

# Social Welfare Scheme; a Neglected Component of Public Health Care Services in Nigeria

## Abstract

**Background:** provision of social welfare services to the vulnerable population is a major component of health services and an indirect way of protecting the entire population. This study discussed the state of social welfare services in Nigeria.

**Methods:** The study was a narrative overview. Literature was synthesized using articles obtained from published official texts, hand search and computerized databases. The study was carried out between December 2016 and February 2017.

**Results:** The "Emergency Relief Act" which approved \$300 million for local governments was passed into law during the Great Depression period in 1932. Nigeria had a population of 193.4million in 2016 and life expectancy of 53/56 years. The percentage of federal budget allocated to health in 2017 was 6% against the anticipated 15%. Social welfare activities in Nigeria depend largely on the support of philanthropic organizations. The Federal Government of Nigeria released \$1.1 million to feed school children in 5 out of the 36 states in January 2017. Social welfare services are available to less than 5% of vulnerable people in government hospitals.

**Conclusion:** Social welfare activities in Nigeria is under developed and poorly funded. It is unavailable to majority of those who need them. This could pose a threat to public health in the face of dwindling economy occasioned by poor budgeting and funding.

**Keywords:** Social welfare; Health care; Public health; Nigeria; Emergency relief act; CINAHL

## Review Article

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## Introduction

A good way to gauge how well a society is doing is by asking about the social welfare and seeing if people are happy [1]. In the society, as part of phenomena seen in the societal development, certain people, need some level of assistance either due to their disposition or because of the environment they find themselves; require some social welfare to enable them cope with the social problems arising from daily activities and living conditions. Therefore, the need to examine the social life welfare in Nigeria becomes paramount. Social problems in Nigeria include child abandonment, armed robbery Divorce and problems of single parenting. These issues above are the major social problems that need serious social welfare policy and programme to handle them [2]. Social welfare is defined as a wellbeing of the entire society which concerns the quality of life that include factors like quality of environment, level of crime, extent of drug abuse, provision of necessary social services, religious and other aspect of life e.g. spiritual life [3]. Social welfare denotes the full range of organized activities of voluntary and governmental agencies that seek to prevent, alleviate, or contribute to the solution of social problems, or to improve the wellbeing of individuals, groups, or communities [4]. It provides support, protection, and welfare to disadvantaged people like orphans, handicapped, mentally or chronically ill. It is a major component of health services. There is increasing number of orphaned children who cannot afford basic needs like health care, education, and good nutrition. They grow up to plague the

society in the future. The study underscores the need to adopt preventive strategies towards combating the social menace of the future due to poor funding and neglect of rehabilitation by the government. The study has been tailored to provide information for planning and evaluation of services to promote better services and care. This study discussed the state of social welfare services in Nigeria.

## Methods

The study was a narrative overview of literature synthesized using articles obtained from official texts, hand search and computerized databases. Studies and texts that explored social welfare services between January 1980 and February 2017 were used for the study. Literature search was carried out in Medline and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases. Additional search was carried out using Google search engine, Search terms, which included social welfare, health care, public health, and Nigeria, were used in the study. Combination of two or more terms was carried out with the use of AND/OR. Other articles were identified through cross-referencing. Truncation was employed in the search process. Only articles published in English Language were considered for the study. In cases where more than one articles present similar account or report, preference was given to the most recent one with more comprehensive account. The study was carried out between December 2016 and February 2017 (Table 1).

**Table 1:** Summary of sectoral expenditure for selected sectors.

National Variables	Values					
Total population (2016)	193.4 million ( 2016, National Bureau of Statistics)					
Life expectancy at birth (2014)	53/56					
Total expenditure on health (2014)	3.7					
% of federal budget allocated to health	2015 (6.24%)	2016 (4.64%)	2017(6.0%)			
% of Gross Domestic Product	2005	2006	2007	2008	2009	2010
Education (%)	3.30	3.50	3.60	3.60	3.60	3.20
Health (%)	1.80	2.10	2.20	2.20	2.30	1.90
Agriculture (%)	0.40	0.40	0.50	1.40	1.70	1.20
Social sector (%)	3.30	6.00	6.10	6.00	6.10	5.70
Total social product (%)			2.80	2.00	1.40	

## Discussion

Social welfare is an organized function with a set of activities made to enable individuals, families, groups, and communities to cope with social problems of changing conditions. It plays a major role in contributing to the effective mobilization and development of human and material resources of the country to deal with the social requirements of change hereby participating in nation building [5]. In the narrowest sense, social welfare includes those nonprofit functions of society, public or voluntary, which are targeted towards poverty reduction or at ameliorating the conditions of the casualties of the society. I.e. all social interventions made to enhance or maintain the social functioning of human beings [6]. Social welfare embraces all efforts aimed at improving health, education, employment, housing, recreational, and cultural services for the community at large [7]. Characteristic of social welfare include serving community interest, value-based care, and non- market activities. Social welfare should be accessible to all and accountable to public.

### Social welfare in developed countries

In Breveridge report, Britain started welfare program in 1942, which covered social insurance, covering every citizen regardless of income [8]. The wartime group committed social reform and led to a permanent increase in the role of the state in British society. The end of the war also brought a slump with attendant public health consequences. Due to economic hardship and poverty, family allowances were introduced in Europe [9]. In the United State of America (USA) which ranks second largest after UK in provision of social welfare services the type of social programme include means-tested social programs, social security, general welfare, and health care spending. Others include education spending, food assistance, and public housing [10]. Social welfare activities in USA shows that in 1880-1890s, attempt were made to move poor people from work, yards to poorhouse when they were in search of relief funds. In 1893-1894, attempt were made at the first unemployment payments but were unsuccessful due to the 1893-1894 recession. The "Emergency Relief Act" which approved \$300 million for local governments was passed into law during the Great Depression period took place in 1932. In

March 1933, President Franklin O Roosevelt pushed congress to establish the civilian conservation corps while the social security Act was passed on June 17, 1937. The bill included direct relief (cash, food stamps etc) and changes for employment insurance. Increase in Medicaid and subsidized medical insurance premiums was initiated in 2013 [11]. The USA program has its challenges, which made the government to define term for qualification to be a recipient [12].

### Social welfare in Africa

Most African countries offer exclusionary employment based programmes. In the Living Stone call for Africa, 13 east, and South African countries indicated interest to participate in social transfer programmes. African Union leaders pledged support to welfare services in United Nations General Assembly. However, implementation of this pledge remains largely unrealized. Social welfare programmes in Africa is variable [13-16]. It comprises of social insurance system seen in 34 countries, social assisted systems obtainable in 1 country, and a combination of these two systems in 1 country. Others include universal old age pension in 3 countries, universal and social insurance system in 2 countries, provident fund in 3 countries and mandatory individual account in 1 country. Children participate greatly in economic activities while many adults are unemployed [17-20].

### Social welfare services in Nigeria

Social welfare services were enacted in Nigeria in 1974 as Decree 12 of 1974. It is regarded as a component part of Social Development Directorate. Social welfare department started in 1989 with creation of Federal Ministry of Culture and Social Welfare. The mandate of the social welfare department include coordination of intergovernmental and interstate social welfare activities, conduct of research and surveys in various aspects of social welfare, and training of professional social workers and the organization and coordination of welfare agencies training. Execution of international casework, promotion of legislation on issues affecting social welfare in Nigeria, conduct research on international matters affecting social welfare and interactions with social welfare organizations at national and international levels are inclusive. They are saddled with crime prevention

and reduction of social vices, care and support of all vulnerable groups (destitute, the indigent, the sick and their families) and provision of probation, counseling services and family conflict resolution management. The care and support for person living with Aids (PLWA), participation in national, regional and global meetings on social welfare and coordination of national, regional and global meetings on welfare like attending conferences and meetings of the sessions of the United Nations Commission for Social Development, the World Family Organization, form part of their responsibilities [21]. Social welfare in Nigeria dates from missionary period after the Second World War through the colonial period to present day. Salvation Army, Green Triangle group and the Roman Catholic Church initiated the social welfare by the missionary group. The philanthropists helped in social welfare by building orphanages for the poor. Social welfare activities were common in Lagos and spread to other regions in Nigeria. At that time, social welfare programmes and social work were located in the social department division in Federal Ministry of Labor and Social Welfare. Later with new state creation, social welfare programmes were put under the Ministry of Women Affairs and Social Development. However, in pre-colonial times what existed in Nigeria was traditional social work practice, which prevented most of the social problems experienced today. In the 1970s social problems escalated in Nigeria with western civilization which encouraged problems like child abandonment, armed robbery, cultism, kidnapping to arise [22,23]. In Nigeria, orphanages, welfare homes, and motherless babies homes are common in the south, orphanages, motherless babies homes and Almajiris (children who roam the streets as beggars without restriction) are very common in the middle belt while the Almajiris are predominantly found in the north. The inmates at orphanages are confined to and are available for interested people to adopt. They depend on the activities of philanthropic organizations, nongovernmental (NGOs) organizations, and individual donations for their operations. Since 2016, government reform programmes in the northern part of Nigeria has targeted rehabilitating, feeding and educating the Almajiris who are usually exploited by criminals for social and criminal vices. A sum of N575 million (\$1.1 million) was released to feed school children in five states in January 2017. However, this is grossly inadequate considering the population involved and sustainability is largely a problem to grapple with. In government hospitals, welfare services are comatose. Occasionally, hospitals use selected criteria to pay for patients who have been discharged and cannot pay for their bills. This is only available to less than 5% of the people. Sometimes, the needy may have to wait for several weeks after being discharged to access such packages due to poor funding. NGOs support the fight against child labor. A few old people's homes are still functional. Religious organizations and the government manage them. However, they are poorly funded. There is no official provision for the widows and single parents. Children with juvenile delinquency are remanded in temporal custody in detention homes by juvenile courts [24,25]. Prison inmates are poorly fed under poor infrastructural and hygienic condition in overcrowd prisons [26,27]. Table 1 above showed a steady decline in Total social product (%) from 2007 to 2009, an indication of neglect. The table further poor funding to health with fluctuations around an average of 5.63% of budgetary allocation to health against the anticipated 15% stipulated for health at the Abuja convention for African head of states [28-30]. There is need for

better and improved funding for the Ministry of Women Affairs and Social Development that shares this burden with the ministry of health.

## Conclusion

Social welfare activities in Nigeria are largely undeveloped, poorly funded, and neglected. The services available are grossly inadequate compared to the number of people who need the services. Unlike the developed countries, it lacks welfare benefit, which is the key component of the developed systems. Social problems such as child abandonment, armed robbery, kidnapping, cultism, drug trafficking, HIV/AIDS, divorce and problem of single parenting are major problems that need increasing and urgent concern. Government of Nigeria need to enforce the mandate of the social welfare department of the Ministry of Women Affairs in charge of social welfare services in Nigeria to enhance their operations and activities. Improved budget allocation and implementation to health and social welfare services should be considered seriously. The departments and agencies involved should embrace good monitoring and evaluation practices to ensure good budget implementation. There is a dire need to document and review the activities of NGOs concerned with social welfare activities. More legislative bills should be targeted towards education and care for the vulnerable children who turn out to become social miscreants in the future to plague the entire population. The Federal Government should provide funding for child support, old- age, disability, foster care, war veterans, and care dependency. Establishment of skill acquisition and development centers and vocational schools to take care of the teeming population will be invaluable. Government should protect, compliment, and promote their services for better coverage and wider reach. It is an indirect way of protecting the population, improving public health services and providing a safe environment and complimenting the efforts of traditional institutions in containing the menace of underdeveloped social welfare system in a system with high level of poverty and unemployment. The ministries and agencies directly involved should have comprehensive framework and structure in place for monitoring and evaluation while ensuring that the wrong persons do not abuse the services. This article has brought to the fore the increasing need to promote social welfare services in Nigeria due to the increasing growth in the number of vulnerable and orphaned children occasioned by increase in internally displaced people. When fully implemented, it will myriads of reduce of problems posed to community health by this neglected population.

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