

## Understanding the Relationship between Health and Education for Development in Nigeria. .

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### THE ISSUE

Health and education are basic components of human capital and therefore, should be basic component of national development plan of the developing African economies including Nigeria.

Health and education are intertwined with economic growth and development, and hence, they are keys to human capital development. Nigeria like other African countries no doubt faces broad challenges on the education and health fronts. And for decade, Nigeria in particular has remained trapped in a vicious cycle of poverty, hunger and disease. Nigeria has been facing and addressing many education problems regarding poor graduates, high student population and poor educational facilities.

These challenges are contributing to Nigeria's inability to provide good and qualitative education. Similarly, the Nigerian health system is characterized by lack of backbone that supports the scaled-up delivery of essential health service, especially through the primary health (PHC) system, inadequate health funding at all levels, fragmentation of programmes due to multiplicity of implementing partners, inadequate health management information system etc.

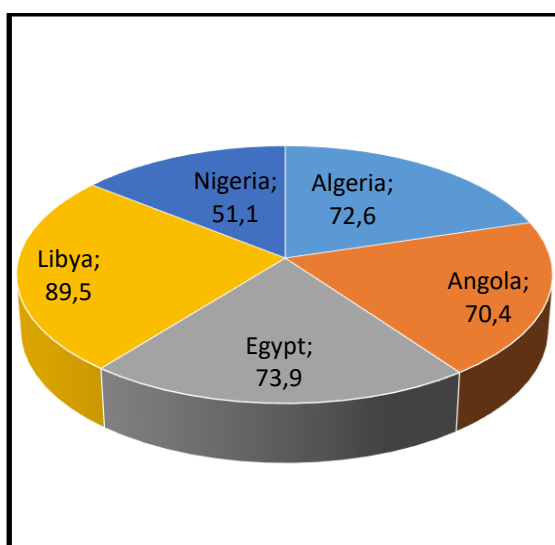
Also of note is that the bulk of source of money for health care in Nigeria remains out-of-pocket spending (OOPs). It therefore becomes imperative to examine the relationship between health and education not just as an exercise in scientific inquiry but also its essentiality to setting human development policy priorities.

Moreover, awareness of the relevance of health and education to development by Nigerian policymakers might help drive investment in health and education and improvement in human capital in general in Nigeria. Therefore, understanding the linkages between health and education has the potential to set off virtuous development goals and to halt vicious circle of poverty in Nigeria in particular and Africa in general.

## 1. The study

The study extends and contributes to the literature on the relationship between health and education in the following ways: (i) it shows why health and education matters for development (ii) unlike previous analysis, the study focuses majorly on establishing the causality between health and education in particular in Nigeria. (iii) It shows interesting stylized facts on health and education in Nigeria and some selected African countries for comparative reasons where possible. (iv) It offers policy options for improving the relationship between health and education. The study findings show that Nigeria's adult literacy rate(51%), an indicator of education among others performance indicators is the lowest when compared with Libya (89.5%), Egypt (73.9%), Angola (72.6%), and Angola (70.4%) within the period under study, shown in (Figure 1).

**Figure 1: Adult Literacy Rate in Selected African Countries**



The study further shows that recent figures from the UNDP Human Development Report indicate that infant mortality, a health performance indicator among others in Nigeria is 114 per 1000 live births for the male child and 174 per 1000 live births for the female child. Comparatively, Figure 2 shows the infant mortality rate among the African countries (Senegal and South Africa). The findings reveal that Nigeria has the highest infant mortality rate compared to the comparator countries.

## 2. Causalities/Relationships

The study identified three types of causalities between health and education in Nigeria. The first is the no evidence causality between primary school enrolment, secondary school enrolment, literacy rate and out-of-pocket expenditure. This implies that there is no policy adjustment in any of the variables that could influence the other and again there is no relationship between the variables. This is majorly as a result of high out-of-pocket health expenditure in Nigeria which is capable of making households incur catastrophic health expenditure and exacerbating poverty. The second is the unidirectional relationship running from out-of-pocket health expenditure to burden-of-disease, mortality rate and literacy rate.

This implies that only one of the variables (out-of-pocket health expenditure, OOPs) causes the others. In other words, OOPs influences burden of disease, mortality and literacy rates. The third concerns bidirectional or reverse causality between burden of disease and mortality rate, primary school enrolment and mortality and

burden of disease and literacy rate. This implies that any policy adjustment in any of the variables under reverse relationship can bring about similar effect or response on the other variable.

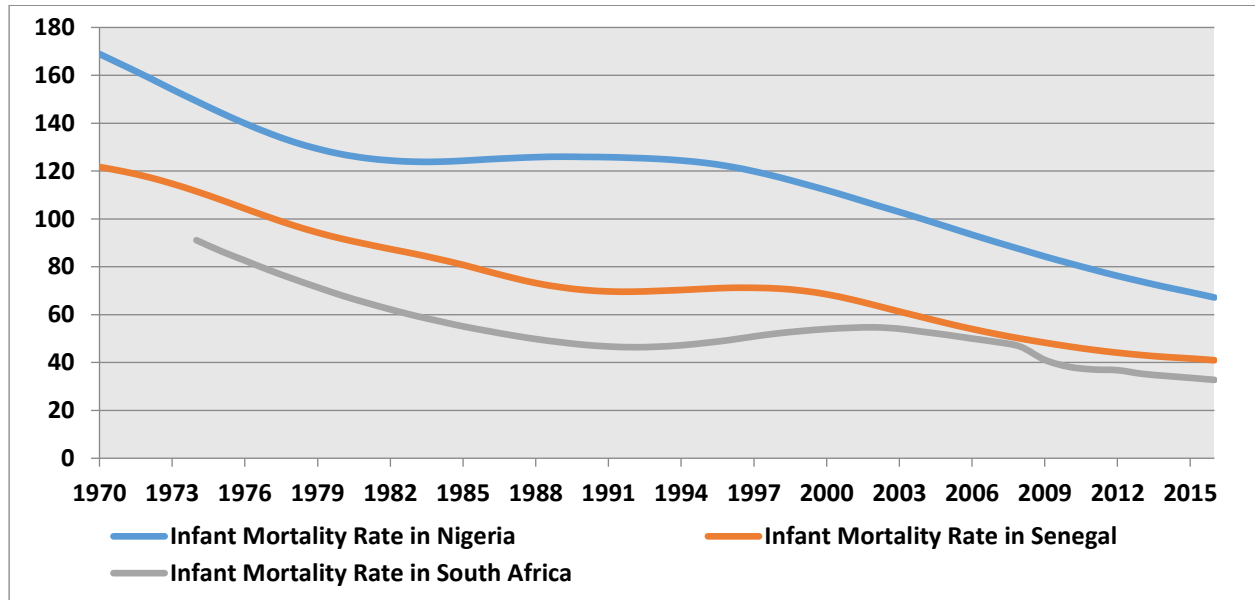
### 3. Policy Options

To ensure that there is reverse causality in all levels of relationship between health and education in promoting development in Nigeria, the study presents a number of key policy options which Nigerian policy makers and development partners need to note.

- Increasing health expenditure. This becomes necessary to bridge the funding gap created by out-of-pocket health expenditure.
- Improving the overall health system and the building blocks. Increasing health care expenditure must be accompanied by overall development of the Nigerian health system and building blocks in line with WHO six building block and Nigerian National Strategic Health Development Plan (NSHDP) frameworks.
- Deepening educational system and infrastructure: Educational infrastructure needs to be improved upon to enhance primary and secondary school enrollments and literacy rate.

Above all, Nigerian government should pay attention to the development of the private sector in order to expand health and education services.

**Figure 2: Infant Mortality Rate among three African countries of Nigeria, Senegal and South Africa.**



## 4. Conclusion

Health and education are essential components of human capital. Education and health works hand-in-hand. Good health makes investment in education more likely to occur and educated persons tend to earn higher incomes and therefore, are more likely to have the money and time for medical/head demand. Social services

policymakers must ensure complementary relationship between health and education in Nigeria and Africa in generally. Moreover, development partners can do more to build capacity in support of health and education in Nigeria and African region.