AN ETHICAL ANALYSIS OF THE DISPARITIES IN HEALTH OUTCOMES AMONG NIGERIA'S ETHNIC GROUP

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ABSTRACT

This paper focuses on the ethical analysis, justice or the injustice of the disparities in healthcare provision in Nigeria especially as it affects the different ethnic groups. It evaluates and critically analyzes the public health policies that favour or propagate the rationing of health care in Nigeria, especially among ethnic groups. Based the reviewed literature, it is suggested that healthcare professionals should always have the morality of their action in mind before ever they embark on health care disparities especially among the ethnic groups. The matters of ethnic disparities in health care should not be seen as matters of individual choice. Whatever affects a group of people should be made to pass social justice test. To address ethnic disparities, the factors that contribute to racial disparities should firstly be addressed in other to propagate social action; that is not discriminating in nature.

KEYWORDS: Disparities; Ethical Analysis, Healthcare Provision; Injustice; Justice

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INTRODUCTION

Disparities in health outcomes in Nigeria's ethnic groups talks more or less about social inequalities in the area of health problem within the different ethnic groups in Nigeria. Interest in social disparities in health within the nations especially of tribes, are on the increase lately. We are not in doubt as to whether there is visible disparity in the health outcomes of Nigerian peoples, especially between the rich and the poor, the educated and the uneducated, the political class and the larger citizenry. More worrisome is the disparities that exist in the area of health care provision among the different ethnic groups in the country. Nigeria is made up of many ethnic groups but dominant among them are the: Hausa/Fulani in the North; Igbo in the east; and Yoruba in the west.

They are generally referred to as the ethnic majorities in comparison with the rest which are known as the ethnic minorities. Most social amenities that are provided by the government in Nigeria do consider the population increase of the people who will benefit from same before ever they are made available, that is to say that in Nigeria, decisions are made to consider more people than the fewer people before locating any dividend of democracy, for the benefit of the masses, this is because our own style of government is a people oriented democracy. The more representatives a tribe has in the parliament (Senate and House of Representatives), the more constituency projects it will have; healthcare inclusive. Both the federal and state governments and even the international organization which may be religious/faith based organization or Non Governmental organizations, all have the interest of the masses at heart and will always site their establishments near the people. No donor agency will focus on where

there are no people over those places that are thickly populated. One can therefore say that population index to a very large extent drives the positioning of infrastructure, which includes health care provision.

Researchers who receive grants to build health institutions and carry out health researches, are known to have always done that where the people are more in number, that is where they can have enough data or demographic survey, for their research work to be successfully carried out. Any ethnic group that is privileged to play host to any of those health facilities will obviously benefit in health care provisions more than those who do not. In Nigeria, many outsiders do not know much about the ethnic minorities, whenever they are making references to the country's ethnic groups they will always refer to the dominant ones they already know, instead of those other ones they know almost nothing about. Nigerian citizens who have what it takes to establish medical facilities such as Hospitals, pharmaceutical industries, laboratories, medical and nursing schools etc, are also known to have always done that where they know that more people will access their products, for that will make for more patronage as every other business outfit requires.

This paper therefore, focuses on the ethical analysis, justice or the injustice of the disparities in health care provision in Nigeria especially as it affects the different ethnic groups. It evaluates and critically analyzes the public health policies that favour or propagate the rationing of health care in Nigeria, especially among ethnic groups. In some places, age is considered a good reason for the rationing of health care provision, but according to Jecker et al, "we argue that age does not constitute an ethically sound basis for limiting care."¹ They did not favour the disparities in health care based on the age of the people involved, arguing that who must live should live, no one should be allowed to die because of his or her age. We are faced with the responsibility of determining the justification of rationing of health care when it is in a limited supply but more demanding is for us to find the appropriate alternative rationing criteria that will be justified or at least be ethically acceptable knowing that rationing is inevitable, due to the scarcity of health facilities and resources. Let us examine the causes of disparities in health outcomes in Nigeria.

Literature Review

According to Adeyemi et al, "Existing studies indicate that about one in every six children dies before the age of five in Nigeria....There are substantial barriers to accessing health care in Nigeria."² They went ahead to state that, "Due to cultural differences among Nigerians, there are huge ethnic variations in health care utilization in the country".³ That is to say that the culture of a people determines their access and utilization of health care in the country. Among the traditional Hausa/Fulani tribe for instance western education is very minimal as their culture shows remarkable amount of indifference to that. As a result, access to health care is less over there than among the Yorubas, the Igbos, the Ijaws and other tribes in the South who readily accept western education and health care provision. Toshiko Kaneda and Dia Adams on their own, noted that where one lives determines his or her health outcomes, for instance, they quoted Katherine Baicker and her colleague as having said that,

African Americans and non-Hispanic whites receive from the same provider but African Americans are more likely to live in parts of the country that have particularly poor service. Consequently, African Americans are also more likely than non-Hispanic white to experience negative health outcomes.⁴

Talking about the morality of health disparities, Jones on her own, opined that,

"Health disparities are morally wrong because they exemplify historical injustices. Contractarian ethics, Kantian ethics, and Utilitarian ethics all provide theoretical justification for viewing health disparities as a moral

wrong, as do several ethical principles of primary importance in bioethics... The moral consequences of health disparities are also troubling and further support the claim that these disparities are a moral wrong.⁵

She went ahead to opine that the moral wrongness of health disparity is based on its re enactment of old time discrimination or system of injustice. Her major reason is nothing than the fact that health disparity is based on race, ethnicity and class. In her own words,

The health disparities that exist... are morally problematic because they exemplify and aid in perpetuating a centuries – old system of injustices based on race / ethnicity and class. This system of injustices is clearly an ethical problem; thus, states of affairs that exemplify or perpetuate these injustices are likely ethically problematic as well. ⁶

On the other hand, the United Nations Charter: The universal Declaration of Human Right, which was adopted by the United Nations General Assembly on December 10, 1948, Article 1 holds that “All human beings are born free and equal in dignity and right.” ⁷ This means that none should be treated better than the other, since all human being are free and equal in dignity and right. Article 2 of the same declaration, holds that,

Everyone is entitled to all the rights and freedoms set forth in. This declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent trust, non-self-governing or under any other limitation of sovereignty.⁸

Health disparity in Nigeria and the world over is morally wrong, it increases classism and racism within the society, in another way, it oils and perpetuates gender discrimination and hatred. Whenever the health provisions are limited, Good health ethics demands that people should be allowed to access those facilities based on first come first served or at most, people should be served according to their need, that is to say that the severity of the health conditions of the patients should be objectively ascertained as to know who should get what. Treating people well and others denied in the face of scarce health resources just on the basis of where they are from or on their gender status, is nothing less than entronement of injustice, we can term it, doing the good in a wrong way.

Some Visible Causes of Disparities in Health out Come in Nigeria

Whenever there is shortfall or limitation in the amount of health care provision, there is bound to be short fall in the health outcome of the people. We shall in this segment examine some reasons for the disparities in the health outcome of a people which ranges from, inadequacy of publicly financed health care, the life style of the people, stratification among the ethnic groups, poverty, over population, birth rate and birth controls, religious life style, cost and standard of living, level of education / employment. Terrorism environmental degradation and climatic change, war, culture of the people, epidemics, access to civilization and transportation among others.

It is because the government source cannot provide adequate health insurance to the people, that in some countries there are contributory and partnership health policies in place, such as the (NHIS) National Health Insurance Scheme in Nigeria and the Obama Care in the United States of America. Let us now consider how some of these enumerated causes of disparities in health outcomes, can bring about the visible difference in the health outcomes of the Nigerian people among the different ethnic groups. We shall also examine their justification or not as it affects the people.

Inadequacy of publicly financed health care: It is needless to reiterate the fact that in Nigeria and other African and even other third world countries, that health care provision which is publicly financed is grossly inadequate. This has contributed so much to widening the gap of health inequalities between the advantaged and the disadvantaged, the rich and the poor, the high class, the middle class and the low class. Our concern here is how it affects the different ethnic groups. Some tribes are considered to be more than others in Nigeria. A good example is the Hausa Fulani in the north. They are believed to be less privileged and more dependent on aids and assistance by the government than other major tribes like the Igbos and the Yorubas and other ethnic minorities who embraced western culture and education very early. Among these Hausa/Fulanis, there are many people who do not believe in the western education and culture. The (Almajeries) did not go to school at all, until the administration of the former president Good Luck Ebele Jonathan, who took it upon himself and that of his administration to build schools for these teaming uneducated people. Such classes of people are always considered as the worst hit in terms of poverty. So when education and health care are provided, they relieve them without payment in preference to those in the southern part of the country who are considered to be advanced in knowledge and civilization. The question here is, how justified is the provision of health care to the northerner and the Hausa Fulani ethnic group over the other tribes, largely because they are considered to be backward. Jecker and Pearlman said that, "rationing takes place whenever health care resources are insufficient to make them available to all who could benefit."⁹ Granted that rationing is imminent when the health care is not sufficient to go round all who would need it but the basis of rationing it along ethnic divide is what we are in / this paper saying that it is not at all to be counted among the just distributions. There are other people within other ethnic groups who are as uneducated as those in the north, they are also citizens of Nigeria and their ethnic groups are also tax payers, who should not be left out to favour others more than they. Equity in health is a moral issue; it is the same as social justice. To arrive at equity in health, Nigerians should put all hands on the deck to reduce or eradicate the avoidable disparities the physical and psychological well being of the entire Nigerians as a whole, what is good for one tribe is also good for another.

The life style of a people: Anyone who has lived in Nigeria for some years, will readily know that there are differences in our life styles majorly along the ethnic groups or tribal divide. Talking about the life of a people is talking about their culture. Nigeria has religion as a strong aspect of her culture, there are three main religions in Nigeria, the African Traditional religion, (ATR), Islam and Christianity. More pronounced and dominant are Islam and Christianity, they are both foreign to Nigeria, but are in strong conflict, their battle of supremacy in Nigeria is seen everywhere in the country. The life style of an Hausa/Fulani Muslim is different from that of an Igbo Christian or a Yoruba Christian etc. some life styles are against health care While others are not. Some cultures make people prone to more diseases than others.

Other style of life includes drunkenness and smoking. The way of life for people in the urban settlement is not the same with that of the rural dwellers. Wife inheritance, female circumcision, and other health risks which are prevalent in the rural areas are to a very large extent contributing to health risks in areas like HIV/AIDS. Homosexuals and lesbians are more prone to syphilis and other sexually transmitted infections. That is to say that those ethnic groups that have more people indulging in these practices, will attract more attention of the government and other agencies that are saddled with the responsibility of providing health outcomes. Some people depending on their locality, will lack good health more than others. Those who live in more difficult environments that expose them to risks, health wise, within the country, will naturally need more health outcomes. Some tribes may as a result of their own dominant religion, reject family planning, immunization. Some who live along the creek and riverine areas are given more to drinking of wine and other strong alcoholic drinks others inhale toxins from their dirty environment, like the people in the Niger Delta Areas with some

records of stress and violent behaviours and poor nutrition will always attract a larger share of health policies and care. Refugees who have less health, poverty, epidemic etc are also causes of disparity in health outcomes.

Outside the style of life by the people, there are other causes of health disparity in Nigeria, such as access to transportation. Our political style is another cause of disparity in health outcome in Nigeria, where practically everything is zoned, the people to whom good and juicy offices are zoned will get the best. In terms of health distributions lastly, we must mention here that disparity in health outcome in Nigeria is also felt due to what the people believe. In Nigeria, some people trust the traditional birth attendants, while others trust in spiritual healing by the native doctors or pastors and prophets over and above orthodox medicine providers. Polygamy, overpopulation, absence of birth control, illiteracy, people's way of life which includes their religion are to a very large extent other determinants of health outcome of the people.

ETHICAL ANALYSIS OF THE DISPARITIES IN HEALTH OUTCOME IN NIGERIA AMONG THE ETHNIC GROUPS

Our focus in this area is to determine the justification for or against health disparities along racial, ethnic or tribal lines. In Nigeria, there are 36 states but more than 250 identifiable ethnic groups. Different ethnic groups have different values, norms and practices, or culture. All these to a great extent do influence their health outcome both among their children, youths, women and man, and even among the pregnant and nursing mothers.

Nigeria as a multiethnic country, which also has a vast landscape, houses so many groups of people with different levels of understanding and knowledge. Health disparity in this context concerns itself. More with socio cultural practice of the people, such as wife seclusion in the north, nutritional homogeneity among the people; and other socio cultural perspectives which could affect the health outcomes of one people, either positively or negatively.

Nigeria which is the most populated country in Africa or the largest Black Country in the world still has a very high mortality rate, despite, she improvement in health indices. The life expectancy of Nigerians is still at a very low rate. For instance, "The Country" under five mortality rate of 157 per 1000 live births is among the highest in the world.¹⁰

Odimegwu et al, asserts that "Substantial regional inequalities in under-five mortality exist in Nigeria, with the rate ranging from 89 death per 1000 live births in the South-West to 222 per 1000 live births in the north-east region."¹¹

The value placed on education contributes to the survival rate of the ethnic groups. The Yoruba and the Igbo embraced western education first and valued it more than the Hausa Fulani and Kanuri, this manifests in their different health outcomes. It is a known fact that there is significantly low risk of premature death among the Yoruba than other tribes, but it is higher as you go up north. Where there is low education and high rate of polygamy.

The children of polygamous homes are likely to suffer poor health outcomes more than the children of the monogamous homes. The children whose both parents are working and have access to education will most likely do better than those whose mothers are in seclusions. According to Omariba and Boyle, "The presence of many women and many children in the same household could engender a stiff competition for household resources, especially if the household is poor"¹² To be able to analyze the health care disparities among the ethnic groups in Nigeria, we have to find out in the first place, why the word disparity is important. "Recent analysis estimates that 30% of direct medical costs for Blacks, Hispanics, and Asian Americans are excess costs due to health inequalities and that the economy uses an estimated 309 billion per year due to the direct and indirect costs of disparities."¹³ Health care disparities could largely be understood as

differences between groups in health insurance coverage, access to and use of care, and the quality of the care. There is disparity in health care provision for so many reasons, which include the provider's bias, cultural and linguistic barriers to the patients. The providers also consider issues like poverty, education, proximity to health care etc. "The populations most vulnerable to health and health care disparities are often referred to as priority or vulnerable populations."¹⁴ The vulnerable groups cut across the populations that do not have adequate health care system. The population could be racial, ethnic, age, gender, language, socio economic status or era language location.

Considering disparity in health from a social justices stand point, we would find out that to allow disparity in favour of the low income earners and the downtrodden could be said to amount to some degree of justice. This is because we all know that the gap between the richest class in Nigeria and the poorest is widening by the day especially between the elites, political class and the ordinary citizens. But our worry in Nigeria is that these elites/ political class and wealthy people do not live together in one particular ethnic group. That is to say that no ethnic group has the monopoly of neither poverty nor richness. It therefore, makes it difficult for health care disparity to function along ethnic lines. In Nigeria, there is poverty in the northern part of the country, yet there are so many well to do Alhajies there. The north is good in Agriculture. They can sustain their tribe. The Federal Economic policies take cognizance of every state and her wants.

We also have ravaging poverty in the South, South East, South South, South West, irrespective of the fact that there are many elites and wealthy politicians down there. In the South South, where the oil that is the mainstay of the country's economy comes from people are still being ravaged by poverty, environmental degradation, flooding, erosion etc, just as the far north is suffering for desertification and draught. Even in the South West where the Yoruba's are believed to be well to do, you still find a teaming population of abjectly poor people. Unemployment has no ethnic or geographical boundaries. It affects our youths everywhere. Economic recession which Nigeria is experiencing, now does not know any particular tribe or ethnic group. In Nigeria, we are all blacks, and the short life expectancy affects everybody. No one wants to die, as life is irreplaceable. It will be unethical to deny a particular tribe just to satisfy another under any guise.

The economic strength of the nations comes from her work force. If a particular tribe is favoured at the expense of others, the health care provision will be lopsided. Disparity in health care aims at bringing up a particular group to come up to the level of others, but it leaves much to be desired. It rather leads a certain group to be at higher risk of being uninsured and hardly limited access to care. Our case here is that there are poor people everywhere in Nigeria and that they all are faced with health challenges, irrespective of the tribes they come from. According Jones, "Poor people regardless of their race were seen as always having poor health outcomes and suffering from a disproportionate number of illness and deaths."¹⁵ We therefore. Advocate that every Nigerian should have access to basic health care at affordable costs. This will promote wellness and healthy lives. The governments and other donor agencies should do well to address those determinates of bad health care in the society, such as the lifestyles that expose people to danger. Enough money should be channeled to health insurance schemes. To eliminate disparities in health care, "personal choices and the social environment, including interactions with family, friends, and the communities are important factors to consider in eliminating disparities in the health of ethnic/racial minority groups."¹⁶

REDUCTION OF ETHNIC HEALTH DISPARITIES IN NIGERIA

We have noted how unethical it is for a particular ethnic group in the country to be preferred above others especially in the field of health care provisions. To reduce the health care disparities among the different ethnic groups irrespective of what the cause of their low health outcomes may be, the government and other donor agencies should do the following. Provision of affordable care for all: Why people especially of different ethnic groups do clamour for special treatment in health care provision, it is largely because the health care is not affordable. The majority of the people do not have what it takes to provide adequate health care for themselves. This is why they depend on the one that comes free either from the government or from the non governmental agencies. If the health care could be subsidized to the barest minimum where the hands of the ordinary citizens can reach, the entire nation will have health care, there will be no need for preferential treatment which in its entirety is unethical as no life is superior to another. This situation can be made possible by way of health insurance coverage. Improvement in health care is another strategy towards the reduction of disparities in health care. This will include priorities to improve the delivery of health care and the National prevention and promotion strategy, which aims to bring prevention and wellness to the forefront of national policy".¹⁷

The shortfall from the health status of one group just to bring up the status of another, may be because of self interest, national interest, or humanitarian assistance, is a clear manifestation of injustice. Health inequality is morally troubling while efforts to reduce them are morally justified. Health inequality should be reduced and every tribe or ethnic group should be put at the same equal footing. That one tribe lives a kind of live style which is detrimental to their health, does not make it just for them to access health care more than the others. This is because of the intrinsic value of health to well being and equal respect for all human life. According to Gillian K. Steel Fisher,

Disparities in health care service not only raise ethical questions, they also play a role in the differences in health status among racial and ethnic groups and they may limit economic development in minority communities. Disparities in health care service also may affect the health and economic well being of the nation because the health of one portion of the population is ultimately linked to the health of the whole country.¹⁸

CONCLUSIONS

It is concluded that it is wrong for any nation or health care providers to discriminate against people on the basis of ethnicity. Healthcare professionals should always have the morality of their action in mind before ever they embark on health care disparities especially among the ethnic groups. The matters of ethnic disparities in healthcare should not be seen as matters of individual choice. Whatever affects a group of people should be made to pass social justice test. To address ethnic disparities, the factors that contribute to racial disparities should firstly be addressed in order to propagate social action; that is not discriminating in nature.

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