

# **Socio-Economic Disparities and Health Inequity in Nigeria: Evidence from Nigeria Demographic and Health Survey, 2018**

## **Executive Summary**

This paper examines socioeconomic inequalities in maternal and child health care in Nigeria. Statistics demonstrate that Nigeria has one of the highest maternal and child mortality globally, with access to health care concentrated among the wealthiest. Evidence suggests that in Nigeria inequalities in access to quality services continue to persist. Using descriptive statistics, we use data from the Nigerian Demographic and Health Survey (NDHS) conducted in 2018 to measure inequalities in maternal and child healthcare variables across socio-economic status. It reveals that child and maternal health inequalities appear to be determined by different factors and while inequalities in child care have declined, inequalities in maternal care have increased. We discuss the findings in relation to the much greater attention paid to maternal and child health programs. The findings of this study call for specific maternal and child health programs targeting the poor, less educated and rural areas in Nigeria.

## **Introduction**

The concept of universal health coverage (UHC) has resulted in a renewed focus on health inequity between and within countries. Health inequities are described by the World Health Organization as disparities in health status/outcomes or health resource distribution among different population groups, resulting in considerable socioeconomic situations in which individuals are born, grow, live, work, and age (WHO, 2018). In all countries, there are large differences in health status among different socioeconomic groups regardless of their income level, whether low, middle, or high. There is strong evidence that socioeconomic characteristics like education, employment status, income level, gender, and ethnicity significantly impact one's health. These socioeconomic factors, often known as social determinants of health, are non-medical factors that have an impact on health outcomes and inequities (WHO, 2018). The Centre for Disease Control and Prevention (2022) classified social determinants of health into five domains; economic stability, education access and quality, neighbourhood and built environment, healthcare access and quality, and social and community context.

Nigeria is a country with significant health inequities, as shown by health statistics (WHO, 2023). There also exist widespread socio-structural barriers to fair access to essential healthcare services including high poverty and illiteracy levels coupled with geographical differences that can be attributed to predominant socio-cultural contexts (National Population Commission, 2019). These contexts, which are also reported by the World Bank Group (2022), are intricately linked to income and education indices. The report showed that 40% of Nigerians live below the global poverty level, with the average Nigerian living on \$1.90 per day, thus translating to limited financial access to healthcare even when a health facility was within geographical reach. This situation is further compounded by the lack of a social safety net for the poor which could have helped to cushion the effect of poverty on health. Over the years, evidence has shown that the socio-economically disadvantaged Nigerians remain underserved, it is therefore important to assess health inequities in relation to socio-economic factors that affect access to essential healthcare services in Nigeria, using major health outcomes as indicators. This would have huge implications for designing targeted policy strategies aimed at addressing these equity issues and placing the country on a more realistic pathway to attaining the SDG goals by 2030.

## Key findings from Nigeria Demographic and Health Survey (2018) on Socioeconomic factors and health inequity in Nigeria

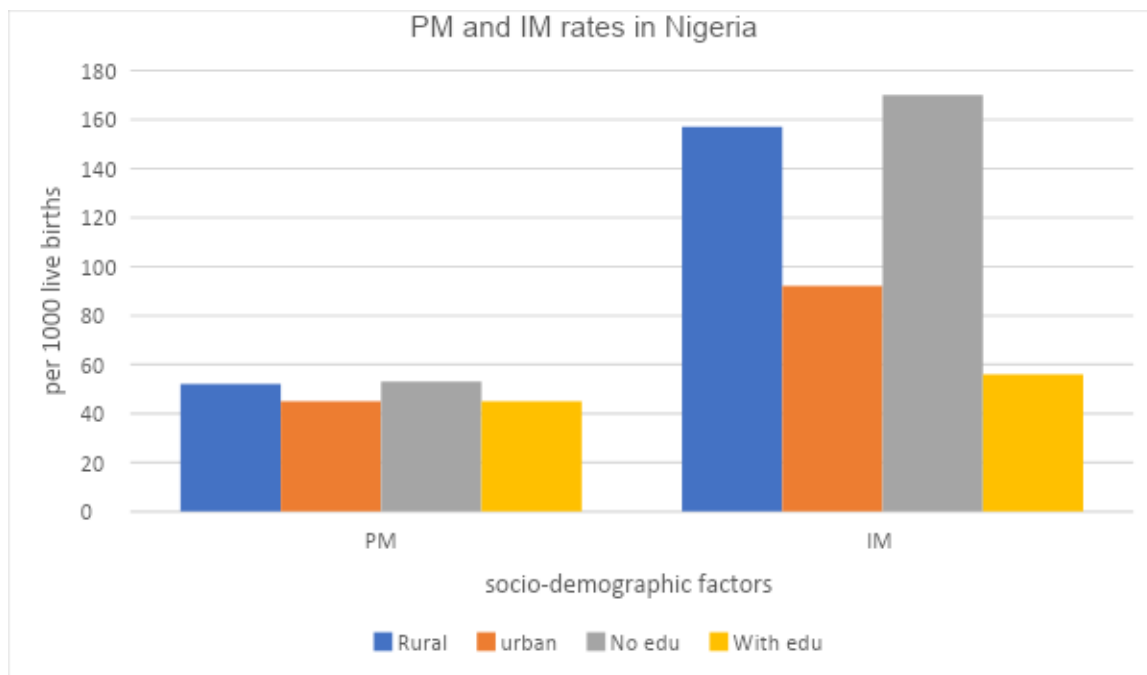
### 1. Infant and child mortality

The perinatal mortality rate is higher in rural areas than in urban areas (52 versus 45 deaths per 1,000 pregnancies). Similarly, the under-5 mortality rate is higher in rural areas than in urban areas (157 and 92 deaths per 1,000 live births, respectively).

The perinatal mortality rate is highest for mothers with no education (53 deaths per 1,000 pregnancies) and lowest for mothers with secondary education (45 deaths per 1,000 pregnancies)

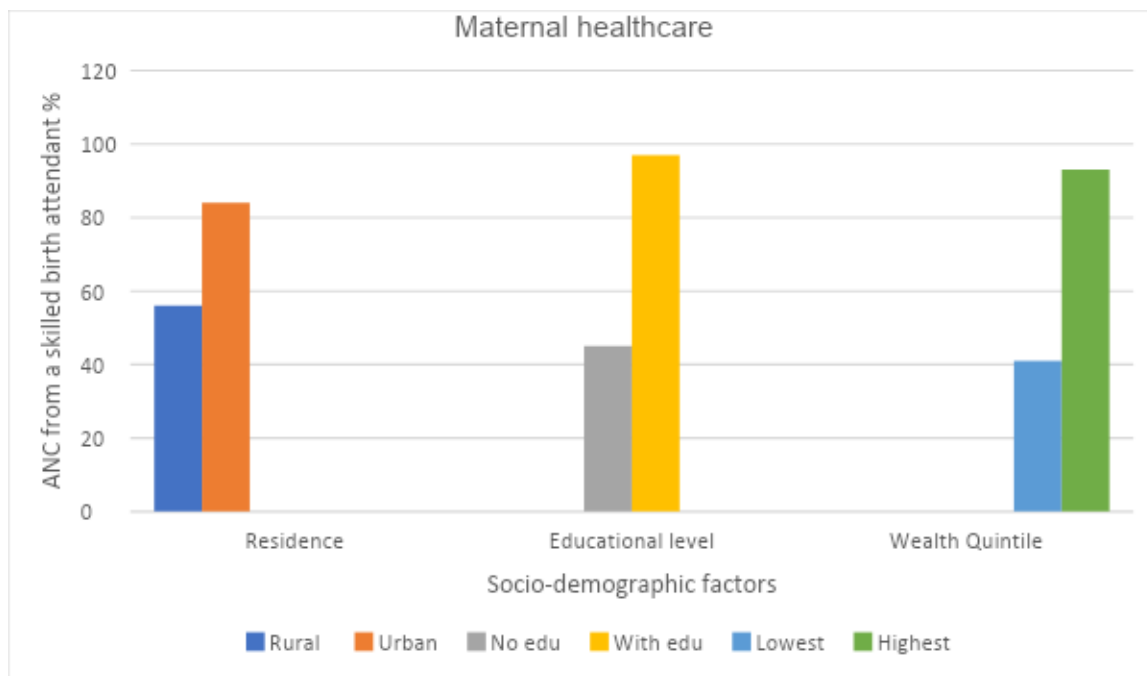
The socio-demographic characteristics of both mothers and children have been found to play an important role in the survival of children. Under-5 mortality declines with increasing mother's education, from 170 deaths per 1,000 live births among children whose mothers have no education to 56 deaths per 1,000 live births among children whose mothers have more than a secondary education

Under-5 mortality also decreases with increasing household wealth, from 173 deaths per 1,000 live births in the lowest wealth quintile to 53 deaths per 1,000 live births in the highest quintile



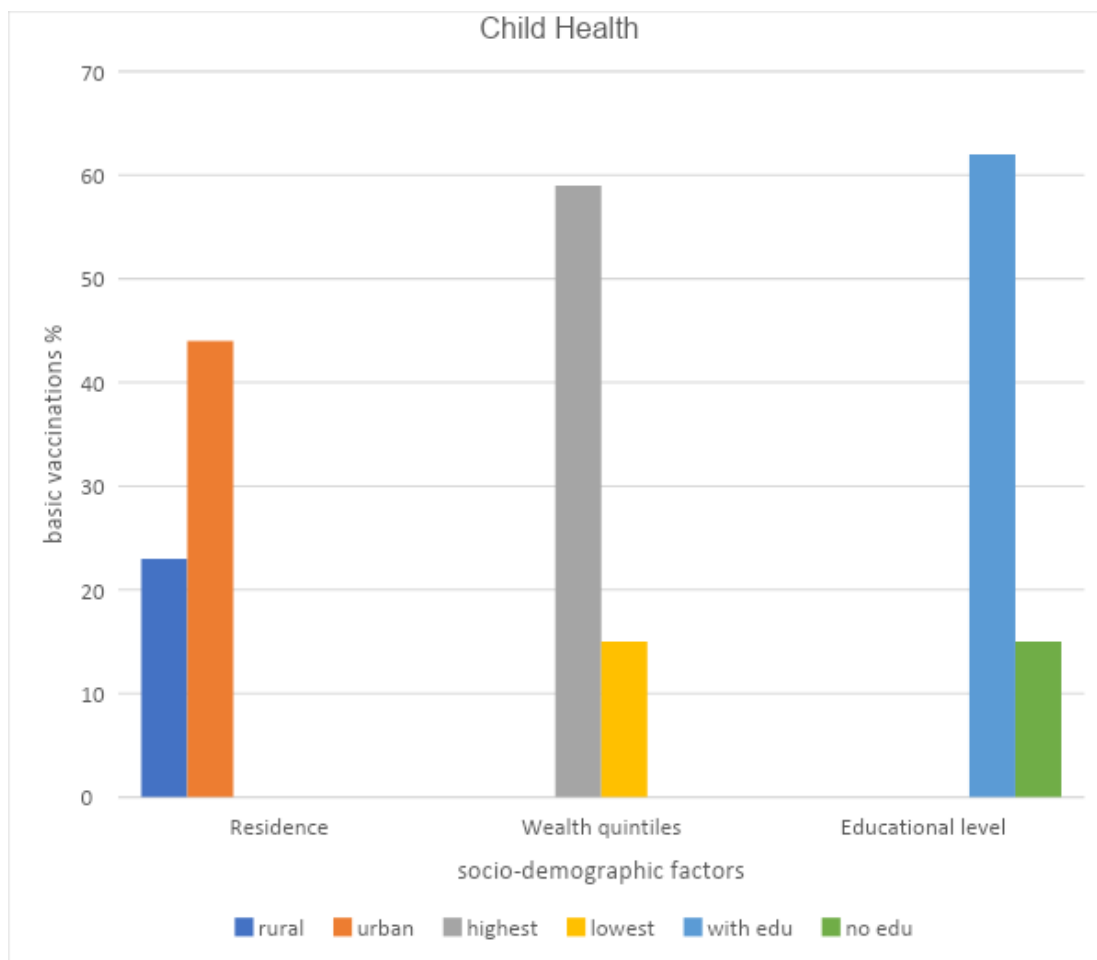
## 2. Maternal Health care

More than half of women (52%) in Nigeria report at least one problem associated with accessing healthcare for themselves. Disparities along socioeconomic characteristics exist in the use of Antenatal Care (ANC) services. Urban women (84%) were more likely than rural women (56%) to receive antenatal care from a skilled provider. 45% of women with no education received ANC services from a skilled provider, as compared with 97% of women with more than a secondary education. Similarly, women in the highest quintile (93%) were more likely to receive ANC from a skilled provider than women in the lowest wealth quintile (41%).



## 3. Child Health

Urban children aged 12-23 months are almost twice as likely to receive all basic vaccinations as rural children (44% versus 23%). Children from households in the highest wealth quintile are more likely to receive all basic vaccinations than those from households in the lowest wealth quintile (59% and 15%, respectively).



## Implications for policy

The following measures are recommended

1. Government must formulate policies and strategies to improve living and working conditions, as well as the educational attainment of the average individual, particularly women experiencing the greatest socioeconomic disadvantage. Girl child education and overall improvement in school enrollment should be topmost in the development agenda of government and development partners in Nigeria, especially in the northern region.
2. Approaches to improved maternal and childcare services should be intensified in rural, vulnerable, and disadvantaged communities with a more effective system of ensuring that programs are tailored to their needs. Interventions should be aimed at educating women, on the need for basic healthy lifestyles, including

vaccination, health checks, etc. This will contribute to (SDG) 2 by reducing malnutrition, and SDG 3 by reducing child mortality.

3. Since the wealth index is one of the drivers of health inequity, Poverty alleviation and eradication policies and programs of the federal and state governments must also be seen to be fair enough to address the impoverishment of the poorest of the poor and the most vulnerable and disadvantaged of the region; with the view to closing the gap between the rich and the poor. The working condition of the workforce also needs to be improved through better worker representation and adequate minimum wage (Atobatele *et al.*, 2022).
4. All Stakeholders and the government should aim and work at stimulating and supporting community-based and sustainable multi-sectoral development of each region in the country. The engagement and participation of all critical stakeholders in decision-making processes - planning, implementation, monitoring and evaluation of all development programs, must be ensured
5. Capacity-building and awareness programs on the existing health inequities, social determinants and rights-based approach to population health should be conducted for communities, and among the government and development organizations.

## **Conclusion**

Health inequities and their underlying socio-demographic determinants are a present reality in Nigeria. SDG3 is a clarion call for healthy lives for all irrespective of age, race, sex, socioeconomic status or any other discrimination, In the same vein SDG10 calls for a drastic reduction of inequality between and within countries. In order to tackle this problem, governments at all levels must aim at reducing inequities by addressing issues of poverty, living and working conditions, and universal access to healthcare irrespective of location and environment. And with the current efforts at providing evidence through research and sensitization programs, appropriate responses from all stakeholders are expected to galvanize actions that would ensure a drastic change in the situation such that health inequities are reduced to the barest minimum in Nigeria.

## References

- Atobatele, S., Omeje, O., Ayodeji, O., Oisagbai, F. and Sampson, S. (2022) Situational Analysis of Access to Essential Healthcare Services in Nigeria: Implication for Trans-Sectorial Policy Considerations in Addressing Health Inequities. *Health*, 14, 553-575.
- CDC (Center for Disease Control) (2022) *Social Determinants of Health: Know What Affects Health*. National Academies Press, Washington DC.  
<https://www.cdc.gov/socialdeterminants/about.html>
- National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.  
<https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
- WBG (World Bank Group) (2021) *Poverty & Equity Brief, Africa Western & Central, Nigeria*.  
[https://datbankfiles.worldbank.org/public/ddpext\\_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/AM2020/Global\\_POVEQ\\_NGA.pdf](https://datbankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/AM2020/Global_POVEQ_NGA.pdf)
- WHO (World Health Organization) (2018) *Health Inequities and Their Causes*.  
<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>
- World Health Organization (2023). *Health Inequity Monitor- Data Repository*.  
[https://www.who.int/data/inequality-monitor/data#PageContent\\_C151\\_Col00](https://www.who.int/data/inequality-monitor/data#PageContent_C151_Col00)
- World Health Organization (2023). *Nigeria Health Indicators*.  
<https://data.humdata.org/dataset/who-data-for-nigeria>