Gender and Health in Nigerian Structural Adjustment

What Does It Mean For Women?

by Kenna Owoh

Au Nigéria, les programmes de rajustements structurels de remboursements des dettes qui font partie de l'initiative imposée par le FMI *et la Banque mondiale ont eu des effets désastreux sur la santé des femmes. Ces programmes nuisent aux moyens de subsistance des femmes en plus de sérieusement limiter leur accès à des soins de santé appropriés.*

For many Africans, the 1980s have been a 'lost decade' as living standards have declined, previous gains in health care and education have been eroded, and social disruption and violence have increased. The 'lost decade' coincides with the control of African economies by the International Monetary Fund (IMF) and the World Bank (WB), as country after country, starting with Senegal in 1981, has had to turn to these institutions for stabilization and adjustment support. Initially perceived as "short-term macroeconomic fixes," this *set* of policies is increasingly recognized for what it is—an internationally supported, long-range development agenda for Africa. The introduction of a gendered critique into discussions centring around these macroeconomic policies has led to a questioning which goes beyond considerations of the impact of adjustment policies on women, to a deeper discussion of gender, neo-liberal economics and development in Africa.[1]

The 'lost decade' in Africa

By the 'lost decade' I refer to the decline in living standards and quality of life indicators for the mass of African people. The relationship between this decline and structural adjustment programs cannot be definitively established.[2] What can be established, however, is the fact that the quality of life of Africans has not improved under adjustment, and that vulnerable groups—children, women, urban and rural poor—have suffered reverses directly related to adjustment programs (Cornia *et. al.*).

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African children are at greater risk and in more distress than those of any other continent. One-third of the almost 13 million children who die worldwide every year are African, although they make up little more than 10 per cent of the world's child population *(Africa Recovery,* 1993). In Nigeria the infant mortality rate is estimated at 110 per 1000 live births, the maternal mortality rate at 16 per 1000. About 10 per cent of children are expected to die before their fifth birthday and one out of every four children born to a woman will die before she reaches the end of her reproductive life (WHO, 1992). FAO data for 1985 points to the fall of the supply of per capita calories to below the level of 1969-71.

There is a resurgence of communicable diseases—malaria, typhoid, cholera, yellow fever—marked by a decline in control and prevention which is directly associated with reductions in public expenditure and an overall scarcity of financial resources.

Health centres are unable to meet operating costs, keep up maintenance, or meet equipment needs; the available budget is insufficient. There is also a reduction in the overall availability of medical personnel because of low pay and poor working conditions. These circumstances have led to an exodus of doctors and nurses from African countries (30,000 middle and high level and professional workers have left Africa between 1984 and 1987) (Chossudovsky).

Public sector agencies and government departments are paralyzed. Civil servants' wages are insufficient to ensure transportation to and from work and government departments, including Ministries of Health (MOH), lack the resources to meet current expenditures.

The degradation of African urban environments is primarily associated with the inadequate disposal of solid waste and air pollution. The provision of safe drinking water remains a critical problem. The reduction of public investment expenditure has affected the ability of African governments to maintain and develop their infrastructure in water and public sanitation (Chossudovsky).

Reductions in public expenditure are a condition of adjustment policies. The scarcity of financial resources is a direct result of the burden of debt repayment, which is the purpose of the adjustment programs.[3]

The structural adjustment program

Haddad defines adjustment as the process whereby a country seeks to remove internal (domestic budget) and external

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Gender bias impedes sustainable development in

(balance of payments) financial disequilibria in an attempt to provide a stable backdrop against which resource allocation can take place. Adjustment entails two sets of policies: an initial IMF-led *stabilization program* which is concerned with demand-side adjustment, and implies devaluation, price liberalization, and fiscal austerity. An accompanying expenditure switching WB-led *structural adjustment program* is concerned with supply-side adjustment—removal of subsidies, introduction of fee-for-service, and privatization of social programs. These policies pull resources out of the non-tradable sector into the export and unprotected import sectors, in an effort to take advantage of a country's comparative advantage on the world market. The Structural Adjustment Program (SAP) is the bundling together of the demand and supply side policy reforms as a "short-term package of policy fixes" (Weissman). SAP was introduced in Nigeria in 1986.

It is important at the outset to identify the key mechanism in adjustment policies. This mechanism is the market, and it reflects adjustment's paternity in neoclassical economics, with its narrow, economistic concern for "efficient" allocation of resources. In short, SAP's primary task is to "get the prices right." In promoting the efficacy of market forces as the best way to organize structural change, the fact that markets are also political and cultural institutions which affect structures of power and processes of development is of secondary concern. Because gender and class are two of the most important determinants of an individual's economic and social power, questions of gender differentiation and ownership and control of resources inevitably cut through adjustment policies.

Engendering structural adjustment

Elson, in her work on sub-Saharan Africa, has produced one of the first thorough critiques of SAPs and gender in Africa. Her work draws out the *gender bias* in adjustment policies which undermines women's health and well-being, and leads to their further impoverishment. Adjustment programs seek to shift production from non-tradables, i.e. goods and services (including public sector spending) which are produced and consumed only within national boundaries, to tradables, i.e. goods and services which are internationally tradable. It is assumed that there are no gender differences in the ability to survive the transitional costs of this switch, and that there is no gender discrimination in the access to resources and markets. But what Elson demonstrates is that this switch entails a readjustment of production from the paid to the unpaid economy; and further, that the cost of this readjustment is bought with the labour, time, and health of women (1992). It is women, not men, who pick up the slack and perform the labour previously carried out in the public (non-tradable) sectors. It is women, not men, whose access to newly liberated markets is constrained by the additional tasks of reproduction and family maintenance. It is women, not men, who because of these two conditions, make up the poorest of the poor in adjusting economies (Haddad). At the root is the undervaluation of the productive labour that women already perform, and the inadequate appreciation of the burdens imposed by the gender division of labour. The persistence of this gender bias has long-term effects. It impedes sustainable development in general, and impoverishes women in particular. As Ingrid Palmer argues:

> If the gender bias, the weakest link in sub-Saharan economies, is not resolved, these economies may have an absolute advantage in no product and a comparative advantage only in lines of production based on the super-exploitation of women and a demand for children's assistance (ix).

In trying to understand how the process of adjustment impacts on women, Elson links macro level changes with effects on the household. She suggests four areas of change: (1) changes in income, caused by changes in money wages and levels of employment for employees, and by changes in product prices and product demand for the self-employed; (2) changes in prices of important purchases, especially food; (3) changes in working conditions—in hours of work, intensity of work, job security, fringe benefits, and legal status— and this applies to unpaid work as well as paid work; (4) changes in levels and composition of public expenditure, particularly those in the social sector, including the possible introduction or increase of user charges for services (1989).

Applying this framework to Nigeria, the following picture emerges. *Changes in income:* A combination of salary freezes, the lifting of minimum wage legislation, devaluation, removal of food, fertilizer and petrol subsidies, and regressive fiscal policies combined to reduce real wages in Nigeria by the end of 1990 by 60 per cent of the 1980 level. Rising unemployment, officially estimated at 3 million people, but affecting 5 million people according to the Nigerian Labour Congress, has pushed many Nigerians into a spiral of poverty. By the end of the 1980s, average incomes had fallen below $300 US a head, lower than in 1975, with a sharp increase in people living in absolute poverty *(Africa Recovery* 1990).

Researchers writing in *The WIN Document* suggest that women in wage labour form a small minority of all wage employment (8.6 per cent). Women are confined essentially to low-paying service sector jobs—cleaning, sales, clerical, cooking—with the more privileged employed as public sector teachers and nurses. There were massive reductions in public sector employment over the course of adjustment—over 30 per cent of public sector employees were retrenched, retired, or effectively laid off. Women were invariably the first to lose their jobs in all

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sectors, but the impact was most strongly felt in the health and education sectors. As women and men lost employment in the formal sector, women increased their level of participation in the informal sector. Within this sector women work very long hours for very low returns. Research shows that 92 per cent of Nigerian women are now engaged in informal sector work, up from 73 per cent in 1987 (Owoh).

Changes in prices: Actual earnings have declined, eroded by both inflation and devaluation (an effective 2200 per cent devaluation by 1991 (Alubo)). In Nigeria inflation was over 50 per cent in the first half of 1989; one example is a 600 per cent hike in the price of kerosene *(Africa Recovery,* 1990). Devaluation has a devastating effect on poor households who spend 60 to 80 per cent of their income on food. Indicators show a decline in food intake for the bottom 20 to 40 per cent of the population, an increase in malnutrition and child death rates in this group, and an increase in the number of people below the poverty line. There are indications that the standard of living is lower for women than for men, and for girls than for boys (Cornia *et. al.*). This suggests that one of women's strategies to cope with the impact of adjustment policies is to reallocate intra-household food distribution. For example, women eat last, and take smaller portions.

Changes in working conditions: With adjustment, women are spending longer working hours for both paid and unpaid work. Research indicates that men consistently do not assist with household tasks such as cooking and cleaning; for assistance, women depend upon their children (Owoh). Women have a range of responses to adjustment. For example, they extend their working hours in the formal and/or informal economy; they market and work from their homes. Women strategize to improve existing resources, hunt for bargains, and wait in queues. And they make difficult resource allocation choices, such as whether to withdraw a child from school if money for school fees is not available. These strategies are paid for in time and in health, and in the well-being of future generations. Again research shows that women consistently indicate that they are very tired. They also point to the increase in violence in their homes and communities due to stress.

Changes in public expenditure: The pulling of resources out of the non-tradable sectors into the tradable or export sectors pulls resources from social services. For example, the Nigerian health sector allocation as a percentage of total government expenditure declined from 3.0 per cent in 1980 to 1.99 per cent in 1987; as a percentage of GDP it stood at 0.3 per cent in 1982 (WHO minimum recommendation is 5 per cent of GDP). These declines are overlaid by rising health costs due to general inflationary trends and devaluation (Adenyani and Petu). The MOH estimates that only 35 per cent of the population have access to modern health care (*Africa Recovery,* 1990). The introduction of fee-for-service has changed utilization patterns. For example, poor families, both rural and urban, are resorting to the use of traditional medicines because of "cost recovery." In another example, childbirth attendance at one urban hospital declined from 700 deliveries per month in 1982 to 160 in 1987 following the introduction of fee-for-service. The same research showed that there was a 52 per cent increase in the number of traditional birth attendant deliveries in the near vicinity of the hospital (Owoh). What we see emerging from this restructuring is a two-tiered system of health care. The first tier, the responsibility of the private sector, is western-based, urban located, and curative, open to the few with the means to purchase health care. The second tier, the responsibility of the state, is inadequately funded, and serves the mass of rural Nigerians. One effect of this approach is the breakdown of the integration between prevention and cure, as the private sector is primarily responsible for individual cure, and the state is responsible for collective prevention.

Health dimensions of adjustment

The health dimensions of adjustment demonstrate most clearly the importance of a gendered approach to adjustment analysis. Changes in health sector allocation are only one element in the complexity of declining health status in Africa. Health is the intricate end-product of a complex set of variables of which availability of health services is not necessarily the major component. Nutrition, environment, real income, and women's literacy have a direct causal relationship with individual and household health (Cornia *et. al.*). The centrality of women to both household health and health delivery is a reflection of the gendered division of labour. The gendered division of labour assigns to women the task of household reproduction and maintenance. At the same time, women's responsibilities are frequently not backed up by control of resources within households and access to and control of resources in society. Equally important is the fact that men and women have different preferences regarding the allocation of resources. Blumberg points to the differences in men and women's preferences in household spending:

> Women not only hold back less for personal expenditures, but they also target more of the resources and income under their control to family provisioning, especially children's nutrition (104).

Where a high percentage of the poorest of the poor are likely to be women, the expansion of fee-for-service health care is devastating for women. Women are the primary deliverers of health services, and the compression of social sector budgets influences their livelihood. Health is at the centre of women's welfare, and their welfare is directly affected by the curtail-

ment of health services and policies of privatization. Any success of adjustment is won at the cost of women, and at the cost of health. This impairs any chances of achieving sustainable development.

Conclusion

Haddad reminds us that evaluations of the impact of adjustment on women are inferential. At the same time, current research indicates that the cost of restructuring is borne most heavily by women. Moreover, women's lack of control of societal resources exacerbates the negative impact of adjustment policies on the health and well-being of households. We may not be able to separate out the impact of SAP policies on women from that of underlying economic crisis, but we can identify the male bias in adjustment policies that sets up a dynamic which ensures that the poorest of the poor are women. The structural adjustment agenda is unhealthy for poor women and their families, and works against their interests. Again, we can say that SAP has had negative effects on poor communities, has not assisted in redressing poverty, and has forced more people into the ranks of the poor. African people experience more poverty and ill-health today than ten years ago (Ettema *et. al.*).

At the same time that women are less able to bear the burdens of adjustment, they must continue to do so. As they continue to do so, they become less able to bear future burdens. This raises the critical question concerning the sustainability of the adjustment agenda. The interests of the poor, and more particularly, the poorest of the poor who are women, can only be served by acknowledging that dependency on the efficacy of market forces as the best way to organize structural change is the least effective means to sustain development.

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[1]This article draws on research undertaken in Jos Local Government Area (LGA), Plateau State, Nigeria by the author during 1987 and again in 1992. The 1992 research was sponsored by The Canadian Society of International Health, to whom the author is most grateful.

[2]The WB argues that it is impossible to separate out the social costs of adjustment from the deterioration in welfare due to the economic crisis generally.

[3]The role of the WB in rescuing the collapsing international financial system is very crucial. It assists creditors by ensuring that the debtor countries, over whom it wields considerable power, maintain their debt servicing obligations. It is now apparent, even to the WB that "debt, worsening terms of trade and negative capital flows present enormous difficulties for Africa's development prospects.... They make for a scandalous situation if one looks at it closely since, in the final analysis, it is the poor who are financing the rich" *[Africa Recovery* 1993].

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