WOMEN AND THE GLOBALIZATION MOVEMENT: AN APPRAISAL OF LOCAL AND FOREIGN HEALTH POLICIES IN NIGERIA

George, Tayo O.
DEPARTMENT OF SOCIOLOGY
COVENANT UNIVERSITY
KM 10 IDIROKO ROAD, OTA
OGUN STATE, NIGERIA
Email tayo.george@yahoo.com
Tel: 2348025931037

Abstract

Irrespective of the level of development of any people, health is one major yardstick often used to determine actual growth and overall development of such nation state. Considering the importance of good health to productivity and stability of a given nation, this paper critically examines the impact of globalization movement on indigenous and foreign health policies in Nigeria, with particular focus on women. This paper traces the origin and goals of key health policies in Nigeria, specifically the Basic Health Service Scheme (BHSS) and the National Health Insurance Scheme (NHIS). In addition, the activities of World Health Organization & Family Health International, in promoting world health are critically examined. The paper concludes with the impact of globalization on health policies in relation to its impact on women and recommends positive steps for the way forward.

Key Words: Globalization, Women, Health, Policy, Nigeria

Introduction

Many times we are tempted to describe globalization as one of the best things that has happened to humanity. It has been posited in several quarters that "through globalization, the world has indeed become a global village". There is no doubt, the dissemination of information, ideas, values, culture (material and non-material), and technology from distant land to other localities that is widespread today is made possible by globalization. But beyond that, the globalization process of today means different things to different people and depending on individual's location, whether they are in technologically advanced countries or less technologically advanced

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nations. With the increasing use of the internet and globalization ideology, non-western societies and their cultural knowledge face the greatest challenge of survival for the agenda "according to Asakitikpi, is to "integrate tribal societies" and non-western nations into the "modern" societies of Western Europe and North America" (Asakitikpi, 2006:2). The extent to which globalization movement has impacted on women vis-a vis the various health policies in Nigeria are critically examined in this paper.

Conceptualizing Globalization
The term 'globalization' has been defined differently, with some bothering on pejorative connotations. For instance, Giddens (1990) sees globalization in terms of the intensification and interlacing of social relations at a distance with local contextual ties. This view is summarized in his definition of globalization "as the intensification of worldwide social relations which links distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa." Giddens concept of globalization embraces the transformation of social, cultural, economic, political, religious, educational and health practices between nations, states, institutions, groups and individuals and the universalization of certain practices, identities, structure and cultures. A useful definition adopted in this paper is that of Kottak (2000:505) who defines globalization as "the accelerating interdependence of nations in a world system that is linked economically and through the mass media and modern transportation systems. Asakitikpi (2006:3) notes the significance of this definition in terms of defining globalization as primarily economically driven and the conveyance and transmission of culture into a global village through the instrumentality of the mass media. Asakitikpi (2006) adds that, "culture is no longer viewed just as a way of life of people but as the total production of people that can attract the highest economic value for its citizens and the global world".

The major characteristics of globalization may be summed up under three categories: First, globalization accelerates the connectivity of people the world over. Thus, people who live in different regions of the world are easily brought together for different purposes by the click of the button. Such connectivity ensures that people from diverse places engage in business transactions that were hitherto impossible as well As cultural exchanges that are mutually beneficial. Just as people become connected by the internet, airplane and telephone, and other

media, the barriers that once separated people have become insignificant due to technological advancement. (Asakitikpi, 2006:2)

In a similar vein, Aremu (2006: 3) noted that " many from developing countries sees globalization from three dimensional angles:

- Making the world highly vulnerable to changes beyond individual nation's control by creating a growing sense of fragility among people and nation States
- Threatening traditional cultures, institution, norms and values by overturning traditional ways and inserting other ones from distant lands
- Reducing the price of non-essentials consumable imported items at the cost of the jobs of as many small and medium scale enterprises have to fold up when opened to competition from overseas".

From the above perspectives, it appears as if globalization is simply synonymous with domination, exploitation, marginalization, inequality and poverty.

The consequences of globalization as Akinjide (2001) noted include poverty, unemployment, instability and corruption. To Norberge-Hodge (2005) globalization is "a recipe for economic, environmental and cultural disaster." He adds that the ability of globalization to benefit all and sundry depends much on its being re-localized. The above statement reflects the various health policies with western origin implemented by Nigerian Government which yielded little or no tangible results. The NHIS- National Health Insurance Scheme is one of such policy as subsequent sections attempt to demonstrate.

Nigeria's National Health Care Policy: Origin
The initial effort geared towards planning and developing a broad based national health policy was in 1946, under the umbrella of the 1946-1956 Ten year Development and welfare plan of the colonial administration in Nigeria. The then Richard's Constitution had in its blueprint major schemes of health concern and the modalities for actualizing same for the citizenry. This attempt marked the beginning of subsequent health plans in Nigeria as it ushered in new practices in health care delivery system.

The independence of Nigeria in 1960 resulted in discontinuity of the colonial masters' health policies and a radical shift to new forms of health practices through the various National Development plans of the new administration. Osunde and Otoghile, (2003) categorized post-colonial health plans in Nigeria into three major epochs;

(i). The health component of the Second National Development Plan of (1970-74) meant primarily to correct the short falls in health services.

(ii). The health policy content of the Third Development plan between (1975-80), was a comprehensive one in which health issues such as , manpower development, disease control, efficient utilization of health resources, health planning and management, medical research as well the birthing of BHSS- Basic Health Service Scheme - for the provision of comprehensive health care services.

(iii). The fourth National Development plan (1980-85) has as its health policy declarative health goals and projections for Nigeria.

National Health Policy in Nigeria

Essentially, a nation's health policy is the blueprint and step by step guideline of how health issues are handled, promoted or treated by health practitioners at all levels be it primary, secondary or tertiary. It is a formal statement or procedure within institutions (notably government) that defines priorities and parameters for action on health matters. A health policy is intended to be a vehicle for the exploration and discussion of health issues aimed in particular at enhancing communication between the practitioners and consumers otherwise referred to as the general public.

The goal of the National Health Policy is to bring about a comprehensive health care system, based on primary health care that is; promotive, protective, preventive, restorative and rehabilitative to every citizen of the country within the available resources so that individuals and communities are assured of productivity, social well- being and enjoyment of living. The health services, based on primary health care, shall include among other things: education concerning prevailing health problems and the methods of preventing and controlling them such as :
- promotion of food supply and proper nutrition
- maternal and child care, including family planning
- immunization against the major infectious diseases
- prevention and control of locally endemic and epidemic diseases
- provision of essential drugs and supplies.

There is a three-tier system of health care, namely: Primary Health Care, Secondary Health Care, and Tertiary Health Care.

(I) Primary Health Care. The Provision of health care at this level is largely the responsibility of Local Governments with the support of State Ministries of Health and within the overall national health policy. Private medical practitioners also provide health care at this level. The various health care centers, maternity homes, dispensaries etc under the auspices of the local governments are found in the category of primary health care.

(ii) Secondary Health Care. This level of health care provides specialized services to patients referred from the primary health care level through out-patient and in-patient services of hospitals for general medical, surgical, pediatric patients and community health services. Secondary health care is available at the district, divisional and zonal levels of the states. Adequate supportive services such as laboratory, diagnostic, blood bank, rehabilitation and physiotherapy are also provided. The secondary health care under the state government are directly funded by the state with special budgetary allocation from the state's purse.

(iii) Tertiary Health Care. This level consists of highly specialized services provided by teaching hospitals and other specialist hospitals which provide care for specific diseases such as orthopedic, eye, psychiatric, maternity and pediatric cases. Care is taken to ensure an even distribution of these hospitals. Also, appropriate support services are incorporated into the development of these tertiary facilities to provide effective referral services. Similarly, selected centers are encouraged to develop special expertise in modern technology to serve as a resource for evaluating and adapting these new developments in the context of local needs and opportunities. Provision of health care at this level is the direct responsibility of the federal government through the federal ministry of health. Special allocations are earmarked to fund such gigantic projects. Private practitioners are usually incorporated as consultants to these specialist or teaching hospitals. Typical examples include: The National Hospital Abuja, The National Eye centre in Kaduna, and the orthopedic hospital Igbobi, Lagos to mention just a few.

To further the overall objectives of the National Health Policy, governments of the federation should work closely with voluntary agencies, private practitioners and other non-governmental

organizations to ensure that the services provided by these other agencies are in line with those of government.

Globalization and Health policy in Nigeria

Ritzer and Goodman (2004) opined that the process of Globalization can be analyzed culturally, economically, political and institutionally. In each case, a key difference is whether one sees increasing homogeneity or increasing heterogeneity. In Nigeria, there has been several health policies with lofty aims and objectives geared primarily towards the provision of basic health for the citizenry. For example, the Basic Health Service Scheme (BHSS) is more of a welfaristic policy which did not yield much desired results due to several obvious reasons discussed in the later part of this work.

Poor leadership, lack of human and financial capital and most especially, discontinuity of policy implementation arising from political instability, low literacy level and corrupt practices tend to mar the realization of the policy objectives.

Globalization no doubt has brought about increased professionalization in the health sector. low morbidity and mortality rates especially for women and children have been recorded of recent due to improved medical facilities and competent health personnel, standardization of health practice, competition in the sector between private and public health care delivery system, monetization of health as a business activity rather than a social activity or basic human #right, adoption of alien health practices to the detriment of traditional medicine. Implementation of western health policies and total neglect of policies with local-content is another serious consequence of globalization

On the contrary, Nigerian health policies have been adversely affected by the globalization trend. Indeed, as a western agenda, globalization has come to represent an instrument to further perpetrate colonial interests. The infiltration of western health practices and products are evident in our society today. Examples of these include the popular health care products such as Tianshi from Korea, GNLD and Forever Living products from the United States which have flooded the Nigerian markets through highly sophisticated network marketing. The implication of this is obvious. Economically, foreign goods are promoted at the detriment of Nigeria's traditional medicine and practices, and indigenous health products.

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National Health Insurance Scheme (NHIS)

The National Health Insurance scheme is a response to globalization movement established in Nigeria under the National Health Insurance Scheme Decree No. 35 of 1999 under the then military government of General Abdulsalami Abubakar. The decree was established for the purpose of providing health insurance which shall entitle insured persons and their dependants the benefit of prescribed good quality and cost effective health services as set out by the decrees.

The primary objectives and Functions of NHIS include:

1. To ensure that every Nigerian has access to good health care
2. To protect families from financial hardship of huge medical bills
3. To limit the rise in the cost of health care services
4. To ensure equitable distribution of health care costs among different income groups
5. To maintain high standard of health care delivery services within the scheme
6. To ensure efficiency in health care services
7. To improve and harness private sector participation in the provision of health care services
8. To ensure adequate distribution of health facilities within the federation
9. To ensure equitable patronage of all levels of health care
10. To ensure the availability of funds to the health sector for improved services.

It must be noted that the NHIS is grounded on the premise that government alone cannot finance health care for effective delivery and that health services should be negotiated between government on one hand and the employers and employees on the other hand. Similarly, the ideas of the scheme were borrowed from the west. No form of research on health was conducted before the scheme evolved.

Basic Health Service Scheme (BHSS)

This is an off-shoot of Nigeria's health development plan of 1975-1980. This development plan was a deliberate attempt to draw up a comprehensive national health policy with major focus on health, manpower development, the provision of comprehensive health care

services based on disease control, efficient utilization of health resources, medical research, health planning and management.

The primary goal of the Basic Health Service Scheme was to achieve basic health for the citizenry. The extent to which this central objective of the scheme has been actualized is another question altogether, if one considers the shortage of health care facilities and the deplorable state of the available ones especially in the rural areas. The question of availability is one thing, while the issue of affordability is yet another especially when majority of the citizens still live below poverty level. Suffice to add that the BHSS requires locally trained staff that are responsive to the needs and priorities of the communities served. Ityavyor (1985) suggests that an official integration of traditional medical practitioners with modern medical personnel must be explored, with the government total commitment to its financial implications.

World Health Organization (WHO)
The acronym WHO - World Health Organization was founded as a United Nation's agency in 1948 with the administrative headquarters in Geneva. It is an international organization charged with the responsibility of advancing globalization of health in most countries of the world. This global body from inception till date has contributed to the consolidation of health in the area of: the institutionalization of health as a global concern

(i) the setting of health as a part of global social policy and its implementation

(ii) the deliverance of healthcare to more people worldwide

As part of its activities in promoting global health, the World Health Organization has set aside 7th of April every year as World Health Day. Also, since 1995, WHO declares a theme for the World Health Day to raise awareness and initiate programs regarding specific dimensions of health: World Health Day 2005, for example, was dedicated to making every mother and child count. Inorue and Drori (2006) note that through this gesture, WHO is contributing to the consolidation of health: to the institutionalization of health as a global concern, to setting of health as a part of global social policy and its implementation, and to the deliverance of healthcare to more people worldwide all geared towards the globalization of health.

In addition, Inorue and Drori (2006) report that health related international organizations should identify health as one of four types of social activity: as an act of charity, as a professional activity, as a tool for development or as a basic human right. Surprisingly, these

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views do not typify the activities of World Health Organization nor other Health related International organizations in Nigeria. This is primarily because; availability and affordability of health services are not within the reach of many in Nigeria and other developing nations especially in Africa. Cases of disease spread, Famine, War, poverty and unstable government are the lot of most African countries today. From all indications, WHO's policies have not benefited the identified cases. Rather, the policy is a tool for exploitation and marginalization of the people it is meant to benefit. The fact that these foreign polices do not have local content calls for concern.

Family Health International (FHI)

Like World Health Organization, Family Health International (FHI) is a nonprofit research and technical assistance organization dedicated to improving lives worldwide through a highly diversified program of research, education and services in family health and infectious disease. FHI designs, manages, and evaluates international HIV/AIDS-related programs that are broad in scope, encompassing prevention as well as care and support services for people living with or affected by HIV/AIDS. FHI conducts research to evaluate new approaches for reducing viral spread. FHI also helps assure the availability of effective safe, acceptable and affordable contraceptive products, methods and services. With an emphasis on developing country programs, FHI responds to many of the world's most vulnerable groups by promoting better access to quality services and to a range of contraceptive choices. FHI's work is managed through two interacting institutes; the Family Health Institute and the FHI AIDS Institute. In addition, there are management centers in Bangkok and Nairobi. These centers are responsible for the implementation of programs through local offices in over 50 countries. Currently, the major objectives of this organization include:

- Counseling and testing services HIV/AIDS

- Research on Reproductive health

- Engaging communities in youth reproductive Health

- Clinical and other research in HIV/AIDS, sexually transmitted diseases and other infectious diseases.

- Contraceptive technology and women's health

Problems and Prospects of National Health Policy in Nigeria
The problems militating against Nigeria's National Health Policy range from social, cultural, economic, environmental and political factors which are summarized below:
Poor leadership Abidde (2005) in an article titled *Leadership and Development problems in Africa* stated "whether you conduct historical analysis, institutional analysis or any type of systemic research, you will come to the same conclusion: the problem of Africa is mostly about leadership and not slavery and colonialism". Since Nigeria's independence till date, the country has battled with the problem of poor leadership and this is reflected in the insensitivity of some of her leaders to health issues. The consequence among others include; inadequate funding of the sector in terms of shortage of drugs, equipments and irregular payment of staff salaries. Thus, the various strikes and resultant total paralysis of the system.
Lack of adequate Human and Financial capital - Despite Nigeria's rich endowment with natural and human resources, it is ranked among the poorest countries in the world. The Human Development Index (2005) puts Nigeria among the twenty countries with the lowest human development index, being ranked 158 in a table of 177 countries (UNDP, 2005). An estimated 70.0 per cent of Nigerians live below the poverty line, compared with 27.2 per cent in 1980, 43.6 per cent in 1985 and 42.8per cent in 1992. Nigeria thus hangs precariously, with over 70 million of its population living on less than $1/day. Approximately, 47-48 per cent of the estimated 33 million persons in the labour force are unemployed, majority of them being women (UNDP, 2004) The dearth of skilled personnel such as medical doctors and specialists in our hospitals especially the public health care institution jeopardizes the full implementation of the various health policies. Similarly, lack of financial capital to adequately finance health and remunerate existing health personnels further encourage brain drain as these medical personnel's find their way to other countries in search of greener pastures. The mass exodus of Nigerian Doctors and Nurses to Saudi Arabia at a time in Nigeria attests to this. Most of the public hospitals in Nigeria are in dilapidated conditions because of inadequate financial capital.
Western/Alien health policies - There is no gainsaying that the various health policies in Nigeria are of alien origin which promotes Western Orthodox medicine to the neglect of African traditional medicine. Nigerians have been socialized to believe that once its not western medicine, drugs or medical practice it is unscientific, unconventional, and archaic. This account for why those health

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policies without local content are not yielding expected results. This is further corroborated by Asakitikpi (2006:6) when he contended that "the major factor that led to the total collapse of health care system in Nigeria despite the initial success recorded was the increasing dependence on western policies to improve local health care".

Poor Policy Implementation - There abound cases where health policies have lofty objectives, but due to poor implementation, the objectives of such policies are never realized. A good example is the BHSS Basic Health Service Scheme with the major goal of achieving basic health for all the citizenry. This extent to which this policy has realized its goal is questionable. Anayo (2001:41) opined that "Nigerian policies have failed to address the problems of society because they are usually brilliantly articulated policies serviced by poor implementation action". In essence, those actions are simply human conduct that are sometimes deliberate and other negligent but yielding a singular outcome failure of well articulated policies and consequently, the target population are never carried along in the scheme of things thus their inactive participation and the resultant low results of such policies.

Ignorance/low literacy level - Low literacy level especially in the rural areas has been a clog in the wheel of progress when it comes to health policy implementation in Nigeria, especially when the people for whom the policy is meant are unable to understand the content of the policy. It then becomes, very difficult to carry out the policy aims and objectives. For instance the overall, female illiteracy in Nigeria is 44% of the general population, with adult literacy being about 33% (UNESCO, 2000). Fewer girls than boys are enrolled in primary and secondary schools, while non-completion and absenteeism are highest among the female population. Major constraints against female education at this level include cultural and religious beliefs, economic factors, and lack of access. Existing data shows that about 70% of women in Nigeria are illiterates (Aina, 2007)

Non - participation of the target Population - Although a number of health policies were introduced by successive governments in Nigeria, lack of participation in the formulation and implementation by target groups tend to render such policies useless which account for major problems confronting the various health policies in the country. Adadu (2004) opined that, "participation describes the extent to which members of a society share, take part, or get involved in the life of that society". Through participatory and community

effort as against the top-down approach of the past, the various health policies in Nigeria will take a drastic turn and become result-oriented.

Policy Discontinuity and Political Instability - In its simplest form, political instability involves the presence of disorderliness both publicly and politically in a country. On the other hand, Thomas (2003) defines political stability as "the maintenance of political order and public order". Nigeria as a nation has witnessed several policy discontinuity as a result of political instability. Every new government usually formulate new policies or modify existing ones as deemed fit by the leadership. In cases where there are policies with lofty objectives, they are hardly followed to its logical conclusion, due to political instability, change of government, and health personnel's thus the obvious discontinuity of existing policies.

The above list is non exhaustive, but if considered carefully and addressed, health policies in Nigeria especially those formulated by past and successive government would yield more positive results than it is currently doing.

The Way Forward

First, is the need to re-localize the various health policies in order to achieve maximum output. In Nigeria, the need to re-localized health policies to adapt to the immediate needs of the people especially the women in the rural areas cannot be over-emphasized. Oyekanmi (1997) states that, 73 percent of Nigerians live in the rural areas where few or no modern health care facilities exist. This position justifies the need for the rural populace to benefit from health policies maximally. Suffice to note that women constitute the bulk of this rural populace in Nigeria who have had to contend with the utilization of modern health facilities in spite of globalization. Rural women are engaged in agricultural activities especially cottage farming, fish farming and the cultivation of food crops while the men concentrate on cash crops: cocoa, cashew, groundnuts and rubber. It is therefore paramount that the nation's health policies must consider the values, norms, practices, beliefs and other socio-cultural factors of the people for whom it is meant. Health practitioners must speak the language of the people if they are to actively participate in health issues which directly affect them.
 Second, is also the need to recognize the role of traditional medicine in Nigeria's health policies. Traditional medicine should be given its rightful place by our policy makers. Instead of condemning same by Nigerians themselves, it should be promoted and encouraged to

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flourish. Nigerians can begin to explore the maximum benefits inherent in traditional medicine in various ways: Through various researches, ably supported by private, government and Non-governmental agencies, traditional medicine can be a veritable source of income generation.

Again, when Nigerians believe in the efficacy of traditional medicine, they need no advertisement to patronize the traditional healers. Essentially, traditional medicine is not only cost effective but also has been found to be a potent cure for some diseases such as stroke, cancer, diabetes, hypertension etc which western medicine has not been able to completely eradicate. It's high time we begin to look inwards, to tap all the abundant natural resources at our doorstep to cure disease rather than relying on the west for solutions to our problems. Within this framework, medical students should be trained to appreciate local knowledge and the world of rural folks that may be at variance with biomedical explanation of illness and diseases. There's need for an overhaul of the medical curriculum to ensure a comprehensive medical training both (within the cultural milleu) and holistically (Asakitikpi, 2006:14).

If the above suggestions are carefully considered, a lot of funds meant for importation of drugs and other technology from abroad would be channeled into other areas such as education, power generation and other infrastructural development.

Conclusion

There's no doubt that the globalization process is changing the norm of health policy and practices in Nigeria. Considering the impact of good health to productivity and the stability of the nation as a whole, globalization of health policy in Nigeria has both positive and negative consequences. In as much as it offers unprecedented opportunities, globalization equally has new and unique challenges. Nigerian health policy should be such that can check mate health care products imported into the country not only for the safety of her citizenry but also to ensure that the country is not used as a dumping ground for foreign health products. National Agency for Food Drug Administration and Control (NAFDAC) as a government organ is passionately driving this course in Nigeria. However, much is still desired so that globalization would not become a curse rather than a blessing.

This work, has examined critically the impact of globalization on Nigeria's health policy. Similarly, the success and failure of this global phenomenon has been brought to light on the various health

policies and organizations alike. The suggestions enumerated are not exhaustive. It is hoped that through more in-depth research into this topic which directly or indirectly impact on the health care provision and service delivery in the sector, more recommendations would emerge to revive health care delivery systems in Nigeria.

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