

CORRUPTION IN NIGERIA'S PUBLIC INSTITUTIONS: THE CASE OF THE HEALTH SECTOR

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Abstract

Corruption is no doubt a major bane to development in Nigeria and other Third World Countries. It has eaten deep into the social fabric of the country. Corruption has become unsurmountable in Nigeria despite efforts being made to tackle it. Recently, the activities of various anti-corruption agencies have created some impact which are enough to discourage corruption among public office holders yet many of them still engage in corrupt practices. This is indeed a worrisome situation. This paper therefore, examines the menace of corruption in public institutions in Nigeria with specific reference to the health sector. It is recommended that punishments which are stiffer than the existing ones should be meted out to public officials who engage in corruption. One of such punishments is death sentence.

Keywords: Persistent, rural, underdeveloped, health facilities, policies, funds

Introduction

Nigeria's age-long status as an underdeveloped country has not changed despite her increasing popularity worldwide. Hence, in the overall social and economic ranking of nations of the world, Nigeria is still among the Third World countries. Indeed, no tangible socio-economic transformation has taken place in the country since independence that would warrant her change of status from an underdeveloped country to a developed one.

It is obvious therefore, that Nigeria's popularity is not based on the rational criterion of level of development but on just the mere fact that it is the most populous

black nation in the world. The question that comes to mind is, why has the country not developed despite her many years (53 years) of independence from British rule? The answer is not far-fetched but it may be tackled from multiple dimensions.

Obviously, the problem of Nigeria is not lack of resources required for development. This is because the country is richly endowed with enormous human, material and natural resources capable of making her a highly developed country. Similarly, the problem of Nigeria is not lack of meaningful development plans, policies or strategies. Over the years, successive governments in the country have formulated meaningful plans, policies or strategies aimed at bringing the country out of the shackles of underdevelopment. However, they have not yielded positive results. What then is the problem?

In spite of her rich resources and good development plans, policies or strategies, Nigeria has been facing some social problems which pose serious challenges to her development aspiration. They include bad leadership, unemployment, corruption, illiteracy, conflicts, inequality, insecurity, ethnicity, etc. These have, over the years, become a major setback to Nigeria's quest for development. Efforts being made to combat them have not yielded the expected results. They seem to be very difficult to overcome. Consequently, these challenges are persistently drawing back the country's wheel of progress. This paper focuses on one of them. It examines the problems of corruption in public institutions in Nigeria with specific reference to the health sector.

Conceptual framework

In this section, an attempt is made to clarify some concepts which are central to the focus of the paper. These include corruption, underdevelopment and Third World. The essence is to juxtapose various issues discussed in the paper within the context of appropriate conceptual framework.

Corruption has been variously defined from different perspectives. It has received an extensive attention in various communities and has been over-flogged in the academic circles, hence it has been given varied definitions (Dike, 2010). The World Bank (1997) defines corruption as the abuse of public power for private interest. Thus, to the World Bank, corruption refers to the dereliction of duty by a public officer. Wikipedia describes corruption as follows:

- (i) "Political corruption: the abuse of public power, office or resources by government officials or employees for personal gain, e.g. by extortion, soliciting or offering bribes.
- (ii) Corporate corruption: Corporate criminality and the abuse of power by corporation officials, either internally or externally.

- (iii) Putrefaction: the natural process of decomposition in human and animal body following death.
- (iv) Data corruption: an unintended change to data in storage or in transit
- (v) Linguistic corruption: the change in meaning to a language or a text introduced by cumulative errors in transcription as changes in the language speakers' comprehension.
- (vi) Bribery in politics, business, or sport (including match fixing)" (Wikipedia, 2010a,p.1).

From the above description of corruption by Wikipedia, it is obvious that numbers i, ii and vi capture the perspectives from which corruption is viewed in every society. That is, corruption or corrupt behaviour is viewed as the violation of established rules for personal gains or profits (Sen, 1999). Corruption is also viewed as efforts to secure wealth or power through illegal means; private gain at public expense, or a misuse of public power for private benefit (Lipset & Lenz, 2000, cited in Dike, 2010).

The concept of underdevelopment has been described as the state of an organization (e.g. a country) that has not reached maturity (Wikipedia, 2010b). The concept is often used to refer to economic underdevelopment, symptoms of which include lack of access to job opportunities, health care, drinkable water, food, education and housing. According to Wikipedia, the world consists of a group of rich, nations and large number of poor nations. Thus, Wikipedia (2010b:1) states that, "It is usually held that economic development takes place in a series of capitalist stages and that today's underdeveloped countries. are still in a stage of history through which the now developed countries passed long ago".

Among the continents of the World Africa is the most underdeveloped continent This implies that all African countries are Third World countries because they are all underdeveloped. This concept of Third World refers to the technologically less advanced, or developing nations of Asia, Africa and Latin America (Wikipedia,2010b). They are generally typified as low income, having economies dependent on the export of major products to the developed countries in return for finished products.

From the above definition and/or description of underdevelopment, it is crystal clear that Nigeria is an underdeveloped country. Since Africa is regarded as underdeveloped, this implies that Nigeria is underdeveloped. Also Nigeria is a Third World country hence, it is characterized with the features of nations regarded as Third World.

Corruption in Nigeria

Though Nigeria is gifted with abundant natural and human resources, it is still a underdeveloped country. Dike (2008) notes that corruption is the bane of Nigeria. Thus, Dike (2008) states that: "There are many unresolved problems in Nigeria, but the issue of the upsurge of corruption is troubling. And the damages it has done to the polity are astronomical"(p.1).

From the above statement, it is obvious that corruption is a major social problem which Nigeria must tackle if she must come out of the shackles of underdevelopment. Nigeria has been facing the problem of corruption since October 1, 1960 but it has now reached a worrisome state. According to Adisa et al (2010), the problem of corruption in Nigeria is so alarming that the corporate entity of the country is often called into question. Also Arukwe (2010) states that "systematic corruption in Nigeria has become somewhat established with far-reaching consequences for economic development"(p.10). Corruption has been entrenched in virtually all aspects of the country's life. Indeed, all public institutions are currently not credible in the eyes of many Nigerian households and companies (Business Anti-Corruption Portal, 2009 cited in Arukwe, 2010)

It is pertinent to note however, that corruption cuts across all spheres of the Nigerian society. That is, it is not restricted to public office holder only. In fact, corruption exists in homes, markets, places of worship (religious institutions), schools, private businesses, etc. Consequently, corruption is deep-rooted in Nigeria's network of social institutions and interactions. Thus, Arukwe (2010) also states that: "The deep-seated nature of corruption in Nigeria is indeed, not lost on the political class in Nigeria, who in the first instance are generally accused by Nigerians as being responsible for corruption in Nigeria's public life" (p.41).

The impact of corruption on Nigeria as a country especially on its development is enormous and continuous. This is summarized by Egweni & Monday as follows:

Corruption has been antithetical to Nigeria's development aspirations. It diverts resources set aside for development, breeds poverty, promotes injustice and unemployment. It discourages foreign and local investments, undermines governments and authorities, endangers human capacity development, promotes infrastructural decay and heightens socio-economic and political tensions and crises, all translating into national underdevelopment. (Egweni & Monday, 2010, p.164).

From the above, it is quite obvious that

the entrenched and/or endemic nature of corruption in Nigeria has made development a very difficult task for the country; hence, the country has remained underdeveloped even after several years of independence. This makes corruption a very dangerous "disease" that must be urgently tackled with all amount of seriousness it required.

Nature of healthcare delivery system in Nigeria

In Nigeria, health care delivery cannot be discussed without a good understanding of the national health care delivery strategy. The provision of health services is the responsibility of federal, state and local governments as well as religious organizations and individuals (National Population Commission, 2010). This means Nigeria operates a three-tier health care system.

The first tier which is the tertiary health care is in the domain of both the federal and state governments. This level of health care provides highly specialized referral services to both the first and second tiers (primary and secondary levels) of health care delivery system. The second tier is in the domain of the state government. It is the secondary health care. It provides specialized services to patients referred from the primary health care level. The third tier is the primary health care. It is in the domain of the local governments but with the support of the state Ministry of health. It essentially provides health care for people at the grassroots.

The national government has formulated several policies and programmes, all of which are aimed at improving health care delivery services in the country. The Fourth National Development Plan (1981 – 1985) established a government commitment to provide adequate and effective primary health care that is promotive, protective, preventive, restorative and rehabilitative to the entire population by the year 2000. Consequently, the Nigerian government adopted a national health policy in 1988 to provide a formal framework for the management of the country's health system (Obionu, 2007). The policy was approved by the government - the Armed Forces Ruling Council- in 1987 and launched in 1988. Its goal is to provide the population with access not only to primary health care but also secondary and tertiary care, as needed through a functional referral system. It was revised in 1997. The revised national policy includes ancillary policies of the main health programmes such as HIV/AIDS, malaria, tuberculosis, reproductive health, health management information, etc.

From the discussion so far, it is obvious that the Primary Health Care is a major component of the National health policy. In fact, the national health policy regards primary health care as the framework to achieve improved health for the population. With this focus, it may be said that the national health policy takes cognizance of the health needs of both urban and rural people.

Problems facing the health sector

Over the years, the performance of the health sector had been erratic in nature but generally low. However, the primary health care programme was very successful during the tenure of Professor Olikoye Ransome Kuti as the Minister of Health. In the later part of 1980s, coverage of the Expanded Programme on Immunization (EPI) reached about 80% nationwide, with consequent improvement in maternal and child health (Kyari, 2003). However, there was a drastic decline in subsequent years with some states having very low coverage and even the most effective ones showing a far lower level of effectiveness than previously.

The above notwithstanding, later, the situation changed as most states in the country began to record high percentage coverage. Be that as it may, the country's health care system was still unimpressive because of poor performance. This was because the life expectancy and mortality rates in the country were moving in the negative direction. Thus, Jegede states:

It is Rising life expectancy and declining infant mortality rate have long been recognized as key indicators of progress in providing health care. The fact that this trend has continued to move in the opposite direction in Nigeria in spite of all efforts by the World Health Organization (WHO) and donor agencies is indeed a source of worry, especially to the countless people who are giving for better health at every level of the healthcare system (Jegede, 2002, p.214)

obvious therefore, that in Nigeria, the health sector was experiencing failure despite its wide range of activities. According to Jegede (2002), despite repeated policy pronouncements and government promises, very little progress was recorded in the area of child survival. Report has shown that nearly five million babies were born in Nigeria yearly and almost 200,000 of them die before their first birthday, from immunizable diseases (UNICEF, 1996).

Furthermore, in Nigeria, controllable diseases such as tuberculosis, malaria, measles etc claimed millions of lives each year. Of the top 20 major causes of morbidity from rectifiable diseases in 1993, the following infectious diseases ranked high in this order: malaria (1), dysentery (2), pneumonia (3), measles (4), whooping cough (5), chickenpox (9), typhoid and paratyphoid (11) and tuberculosis (12) (Federal Ministry of Health, 1993); Ohadike, 2003). According to the Federal Ministry of health (1993), these together constituted 93.7 percent of all causes. The situation did not change.

The poor health care delivery in Nigeria was further compounded by certain challenges facing the health sector. Firstly, inadequate health personnel. Nigeria lost quite a number of health personnel to brain drain. That is, a number of health care professionals left the shores of Nigeria in search of greener pasture. Apart from that, in

Nigeria, medical education was elitist (Jegede, 2002). That is, medical education was mostly accessible to the children of the upper and middle classes. Secondly, healthcare facilities were inadequate. Worst still, their distribution was lopsided. Most of the health facilities were located in the urban centres, rather than in the rural areas where 70% of the population reside (Kyari, 2003). In Nigeria, most of the curative and hospital-based health facilities were not within the reach of the poor people most of whom encounter health problems in their day-to-day subsistence activities. Thirdly is the high cost of healthcare. In Nigeria, drugs, laboratory tests and medical procedures were generally out of reach of the majority of the population, whether rural or urban (Kyari, 2003). Though the National Health Insurance Scheme was designed to help individuals to fund costs of their health needs. This was not achieved. Even if it was, many people especially the rural poor were excluded. Fourthly is lack of access to safe drinking water. In Nigeria, increasing environmental degradation and population have rendered water unsafe. Consequently, water became a commercial commodity. Because of very high demand the price of water rose daily making it difficult for the poor to afford safe drinking water.

From its inception in 2011, the present administration had, initiated a programme tagged the Transformation Agenda, which was aimed at changing the way things were done in the country to give a new sense of direction to the people with the aim of developing the country. The government's transformation agenda is still ongoing. Hence, attempts are being made to transform various sectors of the country including health. However, despite these attempts health care delivery has not recorded serious improvement. This is not to say that there aren't any evidence of transformation in health care delivery at all but they are insignificant.

There has been little improvement such as the provision of few more health facilities, though they are mostly ill-equipped, creating more access to people who wish to train in health professions, attempting to tackle some health challenges such as malaria and HIV/AIDS. Nevertheless, evidence of such improvements are scanty and lopsided. This is because they are gains which only the urban elites enjoy. For example, the few new hospitals constructed are situated where only the elites can easily utilize them. What of the urban poor and the predominantly poor rural dwellers? While to the privileged few elites health care delivery may have improved but to the poor majority Nigeria's health care delivery is still as it was before transformation began. It is therefore, crystal clear that despite the transformation agenda of the government there is no serious and/or tangible improvement in Nigeria's health care delivery. Recently, a newspaper report quoted the Director of Public Health in Kaduna State as saying that the primary health care system is in poor condition nationwide. Thus, a newspaper, Daily Trust, reports:

Dr. Zakari (Director of Public Health in Kaduna State Ministry of Health) in an interview told Daily Trust that the poor condition of primary health care system is a national issue and that it is not only restricted to Kaduna State (Daily Trust, June 18, 2013, p.31

Health care facilities are still grossly inadequate for the entire population especially the rural majority. The available ones are too costly for the poor majority. Presently, many Nigerians can still not afford the cost of health care. Furthermore, health problems such as malaria, HIV/AIDS, TB etc still pose serious threats to the people. The most unfortunate thing is that most public hospitals are dilapidated and overcrowded.

Also worrisome is the increasing rate of Nigerians traveling overseas especially India, for treatment. During the 5pm news of Radio Nigeria Kaduna (on the 1st September, 2013) the chairman of the Nigerian Medical Association was reported as saying that Nigeria loses 185 Billion Naira (N185 Billion) annually to overseas medical tour to India. He disclosed this during the meeting of the executive of the Association in Sokoto. The agelong overseas medical tour by Nigerians has been increasing rather than decreasing. This is retrogression. It is also an indication that Nigeria's health care delivery is still inadequate and poor. Consequently, many more Nigerians are seeking for result-oriented or better health care in India. It is pertinent to note that traveling to India is very costly. Only the high and middle socio-economic status persons can afford traveling overseas for treatment. While the former can easily afford the cost the latter often depend on contributions from friends and relatives or loans. There is still the unfortunate poor majority who cannot afford the cost of medical trip overseas. These low socio-economic status persons often resort to fate when their relatives are terribly sick. Some died of sickness which would have been cured if Nigeria's health care delivery is effective.

Corruption and the health sector

Like other institutions in Nigeria, the health sector is seriously 'infected' with the corruption cankerworm. In other words, corruption has affected the performance of the health sector to some extent. It is therefore no gainsaying that among all the factors inhibiting the success of Nigeria's health care system, corruption is one of the most critical.

Obviously, the nation's successive health care policies have no doubt, been good but improper implementation has been their major problem. In Nigeria, health care policy implementation has always failed. However, this is not peculiar to the health

sector alone. Corruption occurs mostly at the policy implementation level. We shall now take a closer look at the problem of corruption in the health sector. It should be noted that the problems discussed in this section had existed before the present administration took over power in 2011. However, they still persists to date as the efforts of the administration to change the situation has not been fruitful

Every year, huge sums of money are allocated by the government for the provision of health facilities throughout the country. But it is sad to note that health facilities are still grossly lacking especially in the rural communities. Primary Health Care centres which are expected to be within the reach of the rural people are absent in many rural areas. Meanwhile, funds are said to have been allocated at various times, for the provision of this minimal health facility in all rural communities, but they are never widely spent on them as required. Even in those rural communities where primary health care centres are provided, other basic health care needs such as drugs are totally absent. Meanwhile, on government's documents, drugs are said to have been paid for and supplied to various health centres. Definitely, such money have been diverted into private pockets. Or where the drugs are bought at all, they are diverted into private pharmacies. In few areas where the drugs are faithfully supplied, those health care personnel whose duty was to dispense them sometimes divert them into their personal pharmacy shops for sale.

Sometime ago, a national newspaper (Daily Trust) reported that 50% of Nigerian women received antenatal care from skill providers (Daily Trust, December 1, 2009). Quoting the National Population Commission (NPC) in its National Demographic Health Survey (NDHS), the newspaper states that "84% of urban women as well as 46% of women in the rural areas received adequate antenatal care from health providers" (Daily Trust, December 1, 2009, p.43). This figure shows some failure in the rural areas where 70% of Nigerians live. This lopsidedness is corruption. The report also implies that antenatal care providers and facilities are grossly inadequate in the rural areas. Meanwhile, on official documents these care providers and facilities are said to have been sent to all the rural areas. It is obvious that funds meant for this purpose have been diverted into private pockets.

The Expanded Programme on Immunization (EPI) is also affected by corruption. In most communities especially in the remote areas, the programme has not created serious impact. Firstly, immunization officers do not reach larger part of the remote rural areas. They usually collected their monthly salaries but did the work in only a few areas and at the end they claimed to have reached all the expected areas. Secondly, immunization drugs are often said to be exhausted quickly whereas in most cases, they are either under-supplied or diverted to other uses by key officers in the immunization control offices.

A report in the dailies said that HIV/AIDS pandemic in Nigeria has continued to claim new casualties despite all efforts to nip it (Weekly Trust, April 17, 2010, Daily Trust, August 16, 2012). This report is very worrisome considering the large sums of money that have been spent on the HIV/AIDS menace over the years. Thus, the Weekly Trust reports:

Nigeria is rated 3rd as the country with the highest number of people living with HIV/AIDS. Worryingly, newer carriers of the scourge are adding to the figures of the infected, creating more demands for anti-retroviral drugs and hospital facilities to manage the patients just at a time when HIV/AIDS funding to fight the spread of the scourge is declining and the hospitals are in poor shape (Weekly Trust, April 17, 2010, p.2)

Similarly, the Daily Trust reports:

Nigeria now records over 1000 new HIV/AIDS infections daily even as it has resolved to implore all globally acceptable strategies to stem the transmission by strengthening preventive measures, the Director General of the National Agency for the Control of AIDS (NACA, Professor John Idoko) has said. (Daily Trust, August 16, 2012, p.6).

From these newspaper statements or reports, it is quite clear that so much have been spent on HIV/AIDS but little success has been recorded. While there are a number of factors responsible for this state of affairs, corruption stands out as a major one.

Very huge sums of money have been spent over the years on the campaigns against the spread of HIV/AIDS. The campaigns are said to have been done all over the country whereas actually they took place mostly in selected parts of some urban communities among the educated people. Meanwhile, funds were disbursed by government to carry out the exercise in all the nooks and crannies of the country. In some cases, the funds are diverted into private pockets, while the level of impact is not as expected.

Larger percentages of the funds used in tackling HIV/AIDS problem were provided by international organizations and donor nations. The efforts of the World Bank in assisting Nigeria in the fight against HIV/AIDS are particularly commendable. The bank has mobilized more than 1.5 billion dollars to more than 30 countries in sub-Saharan Africa including Nigeria, to combat the epidemic since 2000. Such funds are said to be declining in recent times (Weekly Trust April 7, 2010). The decline is bound to

occur because the money given for (which are said to have been spent on) the HIV/AIDS scourge is not yielding a good level of results. The donors are not encouraged by this development. Moreover, incidence of corruption in this regard has been reported. In a report titled "N7BN Malaria HIV funds Frittered" Daily Trust (June 28, 2011:p.1,5) reports that: About N7 billion donor funds sent to Nigeria for the fight against malaria, HIV and TB were frittered away, according to an audit report by the International Agency that provided the funds". In another report titled "ICPC to probe NACA, Six Others Over \$30M Grants", the same newspaper (p.4) reports: "The ICPC yesterday said it will soon probe the National Action on HIV/AIDS in Nigeria (NACA) and six other nongovernmental organizations in respect of the management of over \$30 million grants". All the above newspaper reports point to the fact that there are some, accusations of corruption against the handlers of the HIV/AIDS eradication funds in Nigeria. This might have been responsible for the slow success in the fight against HIV/AIDS in Nigeria.

Furthermore, most professional healthcare providers usually refused to work in the rural areas. Though they are well paid, they never, agreed to work in the rural areas because of lack of basic social amenities in those areas. One wonders why Nigeria's rural areas should continue to lack social amenities while huge sums of money were allocated for the provision of these amenities yearly. Worst still, few professional health care providers who managed to accept to work in the rural areas hardly go there. Some of them devoted much of their time on their private clinics leaving the rural healthcare beneficiaries unattended to.

Conclusion

Corruption has become a seriously endemic problem in the Nigerian society. It has affected virtually all public institutions. This has made national development a difficult task. It is sad to note that within the global community, Nigeria is among the countries regarded as underdeveloped and/or Third World countries, a tag that does not befit a country with such abundant resources as Nigeria is endowed with. The question is, when is the country going to come out of the shackles of underdevelopment?

The development that would liberate Nigeria out of its present state of underdevelopment will be difficult to achieve as long as corruption remains a "normal:" way of life in the country. It is sad to note that the institution which is meant to handle the health needs of the people is among those affected by the menace of corruption. The health sector is witnessing failures, as most hospitals are in poor shape, drugs are

lacking, life expectancy is not improving, the number of people living with HIV/AIDS is still high, other killer diseases such as malaria, diabetes, TB, cancer are still a major threat to the people. The contribution of corruption to these failures is very significant as some of the funds meant for healthcare delivery are sometimes diverted. To this end, serious actions needed to be taken to tackle corruption in Nigeria.

It is therefore suggested that the government should take the issue of corruption more seriously. While present government efforts especially through its various anti-corruption agencies such as the (Independent Corrupt Practices and other Related Offences Commission; (ICPCP); the Economic and Financial Crimes Commission (EFCC); and the Code of Conduct Bureau are fairly commendable. much needed to be done to successfully tackle corruption in Nigeria. Firstly, because of the endemic nature of corruption the punishment for corruption should be death penalty. This may sound too harsh, but it is necessary because despite many years of serious attempts to stop corruption in Nigeria, more office holders are increasingly involved in the act. Considering the havoc corruption has wrought on the country's development, it requires such serious punishment for its offenders. Secondly, the government should explore traditional methods in checking corrupt activities of various office holders in Nigeria. Compulsory training workshops on African traditional values which frown at corruption should be organized for all office holders in their respective localities. The resource persons should be local elders (males and females) who are versed in the cultural values of their localities.

Thirdly, the government should create a true atmosphere of freedom and independence for the various anti-corruption agencies to operate. Henceforth, the government should stop interfering with the affairs of these agencies. Fourthly, the National Assembly should revisit the law establishing the anti-corruption agencies with a view to injecting what would enhance their independence into it. The appointment of the leadership of each agency should be such that would not make them answerable to the executive president but to the National Assembly which consist of the peoples' representatives. Fifthly, moral education (on corruption) should be included in the curricula of schools in Nigeria from the primary schools level to the tertiary level. Sometimes religious leaders should be invited to lower level schools to talk on the ills of corruption.

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