

Health Inequalities Contributing to Noma Distribution in Nigeria

***HAGGAI S, SAMUEL OA, CHIKA CN, BEHEMBA I.**

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*Public Health Department, Gombe State

Correspondence

Haggai SILAS,
Public Health Department, Gombe State
Email: nnaukachi@gmail.com

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INTRODUCTION

Noma is severe and aggressive gangrenous process that affects the mouth, nose, lips, and lips. Health inequalities are the unjust and avoidable differences in people's health across the population. These unjust and avoidable differences have remained a major issue in most resource-limited settings and Nigeria is no exception (Osadolor et al, 2022).

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups (Public Health Scotland, 2021). This difference has contributed to the noma affect different groups or population. Where health inequality exists, the right to the highest attainable standard of health is not being enjoyed equally across the given population (Ofodome & Elendu, 2013). The objective of this study is to succinctly unravel the factors responsible for health inequalities that contribute to noma distribution in Nigeria from secondary information published in peer-review journals and articles.

MATERIALS AND METHODS

An extensive search of literatures relating to health inequalities, noma, and factors responsible for health inequalities in Nigeria was carried out using the online search which adopted the following search terms – “health inequality”, “noma” “causes of health inequalities”, “factors responsible for health inequalities”, “Socioeconomic factors in health inequality”, and “health inequalities in Nigeria”. Google, Google scholar, PubMed/Medline, Microsoft academia and research gate were the search engines and databases used for this study. The years covered for the search were from 2013 to 2022 and a total of 16 articles, journals and reports were reviewed.

RESULTS

The NBS data of poverty in Nigeria for the year 2022 was pegged at 63% with the northern region having 65%, the southern region at 35%, rural areas were 72% and the urban areas had it at 42. North West geopolitical zone had the highest poverty rate (71.4%) while South West geopolitical zone had the

least (49.8%) poverty rate. This shows the reason why noma is more prevalent in regions with high poverty rates.

Healthcare financing was another factor identified to health inequality in Nigeria and it was pegged at 69% out-of-pocket, 12% federal government, 8% states, 4% each for local government and development partners, and 3% financed by firms. The burden of out of pocket payment has made it difficult for the population at risk to seek for proper medical attentions.

Literacy level reveals that South West zone had the highest literacy rate for both males and females while the North East zone had the least literacy rate for males and North West had the least literacy for females. The distribution of literacy rates in Nigeria by area and gender had it that 59.5% of males were educated in rural areas while 74% of females were literate in rural areas. In the urban areas, the gap between the male literacy rates was much higher as compared to females at 86.4% and 35.4% respectively.

The distribution of health facilities across levels of healthcare indicates that primary healthcare has 28% private health facilities and 72% public health facilities. In secondary healthcare, 76% of the health facilities are private and 24% are public. Of the tertiary healthcare facilities, 12% are privately owned while 88% are public healthcare facilities. This has

greatly played a role on the pattern of noma distribution in Nigeria.

Place of residence was also a factor responsible for health inequality that contributes in noma distribution in Nigeria. The distribution of residence across the nation by 2021 has it that 47% of Nigerians reside in rural areas while 53% stay in urban areas.

CONCLUSION

The study revealed the health inequalities contributing to noma distribution in Nigeria; this will help in channeling intervention strategies to the population with high risk of noma occurrences.

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