



**PROBLEM OF DISEASE CONTROL IN DEVELOPING COUNTRIES IN THE
21ST CENTURY: THE NIGERIAN EXPERIENCE.**

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Abstract

Mortality and morbidity are actually issues of worry for developing countries in the 21st century. Through morbidity refers to your level of health and well-being. Mortality is related to your risk of death. These two different but related terms are so important in this discourse. This is basically because if someone is sick and cannot go for treatment to bounce back to life, he dies off. It has been discovered that given disease outbreak claim lives especially in developing countries and this may simply be traceable to their ability to seek adequate medicare to cure the disease, it is also known that factors as religion and social status come into play as we discuss this topic because religious factors go a long way in making people seek medical attention or otherwise, and again, it has been discovered that people from high social status are practically the only people that most at times can assets quality medicare. Let it be mentioned also that the disparity in accessing of quality social amenities is not limited to medicare alone but extended to other social infrastructural facilities. One aspect of this which is damaging and discouraging efforts from the governments of developing countries in general and Nigeria in particular. Efforts at curbing diseases which most at times claim lives of millions is at its low ebb as most often it is discovered that nothing in its sense of it all is done when governments create the impression that something is going on hence, this study. Series of data collection techniques as oral interviews, questionnaire, newspapers, journals and internet were used. Given

sociological theories were examined from which functionalism got the nod and serve as the fundamental framework. The work concluded with the scholar making case that immunization remains the best possible way to managing foreseen disease and prevent them from wrecking havoc to our population.

Keywords: problem, Disease Control, developing Countries, 21st Century, Nigeria.

Introduction

Diseases have been discovered to be prevalent in virtually all the countries in the world. It have been said that while some countries are responsive especially when it come to sensitive issues, some others feel unconcerned or irresponsible to cub or manage problematic situations. One other worrisome aspect is that despite the fact that the structures are on ground, (hospitals, doctors and nurses). It remains to be seen if these structures are basically out to manage the outbreak of disease. That is the major reason among other reasons why people are dying in their numbers every now and then.

Though the structures are seen everywhere, nothing seem to be working at all, the major reason as submitted by scholars is that many of these rulers a top affairs of the countries travel abroad for medical checkups or treatments so, many believe that the medical sector is bound to suffer neglect: Another aspect of this problem is that some scholars also use the opportunity to push, or launder money abroad. This is believed to be true because this opportunity seem to be a genuine opportunity to divert public fund.

STATEMENT OF THE PROBLEM

Disease outbreak has been discovered as one phenomenon that characterize every country. Due to interactions of people from various backgrounds and orientation, diseases move from one place to another. It is actually heartbreaking that agencies which primary assignment it is to

prepare for this unprecedented and unprepared challenged seem to be caught happening. That invariably means that instead of tackling the diseases as early as they are discovered, the lack lustive attitude put up make the diseases to gain grounds wreck havoc and even become dreaded. In the past few years now, we have witnessed the outbreak of Ebola disease, Burd flu, Lassa fever, monkey pox to mention but a few and the Lukewarm attitude was put up led to their spread causing serious tension and costing the countries too much money to bring them under control. The case of HIV/AIDs has not given anybody gut to say anything because its spread and dominance is not something to write home about. In various countries in general, and Nigeria in particular millions are budgeted for the combat of HIV/AIDS and to say the least, it has refused to leave after storming and announcing its presence to the letter surprise and chagrin of everybody. Had it been HIV/AIDS is nipped in the bud, may be by now, there won't be any disease known as and called HIV/AIDS, but our negligence have it ground to operate even at the expense of all and sundry sought to find out:

- 1) Government's efforts at combating diseases in Nigeria.
- 2) Whether government's efforts at combating diseases genuine.
- 3) Achievements so far made in combating diseases in Nigeria.
- 4) Agencies which primary responsibilities is to combat diseases in Nigeria.

SIGNIFICANCE OF THE STTUDY

The study focuses in developing countries in the 21st century Nigerian society. The findings of this study will be of great benefits to the governments and stakeholders in the health sector in Nigeria.

Findings of this study will benefit the people also because it will expose to them or acquaint them with knowledge that unusual diseases or sicknesses should be reported to appropriate quarters as soon as they are dictated for prompt actions. To stakeholders in the medical field this study will be of great benefit since it will be an additional call for people and stakeholders to be awake unto vigilance to dictate and report any occurrence of disease or outbreaking once it is discovered and not later. To this end, it is hoped

that this study will be a sensitization and enlightenment campaign by exposing to the people the need to report the outbreak of strange diseases before they get out of hand to enable prompt and immediate action.

RESEARCH QUESTIONS.

The following research questions guided this study.

- 1) What efforts are people making to report the outbreak of disease to the appropriate quarters?
- 2) What efforts have been made by the government to respond to reported cases of disease outbreak.
- 3) What are the areas that need to be improved in disease control in Nigeria?

SCOPE AND DELIMITATION OF THE STUDY

The study was carried out in Nigeria. It was carried out among people of Nigeria. Specifically this study was delimited to the following variables.

- 1) Efforts of people towards reporting the outbreak of diseases to the appropriate quarters.
- 2) Efforts made by the government to respond to reported cases of disease outbreak
- 3) The areas that need to be improved upon in disease control in Nigeria.

LITERATURE REVIEW

This segment is on the review of related literature. It is done under the following headings.

Conceptual framework. Theoretical framework, empirical studies and summary of literature reviewed.

Conceptual Framework

The concept of disease outbreak. A disease outbreak happened when a disease occurs in greater numbers than expected in a community or region or during a session. An outbreak may occur in one community or even

extend to several countries. It can last from days to years. Sometimes, a single case of a contagious disease is considered an outbreak. This may be true if it is an unknown disease, is new to a community or has been absent from a population for a long time. If you observe what you think might be a disease outbreak report it right away to the appropriate quarter or authorities.

Disease Control/Management in Nigeria (Surveillance)

It is to be established that disease, surveillance cum mortification was introduced in Nigeria in 1988 as a result of a major outbreak of yellow fever in 1986/1987 which took many lives in the country and equally affected ten out of the then 19 states of the country. Before this time, there was no coordinated system of disease reporting and surveillance in the country as some state were sending annual report and others not sending at all. This became a major cause for concern as it resulted in denied access to health information needed for timely response to disease.

THEORETICAL FRAMEWORK

Disease Control from the Functionalist Perspective.

In the functionalist model parsons argued that illness is a form of deviance that disturb the social function of a society. Functionalism addresses society as a whole in terms of constituent elements (namely norms; customs, traditions and institutions) much like the interacting organs within the human body. Prominent functionalist theorists include Auguste Comte, Herbert Spencer, Talcot Parsons, Kingsley Davis and Wilbert .E. Moore, Robert Merton and Gabriel Almond and Bingham Powell.

In furtherance, functionalism is considered a framework that sees society as a complex system whose parts work together to promote solidarity and stability. Functionalists' argue that a sick individual, is not a productive member of society, therefore this deviance needs to be policed. This is the role of the medical professional structural functionalism reached the peak of its influence in the 1940s and 1950s and by the 1960s was in rapid

declined, replaced by conflict oriented approach as in Europe and more recently by structuralism.

Structural functionalism or simply functionalism is a framework for building theory that sees society as a complex system whose parts work together to promote solidarity and stability. This approach looks at society through a macro-level orientation which is a broad focus on the social functions.

THE SICK ROLE

Sick role is a term used in medical sociology regarding sickness and the rights and obligations of the affected. It is a concept created by the American Sociologist Talcot Parsons in 1951. Parsons was a functionalist sociologist who argued that being sick means that the sufferer enters a role of “sanctioned deviance”. This is because from a functionalist perspective a sick individual is not a productive member of society. Therefore this deviance needs to be policed which is the role of the medical profession.

In the functionalist model, Talcot argued that the best way to understand illness sociologically is to view it as a form of deviance that disturbs the social function of the society. The general idea is that the individual who has fallen ill is not only physically sick but now adheres to the specifically patterned social role of being sick, being sick is not simply a “condition” it contains within itself customary rights and obligations based on the social norms that surround it.

The theory outlined two rights of a sick person and obligations. The sick person’s rights are two fold, the first one is being exempt from normal social roles, the second one is not being responsible for their condition conversely, the sick person’s obligations included trying to get well and cooperating with the medical professionals. Parsons concluded that there are three versions of the sick role conditional, unconditional legitimate, and illegitimate (a condition stigmatized by others.)

Empirical review of Problem of Disease Control in Developing Countries like Nigeria.

Various disease has been posited as diseases affecting Nigeria as a country. As a country we faces public health problem and challenges. The health

issues that faces Nigeria are infectious diseases, sewage disposal, health insurance, water supply, air pollution, noise pollution, environmental radiation, housing, solid waste disposal, disaster management, control of vector diseases, doctor pollution ratio, population bed ratio, population per health facility. Payment system/methods, utilization of care, access to care, improper co-ordination of donor funds, maternal mortality, infant mortality, health financing, poor sanitation and hygiene, incessant doctors strike, disease surveillance, smoking of tobacco, brain drain, rapid urbanization, non-communicable diseases, alcohol abuse, environmental degradation, road traffic, injuries etc.

Conclusion

Nigeria is currently working towards achieving the millennium development goals and most especially controlling diseases. To reach the targets for the reduction of child mortality, which form MDG4. Nigeria should reduce under five deaths per 1000 live births to 71 and increase measles immunization to 100 percent by 2025. Despite the collaborative efforts of both Nigerian government donor agencies and NGOs to provide an efficient and effective health care delivery in Nigeria, confronting problems render these efforts much less than desired. It has to be established that some of these problems or challenges include both emerging and re-emerging health problems such as HIV/AIDS pandemic, inadequate payment of health workers salaries, poor quality health care in equitable health care services, brain drain and irrational appointment of health workers among others. It must be mentioned that a new global burden has revealed that malaria and HIV are still leading causes of death in Nigeria killing more than 190 thousand and 130 thousand people respectively.

RECOMMENDATIONS

The recommendations put forward at the end of this study are as follows;

- Government must do well to improve its plan to tackle the major public health issues in the country (i.e Coronavirus,

Ebola virus, HIV/AIDS, Tuberculosis and malaria remain major health issues in Nigeria).

- Efforts on the vertical transmission of HIV, Tuberculosis, corona virus, Ebola among others, should be doubled to ensure the reduction of these diseases
- Funds meant for the management of various diseases should be religiously invested to achieve the primary goal.

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