

Social Values and Public Health: An Interpretive Development Perspective in Nigeria

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Abstract -The paper examines the ongoing public health reform measures, which more or less, encompass the Obasanjo, Yar'Adua and Jonathan's political dispensations (1999-2010) and highlight the collective abdication of social values by Nigerians as a major reason why policy reforms in public health have not succeeded. The neglect of social values and the adversities stemming therefrom are pervasive and apparent across many sectors and social institutions in Nigeria. For example, the spate of divorce in Nigeria is a sign of the travail of the family in contemporary Nigeria. Spiralling unemployment is a symptom of a major crack in the capacity of the economy to employ prospective job seekers. The rise in malaria infection, tuberculosis and HIV/AIDS is a clear statement, if one was needed, on the shortcoming of Nigeria's public health delivery system. A system that has failed to recognize the inherent potential of the teeming population and has also failed to conscientise the citizenry on standard precautionary measures against communicable and non-communicable diseases, is one that requires critical policy intervention. The paper defines social values and conceptualises public health in the context of Nigeria. The role of international organisations such as the World Health Organisation and other related Non-Governmental Organisations are examined. The paper argues for a shift from wholesale dependency on the health delivery paradigm of the West to a re-invigoration of the endogenous institutional capacity of Nigeria to deliver dividends in collective health needs and health infrastructures. The paper advocates for a holistic and all embracing reform measures that will optimize the health needs of the citizenry.

Keywords: Development, health, social values, paradigm, unemployment, reforms

I. INTRODUCTION

The G8 roundtable on the momentous issues of the world has come and gone but the aftermath of the discussions continue to point the way forward for many African countries especially in the area of purposeful education, health care delivery, sustainable development, etc. Several pejorative terms have been used to describe African countries of late. Specifically, Nigeria has been variously described as a failed state, a stagnated and a profoundly corrupt state, etc. While this paper does not intend to contest these labels, we make bold to state that there is a yawning gap in development infrastructures between Nigeria and the countries that constitute the G8 (individually and collectively). Nigeria has consistently regressed in several indicators of development. Trunk and feeder roads across the country which are supposed to facilitate the process of development have largely remained in a state of disrepair and have become a hindrance to development proper. Energy supply has not fared better, even though Nigeria has a capacity to generate 3500 megawatts of electricity, the

country has never come close to that capacity mark because of a combination of incompetence, corruption and wanton vandalisation of electric wires, transformers, etc. by marauding youths who advertently unleash vengeance on a system that has woefully failed to cater to their employment needs. When Generals Buhari/Idiagbon hatched their coup d'tat at the tail end of 1983 they gave the reason of the collapsed health care delivery system, especially the public hospitals which had become consulting clinics. Today, the situation has become worse and worrisome. The health care delivery system has virtually given way. No qualified doctors, no genuine drugs and there is a virtual lack of access to health facilities by a vast majority of Nigerians. As the economy has become comatose, and several manufacturing factories have folded up or become converted to places of Christian worship, many persons have been retrenched thus swelling up the already bloated labour market with ample ramifications for grave social problems, especially criminal tendencies. As most of Africa continues to experience economic downturn, Africa South of the Sahara continues to be quite vulnerable to the HIV/AIDS pandemic. The United Nations in its 2006 Report has highlighted the HIV/AIDS scourge in countries like Uganda, Kenya especially around the Port of Mombasa and some flash spots in some Southern cities in Nigeria. Nigeria has embraced a concept of development that is rather ambivalent. The pursuit of personal benefit by elected representative and government functionaries have tended to supplant concern for the common good thus unwittingly promoting a trenchant tradition of corruption, which is arguably the bane of economic growth and development in Nigeria. It is quite true that Nigeria is a signatory to several United Nations conventions Bilateral and multilateral trade agreements have been signed. Nigeria is a core member of NEPAD (New Economic Partnership for Africa Development) Nigeria has openly embraced globalisation which, according to Jike and Esiri (2005:128) is associated rightly or wrongly with current challenges facing a supposedly modern world without national boundaries. Obada (2001) defined globalisation as the growing interdependence of the world's people. Globalisation is about interconnectedness in economic transactions among the world's governments and peoples and the multiplicity of processes, which enables this objective(s) to be achieved (Rodrick, 1998, 2000; O'Rouke, 2002a) However, we make bold to state in this paper that the truncation of Nigeria's economic objectives through successive inimical government policies such as colonialism, neo-colonialism, distorted forms of democracy pervasive corruption, etc have disoriented our values in a way that will not support a productive public health delivery

system We shall now examine the nexus between social values and public health in Nigeria.

II. SOCIAL VALUES AND PUBLIC HEALTH

Values are a core component of the culture of a people, while culture is defined by Chinoy (1967:26) as an appropriate or required mode of thinking, acting, and feeling. Culture in sociological inquiry may also refer to things like painting, music, sculpture, philosophy, etc. (Yakubu, 2002) Neubeck and Glasberg (1996:110) have indicated that values are assumptions and judgments made about the goals or states of existence that are deemed important, desirable, and worth striving (or dying) for. According to Neubeck and Glasberg (1996:110), Values shape the normative system by defining the criteria for judging which behaviours will and will not be tolerated. However, values do not necessarily determine behaviour. Values are beliefs, attitudes, feelings, habits, conventions, preferences, prejudices, even idiosyncrasies - whatever any individual, group or ... happens to value or esteem at anytime, for any reason (Awake, April 2007). Therefore, social values are embedded in culture, which is simply the total way of life of a people, their prejudices and set standards. As Tillman (2000 2) aptly noted, in his introductory notes. People around the world are increasingly affected by violence, group social problems and a lack of respect for each other and the world around them. Parents and educators in many countries are asking for help to turn around this alarming trend He concludes that "part of the solution is an emphasis on teaching values. In the contemporary era, we live in a closely-knit and largely interdependent world, aptly described as a global village No nation, no matter how naturally endowed or prosperous can afford to be isolated from other nations. Nations derive strength and political leverage from synergy with others within the comity of nations. In peacekeeping missions, international trade or other forms of partnerships, nations are vigorously aligning with each other either in regional conglomerations or multilateral unions to optimise their internal capacities to prosecute national development objectives. Even in the sphere of health care delivery, the world is unavoidably interdependent. As Aghahowa (2000:26) highlighted: All nations are interdependent in terms of politics and strategy No nation, no matter how small, can in isolation realise its fate No nation, no matter how large, can compel all others to do its bidding, nor convert them quickly to its own beliefs. No people and no country in the world could have reached its present level of technology, prosperity and health nor could it maintain its present rate of progress without the decisive aid of foreign contribution ... No country can keep its own people alive without the help of foreigners. The dismantling of national boundaries and the unfettered access to international transactions in goods and services as a result of globalisation has taken root across the world Most of these transactions are in goods and services but an important component of the process of globalisation is both socio-cultural and political. A global village allows a preview of a new film in Hollywood to be watched simultaneously in California,

USA, London, England and Lagos, Nigeria. Though globalisation may have several advantages in terms of Direct Foreign Investment, privatisation facilitated by foreign capital and expertise However, we must also highlight the several latent consequences of globalisation which may include international criminality, like, internet scams, fraudulent money transfers, vicarious learning of deviant dispositions watched on foreign films, etc. Thus globalisation presents both risks and opportunities One may argue and we actually do in this paper, that rapid international interaction that is a distinct feature of globalisation has accelerated the spread of communicable diseases such as tuberculosis, HIV/AIDS, SARS, BIRD FLU, etc. Needless to add that Western consumption habits, depicted by global advertising in smoking and consumption of junk food have gained ground in Nigeria. In the oil and gas sector, the operational activities of multinational oil companies especially in relation to gas flaring and oil spillages have impacted negatively on the public health circumstances of host communities. Otherwise alien infirmities like, bronchitis, skin/lung cancer and other carcinogenic diseases have begun to creep into the local population There are also views which hold that globalisation has midwived the spread (by modern travel) of disease such as SARS, HIV/AIDS and related diseases across national boundaries.

III. INTERNATIONAL RESPONSE TO AFRICA'S ECONOMIC PREDICAMENT

The international community have often come out with propositions to revamp the economic infrastructures and sustain ability of Africa. The series of Lome conventions, the ECA/UN initiatives on Africa's self-reliance, American trade concessions to African countries through the instrumentality of AGOA, NEPAD and several multilateral development initiatives that are premised on G8 forum of developed countries, ritually come out with finely written communiqué on how to realise the economic potential of Africa However, much of these initiatives are burdened with self-interest, which altogether negate the development objectives of African countries. For example, globalisation as a conceptual vehicle for Africa's development is fraught with problems Opening up the economy for- an influx of manufactures from abroad will certainly weaken indigenous capacity to produce goods and provide services. This, in turn will weaken the ability of local entrepreneurs to compete globally Much of these symptoms are already evident Manufacturing companies are already folding up in major cities in Nigeria in response to the grave challenges of globalisation. Locally made products cannot compete with the cheap ones imported from China and the Asian Tigers. The influx of foreign capital has also facilitated mergers and acquisitions in a nation-wide privatisation exercise that has become a national controversy. It is perhaps, pertinent to mention development aids, grants and other forms of assistance from multilateral organisations to Nigeria. Needless to say that these Grants/Aids come with a burden of conditionalities that are mostly beneficial to donor countries For example of what use it is if the United

Kingdom gave a grant of £20 million (twenty million pounds) to the Federal Government of Nigeria to build a forensic laboratory and actually import all the materials and personnel for the construction of the Forensic Laboratory from the United Kingdom. In this specific case, the Forensic Laboratory will merely provide jobs for British nationals rather than Nigerian citizens. Thus, most foreign Grants/Aids hardly add local - value to our socio-economic space. Grants/Aids are therefore a projection of the national interest of donor countries. This has become even more pronounced in public health intervention schemes. For example, the malaria net scheme, the tuberculosis and lately the HIV/AIDS are tied up with conditionalities that make African countries to remain in a position of perpetual subservience and servitude. One way of tackling this shortcoming, and one that is projected by this paper, is to be introspective, to draw from our value systems to reassert our pride and dignity as a first step of re-addressing contemporary challenges For a long lime, African value systems have been denigrated The onset of colonialism was a frontal attack on African indigenous ways of doing things. African names were initially ridiculed and replaced by foreign ones African forms of marriage and, rites of passage were labelled as primitive African health delivery practices were condemned. African local gin OGOGORO was banned, declared illicit and those associated with its production were pervasively haunted and clammed into jail. Religious practices and herbal concoctions that had no tinge of animism or primitivism were altogether derogated and swept under the carpet. Even the communitarian ethos that was the major plank of communal life was replaced by stark competitiveness and unwholesome individualism that were the hallmark of capitalism at the dawn of colonialism. Thus, African values have consistently declined because there has been a steady ideological attack on these values from colonialism to the contemporary era of globalisation. Globalisation for example, continues to assault our collective cultural sensibilities. Young people continue to abandon African traditions and adorn cultural traits and raiment of alien cultures. Females continue to wear trousers as their male counterparts Criminality as in Hollywood movies is beginning to gain ground in the Niger Delta of Nigeria.

Table 1: Health and Poverty Dimensions in Nigeria in 1995, 1999 and 2001.

Health	1995	1999	2001
Access to essential drugs (% of total population)		10	
Access to physicians (per 100,000 people)		<30	
Nigerians living with HIV/AIDS (millions)		>5	
Prevalence of HIV, female (millions)			5.8
Incidence of tuberculosis (per 100,000 people)			305
Under 5 mortality rate (per	187		183

1000)			
Infant mortality role (per 1000 live births)	112		110
Immunisation, measles (% of children under 12 months)	44		40
Immunization, full (% of total children)		17	
Maternal mortality (modeled estimates, per 100,000 live births)	1100	704	

Source: World Bank

Baseline date upon which reform projections are based

Table 1 shows a graphic detail of the appalling state of public health delivery system in Nigeria. The table unwittingly highlights the pervasiveness of poverty and how this has undermined the level of access that the citizens have to health facilities and personnel. In 1999, for example, only 10% of an estimated total population of about 125 million people had access to essential drugs. There are no figures for 2001 but one can only surmise that the number of those who had access to drugs may have thinned, less than those who had access the previous year. The number of Nigerians who had access to physicians per 100,000 people was less than 30, probably less than 30 for those who live in the deep crevices of the hinterland and the inaccessible creeks of the Niger Delta Nigerians living with AIDS in 1999 was more than 5 million Even though accurate figures are not available in 2001 and beyond, one can only guess that the actual number of Nigerians living with AIDS may have increased exponentially in the last couple of years. The table above portrays a picture of the dismal state of public health delivery system in cotemporary Nigeria. Why one can easily point to the poor state of the economy as a potent factor that has roundly undermined the health care delivery system in Nigeria. It is perhaps, pertinent to discount the cost of the monumental failure of the past and chart a new path that is based on age-old value System.

IV. THE NEED FOR A NEW VALUE ORIENTATION

While government has chosen to refurbish teaching hospitals and install ancillary health care infrastructures as a way of improving the state of public health delivery, this paper seems to prefer a different approach, one that will resuscitate age old values of dignity, discipline, chastity and honesty in all interpersonal relationships Such values will be revamped and sustained through a continuous process of socialisation where acceptable practices and tolerable behaviour will be emphasised and rewarded, while deplorable patterns of behaviour will be roundly sanctioned. Pristine social values and codes of behaviour lead to better health for individuals, communities and the larger polity. Some of the social values that have been abandoned such as respect for elder; and the need for chastity could reduce vulnerability to threatening diseases, such as HTV/AEDS and STD. It is generally known that those who subvert constituted authority, generally live in the shadows of civilisation, in a subculture of deviance and devious mannerisms where they embrace vices and play out evil

machinations in a continual orgy of violence, sustained by drug abuse, cultism and base gangsterism. Most times, government's intervention programmes skirts around symptoms rather than the fundamental issues, which produce those symptoms. Emile Durkheim used the term anomie to refer to a situation epitomised by the absence of values and mores. Violence can only erupt when values and mores, which together constitute the normative order, have give way. If you now address the violent situation without examining the underlying fractionalised norms you may only have advanced midway in a bid to solving the problem you have at hand. This, perhaps, depicts the scenario we have in present day Nigeria where emphasis is placed on symptoms rather than fundamental causes. Universal values teach respect and dignity for all and sundry. Learning to imbibe these values promote well being for individuals and the larger society. As Tillman (2000) succinctly noted in her treatise, *Living values: An educational programme* "each individual does care about values and has innate capacity to positively create and learn when provided with opportunities". People tend to thrive in a value-based atmosphere in a positive, safe environment of mutual respect and care, where people are regarded as capable of learning to make socially conscious choices.

The subsisting argument is that social values create the requisite framework, that provides the basis for sustainable public health delivery system. This is the thrust of this paper.

V. KEY PLAYERS IN GLOBAL HEALTH MANAGEMENT

In 1995, the United Nations during its fifth anniversary celebration instituted a project of value orientation called "sharing values for a better world". This project focused on twelve universal values. The theme adopted from a tenet in the preamble of the United Nations was, among others, to reaffirm faith in fundamental human rights, in the dignity and worth of the human person (Tillman, 2000). An acquiescent United Nations with its supranational leverage lend credence to the appositeness of values as a driving force for sustainable health care delivery system. Other key players in global health management include, the World Bank, which has a multi-country HIV/AIDS programme (MAP), the Global Fund to fight HIV/AIDS, tuberculosis and malaria. The World Health Organisation with its 3 by 5 initiative and the President's Emergency plan for AIDS Relief (PEPFAR) of the World Health Organisation has an ambit with an overriding influence on global health, we shall examine some of its functions. The World Health Organisation was founded by member nations to promote global health. WHO is a key player in global health scene, which determinedly presses for the realisation of all social rights within the health sector. "Health for All" is not only the aim of WHO as an organisation but it is also established as the central objective of international and national health activities by nation states throughout the world. The international conference on Primary Health care in Alma Ata in 1978 proposed and the World Health Assembly in 1979 endorsed primary Health care as a strategy to achieve the objective of Health for All by the year 2000" not by

giving the poor a minimum of health services but by providing health services for all, a much desired foundation for a comprehensive health system. The declaration of Alma Ata endorsed, once and for all, the announcement of health as a fundamental right in the convention on economics, social and cultural rights. "The conference strongly reaffirmed that health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity is a fundamental human rights and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of the health sector. In 1980, when it became dear that the Alma Ata concept of primary health care was idealistic and not easily realisable, the concept of selective primary health care was introduced. This was to focus on specific disease in developing countries and on the lack of immunization, which, more or less constrained the proposed goals. Those hegemonic neo-liberal concepts, which highlight targets, selective help and private provisions, instead of a comprehensive health, care provisions. The colossal failures especially in the developing countries in implementing the strategy have reduced the importance of the primary health care and speeches and Health Policy agenda. In 1996, UNAIDS was established with the objective of coordinating the UN activities and to advocate a global reaction against the HIV/AIDS pandemic. Though surrounded by an avalanche of problems UNAIDS remains the leading organisation within the UN family in the fight against HIV/AIDS as far as normative and strategic aspects are concerned. The World Health Organisation and its sister NGOs have played prominent roles at the centre of global health governance in order to defend its status as the legitimate institution for global public health. It is rather obvious that most of the projections of the World Health Organisation especially its proposition of Health for All in 2000 came to nought. Most of these propositions are out of line with the reality in Africa. The time is past when Africa is a victim of mischievous experimentation of the West which sees every outbreak of epidemic on the African continent as a potential source of willing or unwilling "guinea pigs".

VI. SUMMARY AND CONCLUSION

A clear articulation of the state of public health in contemporary Nigeria is imperative for attaining a stable society and sustainable development. Health is wealth, a healthy population is an asset in the quest for development, while a sickly population is a drain on the economy. Sorely needed development fund will be diverted to cater for the infirm and the frail in a manner that distortions will creep in to the development process. By dint of globalisation, it is generally agreed that the world has become one large global village. Therefore, communicable diseases are spreading across borders at unprecedented speed. This trend has provoked responses from key stakeholders in the health sector across the globe, including, individuals, NGOs, states and international organisations. Though stakeholders in the global health circuit have made laudable effort to improve the state of public health delivery, much has not been

achieved. One reason why much has not been achieved is over concentration on health hardware such as equipment, facilities and related infrastructures to the neglect of social values that will bring about the desired results. It is pertinent to state that peoples' values and the orientations they bring from the wider environment are very important elements in making them adopt a new piece of technology or innovation. People will not present themselves for chemotherapy treatment, if they feel the very principles of chemotherapy are antithetical to their core values. Some religious denominations (e.g. Jehovah witnesses) actually abhor blood transfusion as a practice that is unbiblical and, thus, sinful. The Catholic Church has preached against abortion in any guise for quite a long time. Therefore, the place of values in the adoption of new medical practices and, in the continuing acceptance of existing practices is quite paramount. The World Health Organisation, UNAIDS and sundry specialist NGOs in the area of public health have not achieved much because of the apparent lacuna in unfittingly ignoring the value orientations of those expected to embrace preventative or curative medical strategies. Instead of groping in the dark for an abstract health strategy that is independent of human consciousness and value configurations, we may attain better results by focusing on "best practices" that are squarely embedded in the value nomenclature. The peoples' values ought to, and should provide the framework for primary health care delivery across the world. There is a more urgent need than before for a paradigm shift away from the failed path of the past where reliance on infrastructural refurbishment of medical facilities and adoption of UN and WHO strategies did not make any appreciable impact on the public health delivery system in Nigeria. Public health strategies are extensions of well-contrived imperialist strategies to fleece developing countries of scarce foreign exchange. That, perhaps, is the singular reason why multinational oligopolies engage themselves in the sale of mosquito nets, disinfectants, medicated toilet soap, etc. Africa remains one large sprawling market to be plundered for the benefit of the metropolitan West. Correspondingly, state policies, educational curriculum, the media, religious organisations, public institutions, etc have been carefully brainwashed and conditioned to denigrate any African input and to embrace anything European in a manner suggestive of unwholesome Eurocentricism. The point needs to be reiterated that our collective values as a people have been steadily eroded by an untiring ideological onslaught since the emergence of colonialism right through several variations of the ideological virus, up until the present era, when globalisation has begun to bamboozle Africa in an ideological sense. Part of the crisis in Africa is the result of this unceasing pummeling by the West. Must we continue to kowtow to the West? As Yakubu (2000) noted, "no nation can afford to dispense with its past, retain an uncertain and unstable present, and gain a sure future except its hope is hinged on the mythical and the miraculous". The collapse of the public health system is traceable to the failure of the economy, were poverty and widespread disenchantment

have constrained access to both drugs and health personnel by a vast proportion of the population. Any form of restructuring has to begin with the economy, to make it more endogenously - driven, introspective and self-reliant, away from dependency on foreign AID, hand outs, grants, etc. We must be honest with ourselves and begin afresh to build new economic frontiers and horizons. We must drop the bowl that has become an unsavoury symbol of alms - begging over the years. We should be allowed by the West to develop at our own pace and in our unique way, drawing essentially from the value system and the strong elements of our culture. This was also the strategy of the West, the Asian Tigers and, lately, the balkanised Russian Republic. No nation will let go of its best brains to develop another country. We must now begin to realise that our particularities are unique to us and we cannot develop by adopting the ideological principles of other countries. Finally, it is pertinent to reiterate that the most desirable strategy for public health care in Nigeria is one that is predicated on the value configuration of the people. Value orientations, which stem from indigenous traditions push individuals towards conformity with the normalised standard. Indigenous peoples are generally encouraged during socialisation to lead decent and healthy lifestyles. Emphasis in this formative stage of life is on prevention not cure. Children are put through a long check-list of don'ts (non-acceptable behaviour which they should not exhibit). Thus, Nigerian indigenous value configuration encourages preventive measures instead of curative measures that are globally promoted. There are a lot of problems with curative strategies. For example, when the use of condoms among youths is promoted as a means of stemming the spread of HIV/AIDS and STD infections, we ironically endorse premarital sex and extramarital sexual activities. More so, by attempting to discourage the misapplication of dangerous drugs and other psychotropic substances among youths, we focus constantly on abuse and, by so doing, inadvertently imply that drug use is alright so long as there is no abuse. Perhaps, it is important to state that we are not advocating for a relapse to traditional African practices. We are not also stating that in all cases, African value orientations are unassailable. We are very much aware of the primitive practice of killing twins in Cross River belt before the coming of Mary Slessor, we are also conversant with the widespread practice of female genital mutilation (FGM) in many parts of Nigeria until quite recently when superior medical knowledge conclusively established the gross disadvantages in Female Genital Mutilation and the indigenous peoples have begun earnestly to re-order their values and discourage the practice. However, we must continue to align our public health strategies to core values within the society. These values will shape attitude and behaviour, which will represent benchmark model for re-directing and re-orienting young people towards a desirable future where the laudable "health for All" goal will be accomplished. There is an urgent need for the government to enunciate policies that would emphasise value orientation and re-orientation. This is not a novel call because in the

past, specifically during the administration of former President Shehu Shagari in Nigeria's second Republic, an ethical re-orientation programme was put in place but it was not sustained because of the military coup d'état that sacked the regime quite early in its tenure in December 1983. The Idiagbon/Buhari military regime also started a War Against Indiscipline (WAI), value re-orientation programme, but it also was not sustained because of the vicissitudes of political governance in Nigeria. It is important that the value re-orientation programme proposed in this study should be infused in the gamut of the school curriculum beginning from the Nursery. Primary through the secondary level to tertiary institutions in Nigeria. There should be a standard module of value re-orientation for the family as an institution, taking cognisance of subtle variations as you move from one ethnic enclave to the next. Community church, mosque and civil society elders should be active member of these values - re-orientation programmes in order to have the desired outcome. When these recommendations are put in place, we shall be able to reduce what the Federal Government Needs Document (2004) calls 'the disease burden' attributable to priority disease and health problems, including malaria, tuberculosis HIV/AIDS and reproductive health.

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