Chinkhumba and Cambel, (2009) studied the socio-cultured predictors of health seeking behavior for febrile under-five children and found that mothers usually go through different treatment regimes before consulting health facilities and thus causing obvious lag in appropriate health seeking. Again, custodio, Descalzo, and Villamor, (2009) investigated the nutritional and socio-economic factors associated with plasmodium falciparum infection in children from equatorial Guinea who stressed that results from a national representative survey showed that only 55% of the children who had suffered malaria were treated outside their homes, longer distance to health facilities, utilization of bed net and maternal anti-malaria medication among others were associated with parasitemia. In Nigeria, Oresanya, Hoshea and Sopla, (2008) studied the utilization of insecticide-treated nets by under five children and reported that many socio-economic variables including education, distance to health facility, wealth income and region of residence proved significantly in predicting bed net utilization.

Nketiah-Amponsah, (2010) studied mother's demand for preventive health care for children aged under five years. The case of utilization of insecticide treated bednets in Ghana and discovered that a number of socio-economic and religious factors or beliefs influence the adaption of permethrin Treated Bednets for children aged under five years. It is important to note that reduction in curative care expenditures could help realise funds for more nutritious meals, the effect of which is to improve anthropometric indicators of the children. Consequently the use of ITN as a preventive measure not only prevents malaria but could also help improve other health indicators. In addition, mothers or care givers who adhere to routine immunization schedule for their children are likely to gain other preventive health knowledge and as a result have a higher propensity to use ITN<sup>s</sup>. The study supports the view that neither wealth nor other wealth indicators such as piped-water in residence is associated with bed net usage. Rather, house holds from the lowest income bracket have a higher propensity to use. ITN<sup>s</sup> Similarly, maternal education did not prove to be a robust determinant. From literature a combination of many health's related factors can safeguard the health of the Nigerian child. It is the interplay among these variables that determine individual and population (especially children) health which is the main focus of the paper. Due to this, interventions that target multiple indices of health are most likely to be effective health security motivators. These indicators of health go beyond the boundaries of traditional health care and public health sectors, sectors such as education, transportation, agriculture and environment can be outstanding contributors in improving children health security.

To give direction to the paper the following health indices are discussed viz:

- Policy making and implementation
- Environment
- Health services available to children
- Personal life style of children
- Heredity.

The effectiveness of any health policy is measured by its outcomes. Child–health objectives attainment remains one of the most important barometers for determining the overall social and economic well being of a country. To a large extent, Nigeria has developed a lot of strategic plans on health but implementation is the problem. Just like it is stated in the National policy on Education that no educational system may risk above it teachers, so it seems to be true of the effectiveness of the health policy of any nation may not rise above the quality of the leadership. In other words, if the right leadership that does not just plan but also tries to get the outcome in place, then the effectiveness of the policy will be seen. In doing this, the leader will realize that apart from food and shelter, health care is the most important component of any economy. As noted by ANPA. United state spends the biggest part of its money on health care because it knows that a healthy citizenry is a productive citizenry and a productive citizenry means more money to the state, more money for the government, and more money for everybody.

In relation to child-health, Bartley, (2003) posited that early life is shaped by availability of sufficient material resources that assure adequate educational opportunities, food and health among others. Much of this, he explained has to do with the employment security and the quality of working conditions and wages. The availability of quality regulated child care he stressed; is an especially important policy option in support of early life. Conversely, Nigerian Governments seems to understand early life as being primarily about parental behaviours towards their children. For children to have proper health security the government should focus upon promoting better parenting, assist having parents read to their children, or encourage schools to use exercises among children rather than raising the amount of financial resources available to families.

There seems to be profound differences in overall health status existing between developed and developing nations. Much of this has to do with the lack of basic necessities of life, that is, water, food, sanitation, housing, primary health care etc common to developing nations, yet as observed by Organization for Economic Cooperation and Development (2007) who pointed out that among developed nations such as Canada less profound but still highly significant differences in health status indicators exist, such as life expectancy infant mortality, incidence of disease and death from injuries compared with USA who they take aliases-faire approach to providing various forms of security (employment, food income and housing) and health and social services while Sweden's welfare state makes extra ordinary efforts to provide security and services (Burstrom, Diderichsen, Ostlin and Ostrergren, 2002). The sources of these differences in public policy appear to be in differing commitments to citizen support informally by the political ideologies of governing parties within each nation (Bambra, 2004).

As mentioned before, when the right leader is chosen with a good ideology then, that individual will now create a conducive environment for good legislation that favours health security of its citizens especially children. Environmental indices of health reflect social factors and the physical condition in the environment in which individuals are born, live, learn, play, work and age. These give a wide range of health functioning and quality of life objectives. Mickinlay and Mckinlay, (1987) stated that support from families, friends and communication is associated with better health security for children. The caring and respect that occur in social relationships and the resulting effects seem to act as booster against health problems therefore making them feel secured. In the same vain, they opined that education contributes to health security and prosperity by equipping people (children inclusive) with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances, increases opportunities for job and income security and job satisfaction. Also, that education improves children's ability to access and understand information to help keep them healthy.

The social environments provide so many values and norms of a society influence in different ways the health and well being or otherwise of children and populations. Social stability recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces many potentials risks to good health thereby making children and other individuals being emotionally stable with good feeling of security. It is a known fact that culture and traditions, and the beliefs of the family and community all affect health and health practices. This is in lines with one of the findings made by Adongo, Kirkwood and Kendall, (2005) on how local community knowledge about malaria affects the use of insecticides treated nets in northern Ghana, that individuals who understand the connection between mosquitoes and malaria may also attribute the disease to other beliefs and attitudinal factors, making it difficult to convince them to adopt bednets as a control measure. This is a painter that the home and school must give children accurate information concerning beliefs that are good and those that are enimical to good health practices so that by doing this it may guide the child when he grows, he appreciate every health service given to him.

Access to health services and the Quality of health services can impact the health security and children. On the other hand, lack of access, or limited access, to health services greatly impacts an individual health status negatively. For example, when a family is not covered by the National Health Insurance Scheme, they are less likely to participate in preventive care especially that of their children and are more likely to delay medical treatment. Poor medical care is known to have been in existence for a long period in this country. Ajala, (2005) expressed that there was lack of correlation between medical care and health in many countries of which Nigerian is one. He further expressed that there was apparently deterioration in health as measured either by infant morality or life expectancy, the situation is even worse now. He attributed the situation to scarcity. Medical personnel tend to concentrate on those parents for whom their attention is likely to make the most difference, secondly, patients also alter their behavior, depending upon how easy or difficult it is to get to see a physician. Thirdly many of the most effective interventions, such as vaccinations or treatment of bacterial infection, require only modest amounts of resources.

Finally, it is becoming abundantly clear that factors other than medical care (for example, genes, environment, life style) play crucial roles in many of the most important health problems. The major challenge facing Nigeria is how to improve the health of the growing population. Infant mortality rate (an index of health and socio-economic development of nation) remain very high (about 98.8 per 1,000 give births) while life expectancy at birth is still very low about 45 years. Complication of pregnancy occurs in about 16% of women and the maternal mortality rate is about 1b per 1,000 deliveries. The situation seems to be getting worse as health services seem to be on the decline due to the poor economic and security situation of the country. As observed, AHRQ, (2009) mentioned that barriers to accessing health services include, lack of availability, high cost, lack of insurance coverage etc. These barriers can lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services and hospitalizations that could have been prevented; all these can affect the development of good life style of children and other population.

Individual behaviours plays a role in health outcomes. For example, exercise helps to maintain muscle mass and promotes sound sleep as well as good appetite. It also keeps children from getting stiff and thus enhances one's general mobility. Walking, bicycle riding, jogging, swimming and calisthenics can all be pursued gently or strenuously, depending on ones physical condition and age. These are certain health problems that relate to being inactive, which include high blood pressure, heart attack, injuries, backache, over weight, shortness of breath etc. Physical and Health Educators know that the systems of the body will work better when they are used and degenerate when not use. Muscular strength and bone hardened, for example, reduce very gradually in individuals who continue to work and play hard physically, by deteriorate early and rapidly in people generally who are not very active and spend most of their time sitting (Ajala, 2005) Discussing in life style, Mickinlay and Mickinlay, (1987) expressed that learning how and what people can do to prevent disease and promote self-care, cope with challenges, develop self reliance, and solve problems will help them make choices that enhance health security. They further stated that parental and early childhood experiences have a positive impact on brain's development, school readiness and health security in later life. For example when they are taught how to take care of their oral cavity, selection of type of food to eat and reasons as to why they are fed with such types of food, handling of electrical appliances etc. They grow with that knowledge and later life they will understand the importance of doing so.

One other factor that is an index of one's health is habit formation due to fact many health habits are formed during the teenage age, it is especially important that children receive accurate information concerning their health security. Children generally at the secondary school level are young enough to adopt new behaviours and have sufficient resources to effect life style changes' some behavior, some changes have a greater impact on overall health than others. Ajala (2005) posited that as a result health change will greatly contribute to longevity and quality of life. These behaviours include:

- Avoidance of cigarettes
- Follow sensible drinking habits

- Eat sensibly
- Exercise regularly
- Learn to handle stress
- Be safety conscious

He quoted United States, Health, Education and welfare, summarizing the causes of the major killers as saying: "We are killing ourselves by our careless habits; we are killing ourselves by careless polluting environment. We kill ourselves by permitting harmful social conditions to persist. Conditions like poverty hunger and ignorance which destroys health, especially for infants and children".

This means it is our collective responsibility to have health security with that of children by what we can collectively do. Another index of health security is what we inherit from our parents which in some cases appears to predispose certain individuals to particular health problems. It seems that genetic factors affect specific populations more than others. For example, older adults are biologically prone to being in poor health than adolescents due to the physical and cognitive effects of aging; sickle cell disease is a common example of a genetic determinant of health. Sickle cell as we know is a condition the people inherit when both parents carry the gene for sickle cell. According to Institute of medicine (2003) the gene is most common in people with ancestors from West African countries of which Nigeria is one. They further stressed that genetic social determinants of health include, age, sex, HIV status, inherited conditions such as sickle cell anemia, hemophilia and cystic fibrosis, carrying the BRCA1 or BRCA2 gene, (which increases risk for breast and ovarian cancer) and family history of heart disease.

Since inheritance plays apart in determining life span, healthiness and the likelihood of developing certain illnesses, Children be guided towards good personal behavior and coping skill with balanced eating, keeping active, avoiding smoking and drinking as well as knowing how to deal with life's stresses and challenge that affect health is very important for the health security of children. To safe guard the health of children, marriage couples before wedding can test for genotype before deciding whether or not they are compactable if they really need healthy children.

## Conclusion

Having the knowledge and good practice of all the indices is what bring about the health security of children and indeed the general population. This is because children's physical, mental, social, emotional as well as spiritual development of health security and prosperity are linked to these determinants. This is because individuals are equipped with knowledge and skills for problem solving that help provide a sense of control and mastery over life circumstances, opportunities for job and income security, and job satisfaction equally improves people's ability to access as well as understand information to help keep them healthy.

## Recommendations

- For Nigerians to have health security for children, the government is to have very strong health policies that build systems which allow a healthy standard of living

where no one should fall below due to circumstances beyond his or her control. In doing this, social protection schemes can be instrumental in realizing developmental goals.

- Since majority of children that are mostly affected by poor health security are living in remote areas, policies to reduce child poverty need to be enacted by government as an instrument for development of the country. This should be so because, studies by Raphael and Bryant (2006) discovered that as a child, when stress levels go up and stay up as a result of constantly having to worry about shelter and food, high hormone levels interfere with the development of brain circuitry and connection causing long term chemical damage. In addition, the studies showed that the immune system of participants were stronger, if their parents had security of home ownership while growing up.
- For action to promote health equity, government policies should be based on improving the situation through which children are born, grow, work and age. This could be done by taking care of the inequitable distribution of resources.
- To achieve these three recommendations above, it will involve the provision of resources such as quality education, decent housing, access to affordable healthy care, access to health, food, and safe place to exercise for every child despite gaps in social strata

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