

FACTORS MILITATING AGAINST HUMAN CAPITAL FORMATION IN DEVELOPING COUNTRIES: HEALTH CARE PERSPECTIVES

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Abstract

Health is a primary determinant of human capital formation. One of the reasons why developing economies have surplus labour but lack human capital lies in the poor health conditions of the people resulting from poverty, poor nutrition and high level of illiteracy. Combining the review of secondary materials with interviews with a few medical doctors, this sought to find how poverty affects health and what is on ground for reducing infant and maternal mortality in Nigeria. The study found that malnutrition has exposed a greater part of developing countries to hazards of low perception, weak analytical minds and poor intellectual capabilities, resulting from general impairments in cognitive, affective and sometimes psycho motive domains.

Introduction

The term human capital formation refers to the “process of acquiring and increasing the number of persons who have skills, education and experience which are critical for economic and political development of a country” (Jhingan, 2007:387). Investment in human resources is a better way to develop a country than merely increasing the stock of physical capital. This is because high level of skills and experiences are deposited on the individual or group of individuals through

education, on-the-job training, workshops, conferences, and seminars. The focus of this type of investment is on human beings, who make up the population of a country. The people will then use the knowledge and skills to tap the natural resources for the needed development of their country.

Health expenditures are regarded as investment in human capital because unhealthy persons cannot go for education or on-the-job training. The primary concern and interest of such persons would be to get well. Hence, the popular saying that, "Health is wealth". Health and education are basically the essential inputs for human capital development. The duos are congruent and seem to converge at the point of direct impact on the faculties of the individuals affected. Perkins *et al* (2001:355), submits that "better health for workers can provide direct and immediate benefits by increasing workers' strength, stamina and ability to concentrate while on the job." Without good health, human capital formation cannot grow, indeed, sick persons may not have or may have lost faculties that are relevant for undergoing the processes entailed in acquisition of knowledge resources either through education or through on-the-job training. The health of the population will determine the quantum and the quality of human capital available to a nation.

Researchers have shown that a country with a very high level of morbidity (or diseases) and high level of infant mortality would obviously have low level of human capital formation. The importance of health in productivity may have informed the decision of some corporate organizations which provide free medical facilities for its workforce.

There are other indirect health-related variables such as access to safe water, sanitary conditions, malnutrition and degree of illiteracy. These variables and other elements of health that affect human resources development were the focus of the next stage. The study sought to find answers to two questions. "How does poverty affect health?" and "what is on ground for reducing infant and maternal mortality."

Health and Productivity

Studies have shown that expenditure in health facilities and services, education and social services in general are of the wider definition of investment in human capital, while expenditure on education and training were in the narrow sense. An individual worker, whether in a corporation or in government service, needs to be in good health and sound mind in order to truly develop and form a resource base or *repertoire* and knowledge relevant for his position. The problem of human capital development in developing countries was complicated by wrong placement of individuals. Sometimes people selected for training outside the shores of Nigeria do not have the requisite qualifications that would facilitate understanding in the aspects of training. Consequently, the efforts made in quest for “transfer of technology” met with futility.

Another problem is that priorities for human capital development of these countries were sometimes not properly skewed for sustainable development. For example, crude oil was discovered prior to independence, but the relevant human capital formation was not developed. Consequently, the local content management and extractive industries failed. Ahmed (2008:29), posits that

while Nigeria has been an oil and gas producing country for over 50 years, it is obvious that beyond collecting crude oil sales revenue and related taxes, Nigeria is at best, a peripheral player in the industry, which is inconsistent with the present trends in major oil producing nations in South America, Middle East and Asia.

It is a question of political will on the part of the leaders which is also a function of *knowledge resources*. The knowledge resources that may have guided the allocation of national resources into human capital formation for sustainable development, may be deficient in some of these leaders. Leaders vary in their economic and political priorities.

The poor health conditions in developing countries impacts the productivity of adults. Health is one of the basic objectives of development and the next is education. Health is central to well-being,

and education is essential for a satisfactory and rewarding life. Health is, however, more fundamental to the broader notion of expanded human capabilities that lies at the heart of a meaningful development. It is only a healthy person that can go to work and exit poverty. Persons living with morbidity, though they may go to work but may have certain psychological drawbacks which may not foster productivity and at best they may be producing far below the optimum level. An unhealthy student may not attend classes and if the sickness is prolonged, it may affect his future career.

Similarly, a worker who is sick may not be able to go for on-the-job training designed for workers in his or her category. Ill-health is, therefore, inimical to productivity, while successful education relies on adequate health conditions as well. Invariably, there may be no successful human capital formation in a country over a period of time, if the generality of the population remain unhealthy or are living with diseases. Because health is directly correlated with productivity or gross domestic product (GDP), government of different countries are enjoined to provide the basic health services that could be affordable and accessible.

In 1978, delegates from 134 nations attended the world conference at ALMA-ATA in the former Soviet Union. The conference came out with declaration that health is a fundamental human right and not privilege. Here the importance of health in any form of human development was underscored in the conference, which called for Primary Health Care (Uduji, 2006:70).

The components of the primary health care are:

- Health Education;
- Promotion of better and adequate nutrition;
- Provision of clean water and improved sanitation;
- Provision of material and child health care services, including family planning;
- Immunization against six major killer diseases; and of pregnant women;
- Disease prevention and control;

- Treatment of minor diseases and injuries;
- Provision of essential drugs;
- Mental health;
- Oral and Dental Health;
- Care of the aged and record keeping.

Factors Militating Against Human Capital Formation in Developing Countries: Health Care Perspectives

Lack of Access to Basic Health Care

One of the effects of low income in developing countries is lack of access to essential health care services. This has often constrained many to patronizing patent medicine dealers. Poverty was identified as the underlying factor for most diseases experienced in developing countries. According to Todaro and Smith (2006:394), "...because most of these children die of causes that could be prevented for just a few cents per child, it has been rightly claimed that their real underlying disease was poverty". The quality of pharmaceutical products in most of the patent medicine shops in these countries and the qualifications and experience of these dealers may be doubtful. These dealers sometimes go to the extent of prescribing drugs for sick persons that consult them with or without doctors' prescriptions. The risk of poverty is, therefore, the exposure of a segment of the population to poor health conditions, where there is no money to access the qualified doctors and good quality medicines. The consequences are high risks of morbidity and infant mortality.

Lack of Access to Safe Water

Water is very essential for daily living. It quenches thirst. It used for personal hygiene and for cooking. Above all, water is used for maintaining good sanitary conditions. When contaminated, water can spread diseases to many people. Many developing countries renege in the provision of some basic needs of life to the citizens, and water is one of such necessities of life.

Lack of Access to Good Sanitation

The challenges of managing solid and liquid wastes in developing countries is quite enormous, particularly in Nigeria. As a result, this responsibility was decentralized to states and to local government councils. Yet, the problem remains a hard nut to crack. The different authorities in the states have the responsibility for keeping a clean and sustainable environment for good health and well-being of the public for the benefit of the present and future generations. In Enugu State of Nigeria, for example, Enugu State Environmental Protection Agency (ENSEPA) is charged with the responsibility of evacuating the waste collected at pre-designated locations along major streets and roads in Enugu metropolis. The present arrangement is better than the previous methods. Liquid wastes, if not properly disposed can facilitate the spread of contagious and infectious diseases, such as diarrhea, water borne diseases, malaria and parasitic intestinal worms.

HIV and AIDS

The human immunodeficiency virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) constitute a threat to human capital formation. In the developing countries, HIV is transmitted primarily through heterosexual intercourse; transmission of infected blood and through the use of unsterilized drug needles, and mother-to-child transmission (Todaro and Smith, 2006:398). The AIDS epidemic cuts across the whole world, *sans frontiers*. Presently, the level of its management is limited and very expensive for low income countries of the developing world. The best approach is preventive through abstinence. Campaign has widely spread all over the world trying to redirect the mindset of the youths who see sexual intercourse, without adequate protection and control of the act and passion, as the ultimate. AIDS has seriously undermined the capital formation of many countries in a subterranean manner. The population of the elites is much more threatened than that of the poor.

According to Perkins *et al* (2001:350),

of the HIV-positive adults, 55 percent are women, who tend to contract the disease at younger ages than men. This reflects their lack of power in negotiating sexual contract and the poverty that induces young girls to enter into 'sugar daddy' relationships. The educated middle class is at least proportionately affected and may have been hit even harder than the poor. These developments are quite debilitating when one considers the gender roles of women all-over the world, particularly, in the developing countries. The depletion of the educated middle class population is a significant threat to the working population of developing countries. Though this factor is not restricted to developing countries, but their low income status has greatly affected access to drugs which help in health management of HIV/AIDS patients.

Conflicts and Civil Wars

Inter-ethnic wars, boundary disputes and ill-managed conflicts affect the population by claiming lives and maiming the victims. Consequently, there is loss of human capital that could have been developed, especially where children are recruited to fight.

Malnutrition

Malnutrition is the inadequacy or the insufficiency of essential food components on the daily family menu. The lack of sufficient nutrients can weaken the immune system and invite infectious diseases. The problems of malnutrition could range from lack of strength to impaired functions of sight and brain. A child that is malnourished faces the risk of poor development of the human faculties and body stature. Both severe and moderate cases of malnutrition have a significant effect on the outcomes children face (the child may turn out to be slow learner) for the rest of their lives and also cause severe illness leading to growth retardation both physical and mental, and possibly death. Mortality due to malnutrition accounted for 58 percent of the total mortality in 2006 (Ziegler, 2009).

The possible causes of malnutrition in developing countries may be traced to poverty and weak cultural heritage on nutritional values. Families tend to eat junk food as a result of lack of money for food with balanced nutrients. The cultural setting of the people recognizes only their staple food (mainly carbohydrate). This is a problem of education and not poverty (UN/FAO Report, 2009).

Malnutrition, may have undermined the capital formation of developing countries over the years as a result of poverty and lack of education for behavioural change with respect to nutritional values, which our cultural heritages may have down-played. Therefore, to the extent that the human intellect and physical build is affected by malnutrition, the human capital development in these developing countries may be jeopardized. Nigeria has made concerted effort towards effective transfer of technology (which the Asian Tigers tried and succeeded) without any meaningful achievement. The inherent malnutritional cultures of our people may have (to some extent) caused the weak technological base of the country.

The level of illiteracy

Sometimes, the degree of illiteracy does not enhance good health. This observation stems from lack of knowledge of how to maintain personal hygiene and general cleanliness. Perkins *et al* (2001:352) discusses the possible causes of increase in life expectancy. Rising income accounted for only 10 – 25 per cent of the rise in life expectancy between the 1930s and 1960s, while other factors accounted for 75 – 90 percent of the increase. There is a relationship between income and life expectancy, to which increasing literacy may have contributed. People who attend schools are often taught how to maintain personal hygiene and the need to keep surroundings clean. They seem to appreciate better the need for good health and how and where to reach good health services than most of the illiterates, who may not consider certain body phenomenon as symptomatic of a serious ill-health and may even attribute such development to the gods.

Drug Addiction

Drug abuse, also known as substance abuse, involves the repeated and excessive use of chemical substances to achieve a certain effect. They may be drugs obtained with prescription, used for pleasure or excitement rather than for medical reasons. Those who are drug addicts have a greater risk for health problems, ranging from the neglect of their own health and personal hygiene to risk of infectious disease like hepatitis or HIV from sharing needles.

Heavy drug usage directly affects health predispose addicts to lung disease, arthritis, heart problems, brain damage and death for overdose. Productivity at work often suffers, and eventually may lead to loss of the job. Consequently, drug addicted person may not be effectively relied upon for human capital. Expenses incurred in developing such persons may be wasted. A country that does not enforce drug abuse as crime may be facing the risk of annihilating her workforce which could have been available for human capital formation.

Conclusion

Poverty excludes some segments of the population from accessing good medical services, leading to increase in morbidity. Some cases of protracted disease may not be the absence of qualified medical personnel but the result of poverty. Except government intervenes, developing countries run a very high risk of increase in morbidity with reduction in life expectancy and insufficient human capital formation. The weak cultural values on nutrition has also exposed a greater part of the developing countries to high risk hazards of low perception, weak analytical and intellectual capabilities, leading to impairments in both cognitive, affective and sometimes psychomotive domains.

Human capital formation is the best way of development. According to Yunus (2009), the best way to help people is not by giving things to them... but by investing in them through self-sustaining mechanisms that can survive indefinitely, and expecting something. It is better to give people training and social support under micro-lending, asking them to pay small manageable amounts of

principal and interest on the loan as they become successful, and to put some of their earnings into savings, education and health coverage. Most developing countries have weak cultures in public display of affluence in the name of charity, instead of investing in people which is the essence of human capital formation.

Government support in helping to reduce poverty in the country may reduce the risk of morbidity, thereby, releasing more persons for human capital formation. Also the absence of certain critical infrastructures, such as safe water and effective waste disposal systems, has simply helped to increase infections and diseases in developing countries.

Recommendations

- Increase health education in the areas of good personal hygiene and nutrition.
- Provide clean and safe waters.
- Institute, maintain and sustain child and maternal health care services, including family planning.
- Introduce fumigation services in the urban and rural places.
- Provide essential drugs and make them affordable to the people.
- Support the health insurance programmes and make them accessible to the poor and in the rural areas.
- Upgrade the sanitary conditions of our teaching hospitals and in the use of hypodermic needles and syringes.

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