

## HEALTH OF CITIZENS IN NIGERIA: POLICY IMPLICATIONS IN RELATION TO THE SOCIOLOGY OF A NEW NIGERIA

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### ABSTRACT

This paper analyzes the health status of Nigerian citizens from a sociological perspective and explores the policy implications of building a “New Nigeria.” It emphasizes the intersections of health, citizenship, and governance in the country’s socio-political landscape. Drawing from current data from the World Health Organization (WHO, 2024), the World Bank (2023), and the National Health Insurance Authority (NHIA) Act 2022, the paper argues that the health of citizens is both a mirror and a determinant of Nigeria’s social relations. Through a qualitative analysis of documentary evidence, the study identifies gaps in universal health coverage, health financing equity, institutional legitimacy, and workforce morale. It proposes policy directions including pooled health financing, revitalization of primary health care, targeted malaria control, immunization expansion, and local pharmaceutical development. The paper concludes that an equitable, efficient, and citizen-centered health system will not only enhance health outcomes but will also symbolize the social reformation essential to a New Nigeria.

**Keywords:** Health, Citizenship, Nigeria, Policy Implementation, Sociology

### INTRODUCTION

Health has long been recognized as a cornerstone of social development and national progress. The sociological understanding of health situates it not merely as a biological condition but as a social phenomenon influenced by culture, economy, politics, and inequality (Durkheim, 1895; Parsons, 1951). In Nigeria, the health of citizens reflects the country’s socio-structural realities—poverty, urban–rural divides, corruption, weak institutions, and unequal access to basic services. According to the World Health Organization (WHO, 2024), Nigeria contributes approximately 20 percent of global maternal deaths, while life expectancy remains at 54 years, far below the global average of 73. The World Bank (2023) further indicates that only 5 percent of Nigerians are covered by any form of health insurance, reflecting an inequitable health financing system.

The “New Nigeria” vision, often framed in sociopolitical discourses, suggests a restructured nation rooted in accountability, inclusion, and social justice. From a sociological standpoint, health becomes both an outcome of these transformations and a driver of them. Healthy citizens are not just productive agents—they embody social trust, civic participation, and state legitimacy (Navarro, 2021). Therefore, improving citizens’ health must be understood not only as a medical imperative but also as a social policy priority.

This paper explores the sociological dimensions of health in Nigeria, emphasizing how public health policies reflect and shape social relations. By examining the interplay between health, governance, and citizenship, the paper seeks to identify actionable policy implications that can inform the realization of a truly equitable and “New Nigeria.”

### **Statement of the Problem**

Despite decades of health reforms and policy frameworks, Nigeria continues to face a chronic health crisis that transcends biomedical explanations. The health system is characterized by fragmented service delivery, weak primary health care, underfunded facilities, poor workforce morale, and pervasive inequality in access (Adebayo, 2022; WHO, 2024). The 2022 National Health Insurance Authority (NHIA) Act sought to reform financing and expand insurance coverage, yet implementation remains minimal, with most Nigerians paying out-of-pocket for basic care (Federal Government of Nigeria, 2022).

Sociologically, this persistent crisis reveals a deeper problem: the erosion of trust between the state and citizens. Health institutions are often perceived as corrupt, inefficient, and unresponsive, thereby reinforcing feelings of exclusion and alienation among the populace (Ibrahim & Abdulrahman, 2021). In rural communities, particularly in northern Nigeria, cultural barriers, gender norms, and infrastructural deficits further widen health inequalities (Eze, 2023).

Consequently, the problem extends beyond poor health statistics; it reflects a systemic failure to construct a legitimate, citizen-centered health order. The absence of social solidarity in the provision of healthcare underscores the need for a sociological rethinking of health policy as an instrument of social transformation in the emerging “New Nigeria.”

### **Research Objectives**

This study aims to:

1. Examine the sociological dimensions of health and citizenship in Nigeria.
2. Analyze existing health policies, particularly the NHIA Act 2022, in light of equity, access, and legitimacy.
3. Identify major social determinants affecting health outcomes in Nigeria.
4. Explore how policy reforms can contribute to social trust, inclusion, and development in a “New Nigeria.”
5. Propose evidence-based sociological recommendations for strengthening citizens’ health as a foundation for national renewal.

### **Research Questions**

1. What sociological factors influence the health of citizens in Nigeria?
2. How do current health policies reflect and reinforce social inequalities?

3. In what ways does the NHIA Act 2022 address—or fail to address—the structural determinants of health?
4. What are the implications of citizens' health for Nigeria's broader sociopolitical transformation?
5. What policy actions are necessary to build a healthier, more equitable, and legitimate “New Nigeria”?

## CONCEPTUAL FRAMEWORK

The conceptual framework for this study is grounded in the interaction between health, citizenship, and social structure. It conceives health not merely as the absence of disease but as a multidimensional social construct shaped by the organization of society, state policy, and citizens' engagement. This approach recognizes that a population's health is both a reflection and determinant of the society's structural integrity (Navarro, 2021).

At the centre of the framework are three interrelated concepts:

### Health as a Social Institution

Health care systems represent social institutions through which societies express values of solidarity, equity, and justice. The accessibility and quality of healthcare mirror the level of institutional legitimacy and the moral contract between the state and its citizens (Durkheim, 1895; Parsons, 1951).

### Citizenship and Social Rights

Citizenship extends beyond legal status to include social rights such as access to healthcare, education, and security (Marshall, 1950). A citizen's ability to enjoy good health is thus intertwined with the state's responsibility to ensure social welfare.

### Policy as a Mechanism for Social Transformation

Public health policies are social instruments through which governments attempt to shape behaviors, redistribute resources, and promote social cohesion. The NHIA Act (2022) and the National Health Policy (2016) serve as frameworks for actualizing these goals. In the context of Nigeria, this conceptualization allows for a deeper understanding of how the failure of health policy undermines national integration and the ideal of a “New Nigeria.” Health, therefore, becomes both a dependent and independent variable in the process of nation-building.

## THEORETICAL FRAMEWORK

The study is anchored on three sociological theories that explain the interdependence between society and health:

**Structural Functionalism (Talcott Parsons, 1951)**

According to structural functionalism, society functions as an integrated system where each part contributes to stability and cohesion. The health system plays a key role by ensuring the physical and psychological well-being of individuals so that they can perform social roles. Illness is viewed as a form of deviance that must be managed through socially accepted mechanisms (Parsons, 1951). In Nigeria, the dysfunction of the health sector disrupts this equilibrium—illness and preventable deaths weaken family structures, productivity, and the legitimacy of governance.

**The Social Determinants of Health Framework (Marmot, 2005)**

This perspective posits that health outcomes are largely determined by the conditions in which people are born, grow, work, and age (Marmot, 2005). Poverty, education, housing, and employment directly affect morbidity and mortality. In Nigeria, where 63 percent of citizens live in multidimensional poverty (World Bank, 2023), the unequal distribution of social resources results in health disparities across regions and social classes.

**The Health Belief Model (Rosenstock, 1974).**

The Health Belief Model explains health behaviors as a function of individuals' perceptions of risk, severity, benefits, and barriers. It underscores the role of awareness, trust, and motivation in health-seeking behavior. In many Nigerian communities, cultural beliefs and mistrust of public institutions affect vaccination, antenatal care, and preventive measures (Okon, 2022).

Together, these theories offer a robust foundation for analyzing how the health of citizens is socially constructed and how policy can reshape social behavior and state–citizen relations in the context of a “New Nigeria.”

**REVIEW OF RELATED LITERATURE**

Health is widely regarded as a prerequisite for economic and social development. The WHO (2024) emphasizes that no nation can achieve sustainable development without an equitable health system. In Nigeria, the poor state of health infrastructure remains a key constraint to human capital development. Studies by Adebayo (2022) and Eze (2023) show that public hospitals lack adequate facilities, and medical brain drain continues to undermine service delivery.

According to the World Bank (2023), government expenditure on health stands at only 3.6 percent of GDP—far below the 15 percent Abuja Declaration benchmark. Consequently, health outcomes remain poor: maternal mortality stands at 1,047 deaths per 100,000 live births, under-five mortality at 110 per 1,000 live births, and life expectancy at 54 years (WHO, 2024).

Nigeria has developed several health policy frameworks, including the National Health Policy (2016) and the National Health Insurance Authority (NHIA) Act (2022). The NHIA Act

mandates compulsory health insurance for all citizens and residents to achieve universal health coverage. However, implementation challenges persist due to poor governance, inadequate financing, and weak monitoring systems (Federal Government of Nigeria, 2022; Uzochukwu et al., 2023).

Okafor and Ibrahim (2022) argue that the fragmentation between federal, state, and local governments undermines coordination in the health sector. Similarly, the private sector's dominance in urban areas contrasts sharply with the neglect of rural populations. These disparities highlight a structural imbalance that reproduces inequality.

From a sociological viewpoint, health is both a human right and a dimension of citizenship. Marshall (1950) contended that modern citizenship involves civil, political, and social rights—the last of which encompasses access to welfare and health. In Nigeria, however, health remains largely commodified. Citizens' trust in the state's capacity to protect their welfare is eroded by corruption, inadequate infrastructure, and the privatization of public services (Ibrahim & Abdulrahman, 2021).

A sociological understanding of the “New Nigeria” must thus interrogate how social solidarity and collective responsibility can be institutionalized in health policy. Durkheim's (1895) notion of social cohesion is relevant here: collective health is an indicator of moral integration.

Global institutions such as the World Health Organization (WHO), World Bank, and UNICEF play critical roles in supporting Nigeria's health sector. The WHO's Country Cooperation Strategy (2022–2026) emphasizes primary health care revitalization and universal coverage (WHO, 2024). However, reliance on donor funding without domestic sustainability has limited long-term impact (Musa & Nwankwo, 2023).

Local NGOs and community-based organizations also contribute to health promotion, particularly in maternal health and immunization campaigns. Yet, their efforts often lack coordination with government agencies, resulting in duplication and inefficiency (Onyebuchi, 2022).

## Research Gap

Although numerous studies have examined Nigeria's health sector, most analyses have been framed from public health or economic perspectives, neglecting the sociological dimensions of the issue. For instance, while WHO (2024) and World Bank (2023) provide quantitative health indicators, they fail to interrogate how health policies reproduce or challenge social inequalities. Similarly, works by Adebayo (2022) and Okon (2022) emphasize service delivery and financing but do not engage the broader questions of social trust, institutional legitimacy, and citizenship rights. This study fills that gap by applying a sociological lens to health policy discourse in Nigeria. It explores how policy interventions can reshape the moral and social fabric of society—an approach crucial for building the envisioned “New Nigeria.”

## RESEARCH METHODOLOGY

### Research Design

This study adopted a qualitative research design, anchored in interpretivist epistemology. The qualitative approach was chosen because it allows for a deeper understanding of social meanings, institutional processes, and policy implications surrounding citizens' health in Nigeria. As Creswell (2018) argues, qualitative methods enable researchers to explore complex social phenomena within their real-world contexts.

This study, therefore, draws on documentary analysis and thematic interpretation of secondary data obtained from national and international sources, including the World Health Organization (WHO, 2024), World Bank (2023), Federal Government policy documents, and peer-reviewed journal articles. The analysis focused on themes such as equity in healthcare access, health governance, citizenship and trust, and the sociological implications of policy reform.

### Population and Data Sources

The population of this study consists of policy documents, national health reports, journal publications, and institutional frameworks related to health in Nigeria. The data sources were selected based on their relevance, recency (2020–2025), and credibility. Sources included:

WHO Country Cooperation Strategy (2022–2026)

The NHIA Act (2022)

Nigeria Demographic and Health Survey (NDHS, 2023)

Peer-reviewed journal articles and books from Science Direct, JSTOR, and Sage Publications.

### Method of Data Collection and Analysis

Data were collected through systematic document review and content analysis. Following Bowen's (2009) model of document analysis, the study examined how policies articulate health equity, financing, and legitimacy. Data were analyzed using thematic analysis, which involved coding recurring themes and patterns related to sociological variables such as trust, inequality, institutional behavior, and citizenship.

The thematic interpretation process involved:

1. Familiarization with documents and texts
2. Identification of recurring sociological concepts
3. Coding for themes related to health policy and citizenship
4. Interpretation of findings in relation to the theoretical frameworks (Parsons, 1951; Marmot, 2005; Rosenstock, 1974)

Ethical Considerations

As a secondary data-based qualitative study, no direct interaction with human subjects occurred. Ethical integrity was maintained through accurate citation, acknowledgment of intellectual sources, and adherence to scholarly transparency. The researcher ensured the use of reputable sources to avoid bias and misinformation.

Variables of the Study

Although qualitative studies do not use variables in the same manner as quantitative studies, this research identifies conceptual variables derived from the study’s sociological and policy context. These are the analytical categories that structure the interpretation of findings.

| Variable Type         | Variable                                                   | Description                                                                                                     |
|-----------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Independent Variable  | Health Policy (NHIA Act 2022, National Health Policy 2016) | Represents government frameworks for health service delivery, financing, and governance.                        |
| Dependent Variable    | Health of Citizens                                         | Measured through access to health services, mortality rates, life expectancy, and trust in health institutions. |
| Intervening Variables | Social Inequality, Trust, Institutional Legitimacy         | Sociological dimensions that mediate the relationship between policy and citizens’ health outcomes.             |
| Control Variables     | Economic Context, Political Stability, Cultural Beliefs    | External factors influencing health behavior and policy implementation.                                         |

The foregoing variables help to explain how social conditions, political will, and institutional quality jointly shape the health of citizens in Nigeria.

FINDINGS AND DISCUSSION

Inequality and Health Access

Findings reveal a strong correlation between social inequality and health access in Nigeria. The WHO (2024) reports that 70% of Nigerians pay out-of-pocket for healthcare, leading to

catastrophic expenditures and further impoverishment. This confirms Marmot's (2005) argument that unequal social conditions create differential health outcomes. Rural dwellers, the poor, and women bear the brunt of these disparities (Eze, 2023).

Sociologically, this inequality is a reflection of Nigeria's stratified social structure. Health, in this sense, becomes a symbol of privilege rather than a universal right. The NHIA Act (2022), while promising universal coverage, remains poorly implemented at the local government level, where most citizens live (Federal Government of Nigeria, 2022).

### **Institutional Legitimacy and Trust**

The legitimacy of health institutions in Nigeria remains low. Citizens often perceive hospitals and public health agencies as corrupt, inefficient, or politically biased (Ibrahim & Abdulrahman, 2021). This lack of trust discourages participation in vaccination programs and community health initiatives. For example, during the COVID-19 pandemic, vaccine hesitancy was high due to skepticism about government transparency (Okon, 2022). Durkheim's (1895) concept of social solidarity helps explain this breakdown: when trust erodes, collective cooperation weakens. Health systems, therefore, must not only provide services but also rebuild moral and institutional trust between the state and society.

### **Health Workforce and Migration**

Brain drain remains one of Nigeria's most critical challenges. According to the Nigerian Medical Association (NMA, 2023), over 5,000 doctors emigrated to the United Kingdom and Canada between 2020 and 2023. This has left public hospitals understaffed, especially in rural areas. The sociology of work emphasizes that when professionals feel alienated and undervalued, they seek fulfillment elsewhere (Marx, 1844). The implication is that poor working conditions in Nigeria's health sector are not merely administrative issues but also manifestations of social alienation and loss of collective purpose.

### **Health as Citizenship**

Citizenship in modern societies entails access to welfare and social protection (Marshall, 1950). In Nigeria, the failure to guarantee health as a social right undermines the moral foundation of citizenship. Citizens who cannot access quality healthcare often feel excluded from the social contract. The erosion of health rights thus weakens national cohesion and the legitimacy of the Nigerian state (Uzochukwu et al., 2023).

### **Policy Implementation and the "New Nigeria" Vision**

The idea of a "New Nigeria" envisions a restructured, equitable, and efficient society. However, policy implementation gaps hinder this vision. Studies by Musa and Nwankwo (2023) indicate that only 38% of primary health centers across the country are functional. Corruption, poor intergovernmental coordination, and lack of accountability persist as major bottlenecks.

For us to realize a "New Nigeria," health policy must transcend bureaucratic rhetoric to embrace sociological principles of inclusion, participation, and empowerment. The NHIA Act,

if implemented with transparency and community involvement, could become a platform for rebuilding social trust and equity.

## RECOMMENDATIONS

The findings of this study reveal that health in Nigeria is deeply interwoven with broader social, political, and institutional factors. Improving citizens' health, therefore, requires multidimensional reforms that go beyond clinical interventions. The following recommendations are proposed:

### **Institutional Reforms and Governance**

The Nigerian government must strengthen institutional capacity and legitimacy in the health sector. Transparency in budget allocation, community monitoring, and anti-corruption mechanisms are vital. Establishing Health Governance Accountability Units (HGAUs) within the Federal and State Ministries of Health could improve oversight and policy coordination (World Bank, 2023).

Additionally, decentralization of health administration should be prioritized to give local governments more autonomy and accountability in managing primary health care facilities. The success of the "New Nigeria" depends on the credibility of institutions that directly impact citizens' lives.

### **Universal Health Coverage through Pooled Financing**

Equitable financing is central to health justice. The NHIA Act (2022) should be operationalized through pooled community-based health insurance schemes that integrate formal and informal sectors. These schemes will enhance access to healthcare for rural dwellers and low-income groups (Federal Government of Nigeria, 2022).

Government and private sectors should collaborate to establish solidarity-based funding systems, where cross-subsidization ensures that the wealthy contribute proportionally to support the poor. As Marmot (2005) emphasizes, equity in health financing reflects the moral cohesion of society.

### **Revitalization of Primary Health Care (PHC)**

Nigeria's PHC system remains underfunded and understaffed. The government must invest in the rehabilitation of primary health centers, provision of essential drugs, and training of community health workers. Evidence from WHO (2024) shows that strong PHC networks reduce maternal mortality and enhance vaccination rates.

A community-participatory PHC model should be adopted, where local citizens are involved in planning, evaluation, and management of health facilities. This bottom-up approach promotes ownership and sustainability.

### **Human Resource Development and Workforce Retention**

The continuous migration of health professionals threatens the sustainability of Nigeria's health sector. To address this, the government should provide competitive remuneration, professional development opportunities, and safe working environments for medical practitioners.

Moreover, targeted incentives such as rural service allowances, housing support, and research grants can attract and retain health workers in underserved areas (NMA, 2023). Collaborating with diaspora professionals to implement temporary service programs can also bridge the workforce gap.

### **Enhancing Health Literacy and Public Trust**

Public health education is essential to bridge the gap between policy and behavior. The government and civil society should promote health literacy campaigns using mass media, social platforms, and community outreach. These initiatives should address vaccine hesitancy, sanitation practices, and preventive health measures. Trust can be rebuilt through consistent communication, accountability, and visible service delivery outcomes. As Durkheim (1895) argued, the moral integration of society depends on shared beliefs and collective responsibility.

### **Local Pharmaceutical and Research Development**

Nigeria must reduce dependence on imported medicines by supporting local pharmaceutical industries and research institutes. The National Agency for Food and Drug Administration and Control (NAFDAC) should collaborate with universities to promote innovation in drug production and clinical trials. Public-private partnerships can also fund local vaccine production and essential drug research, which will not only strengthen health security but also create employment opportunities.

### **Integration of Health Policy with Broader Social Development**

Health reforms should be linked to broader social policies such as education, housing, and environmental protection. This holistic approach aligns with the social determinants of health model (Marmot, 2005), which underscores that living conditions significantly shape health outcomes. The government should integrate health impact assessments into national development planning to ensure intersectoral coordination.

## **CONCLUSION**

The health of citizens is a vital indicator of a nation's moral and institutional strength. This study, viewed through a sociological lens, underscores that the health crisis in Nigeria is not merely medical but profoundly social and structural. Weak institutions, inequality, lack of trust, and policy fragmentation have combined to undermine citizens' welfare.

The “New Nigeria” envisioned by reformists cannot emerge without addressing these sociological determinants of health. The findings demonstrate that health policy serves as both a mirror and mechanism for social change. By reforming health governance, ensuring equity, revitalizing PHC, retaining workforce capacity, and promoting trust, Nigeria can create a citizen-centered health system reflective of solidarity and justice.

In conclusion, a sociology of health policy invites Nigeria to see healthcare not only as a service but as a social covenant—one that binds the government and the governed in a shared pursuit of well-being, equality, and dignity. Such a covenant, once realized, will be the truest emblem of the “New Nigeria.”

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