



Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

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Availability of health care for minor children in Africa

A December 2010 news report from *All Africa* notes:

“Barr Ezezika said orphans and vulnerable children need care and support to make them become responsible and contribute to make them become responsible and contribute to national development, adding, "the complex situation of this category of children in terms of the provision of health care, education, shelter, economic strengthening, food/nutrition, protection and psychosocial support needs the concerted efforts of all stakeholders so as to strengthen the national and community response"

The Child Rights Act 2003, in perspective defines a child as one who has attained the age of 18 years, and it categorically provides that such a child's best interest shall remain paramount in all considerations.

Consequently, the Act stated that no Nigerian child shall be subjected to physical, mental or emotional injury, abuse or neglect, maltreatment, torture, inhuman or degrading punishment, attacks on his/her honour or reputation. The Act provides that every Nigerian child is entitled to rest, leisure and enjoyment of the best attainable state of physical, mental and spiritual health. To this end, every government in Nigeria shall strive to reduce infant mortality rate, provide medical and health care, adequate nutrition and safe drinking water, hygienic and sanitized environments, combat diseases and malnutrition, support and mobilize through local and community resources, the development of primary health care for children.

According to the Act, the rights of children in need of special protection measure (mentally, physically challenged, or street children), are also protected in a manner that would enable them achieve their fullest, possible social integration, and moral development.

The Head of OVC Unit, FMoW explained that orphans and vulnerable children, most especially those orphaned or made vulnerable by HIV/AIDS face multiple challenges such as low access to health care, education, nutrition, and psycho-social support. In addition, she says, in communities where stigma and discrimination prevail, this group of children tends to fare more poorly than those orphaned by other causes.

Her words: "Care and support for OVC is imperative because most of these children, as a result of their conditions, are exposed to problems such as sex abuse, exploitative child labour like street hawking, house-help syndrome etc. It is disheartening to note that most of these children do not go to schools while the girls are forced into early marriage" (All Africa (20 December 2010) *Nigeria: How Well Are Orphans And Vulnerable Children Provided For?*)

A news report from *BBC News* from June 2010 states:

“More than 100 children have died of lead poisoning in Nigeria in recent weeks, health officials say.

The number has been rising since March, when residents started digging illegally for gold in areas with high concentrations of lead.

The victims were from several remote villages in the northern state of Zamfara.

A total of 163 out of 355 cases of poisoning have proved fatal, a Nigerian health ministry official told Reuters.

Dr Henry Akpan, the health ministry's chief epidemiologist, said: “[The victims] were digging for gold, but the areas also have large concentrations of lead.”

Health authorities have set up two camps in the area to treat people who are suffering symptoms of lead poisoning.” (BBC News (4 June 2010) *Nigeria - lead poisoning kills 100 children in north*)

Under the heading ‘Link with Malaria?’, an August 2008 *IRIN News* article notes:

“According to the WHO, sickle-cell is particularly prevalent in areas of high malarial transmission.

“The mutant sickle-cell gene confers a survival advantage against malaria which explains the prevalence of the disease in Nigeria where malaria is endemic,” explained Ibrahim Musa, a Nigerian medical expert based at Kano general hospital.

Carriers of sickle-cell are less prone to being infected with malaria, which attacks red blood cells. However, those with sickle-cell disease are more vulnerable to malaria because of their weakened health, experts say.

Although sickle-cell in infants is curable through bone marrow transplants, lack of expertise and the high cost of the operation makes preventive measures the best option, medical experts say.

“This is why we advocate genetic counselling by intending couples before marriage to determine the status of their genes”, Nigeria Sickle-cell Foundation’s Wali said.

“People should go for a genetic test in the same way they determine their HIV status before marriage as the most effective way to protect their children and curtail the disease”, he said.

Sickle-cell contributes to 9 percent of deaths in children under five in West Africa, and up to 16 percent in some countries. Sickle-cell has a heavy impact on children: malaria is the leading killer of under-fives in Africa.” (IRIN News (21 August 2008) *NIGERIA: Sickle-cell disorder killing 100,000 infants a year*)

A February 2008 *Voice of America* report notes:

“The Nigerian Academy of Science has asked the Nigerian government to reduce the cost of pre-natal care and child delivery in all its hospitals, especially in rural areas, to help curb the high level of child mortality. Medical officials say about 200 of every one thousand children born each year in Nigeria die before the age of five. Voice of America English to Africa Service reporter Jacqueline Ogoh in Lagos tells us some of the factors behind child mortality in Nigeria.

Research by UNICEF reveals that over 834,000 children die annually in Nigeria. The problem is attributed to poverty, obstetric emergencies, harmful cultural practices, and a lack of pre-natal care and access to family planning. Health facilities are often poorly funded, and many traditional birth attendants have no medical training.

Only India, with one million children lost each year, has a higher number of child deaths.

Dr. Francis Taiwo is the coordinator of the Canada-based NGO, The Micronutrient Initiative. Dr. Taiwo says another cause of infant mortality in Nigeria is the malnutrition of mother and child. He says although poverty is a factor, the government needs to do more to tell mothers about the importance of good nutrition.

He says, “If you take care of the nutrition of the child, definitely, you will take care of the issue of the child surviving other diseases the child is bedeviled with. The pregnancy outcome is dependent on the nutrition of the mother and other healthcare the mother would have to receive. That’s why a woman must [be careful to eat] very well, take iron supplements. All is to bring about a baby that is living and a mother that is living as well.”

The Nigerian Academy of Science describes infant mortality as the rapid destruction of the country’s future. It says among other issues, the government must address poverty and harmful traditional practices like the use of local or traditional midwives who lack medical training.” (Voice of America (26 February 2008) *Health Officials Criticize High Child Mortality Rate in Nigeria*)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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