CAPITALISM AND THE CRISIS OF WORKERS' HEALTH IN NIGERIA: A SOCIOLOGICAL ANALYSIS OF INSTITUTIONAL NEGLECT

Edem Queen
Department of Sociology,
Faculty of the Social Sciences,
Delta State University, Abraka
08032188288, 07053385875
abahqueen5@gmail.com abahqueen5@yahoo.com

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Abstract

This paper examines the systemic neglect of workers' health within capitalist economies. Drawing from the perspective of health and industrial sociology, the study explores how capitalist economy prioritise profit over well-being, leading to institutionalised occupational hazards, labour precarity, and inadequate healthcare support. This study is justified by the persistent global and local neglect of workers' health especially with weak labour regulation like Nigeria. Despite growing industrial activities, occupational health remains under-researched and poorly institutionalised. This study adopts a qualitative, conceptual, and literature-based research design, drawing upon secondary sources to explore the institutional neglect of workers health in Nigeria within the context of capitalism. It highlights the failure of state institutions to enforce occupational health and safety standards, the limited reach of social protection mechanism, and the persistent invisibility of workers in public health planning. Through a review of relevant literature, policy analysis, and theoretical insights from structural violence, political economy of health, and labour process frameworks, the paper argues that the crisis is not just a health issue, but a manifestation of broader structural inequalities entrenched in Nigeria's capitalist development path. The study concludes by advocating for a reorientation of institutional priorities towards inclusive labour policies that centres workers health as a critical dimension of national development.

Key words: Capitalism, Institutional Neglect, Labour, Political economy**,** Structural violence, Workers Health,

1. INTRODUCTION

In recent times, scholarly and policy attention has progressively turned in the direction of the social determinants of health, particularly in context where economy systems intersect with public health outcomes. One such context is Nigeria, where the health and wellbeing of workers have become a pressing concern amidst deepening neoliberal reforms and capitalist expansion. Despite being Africa's largest economy, Nigeria faces significant challenges in ensuring the occupational health safety of its workforce. According to Harvey, (2005); Fajana, (2010), this crisis is not merely the result of poor infrastructure or administrative inefficiencies, rather, it reflects a deeper institutional neglect embedded within the structures and logic of a capitalist economy that prioritizes profit over people. The Nigerian labour market is characterized by high levels of informality, precarious employment, and week labour protections (ILO, 2018). These features render large segments of the workforce vulnerable to hazardous working conditions, stress, and preventable illness conditions exacerbated by the absence of effective occupational health policies and enforcement mechanism (Okonkwo, Ogbuabor, & Onwe, 2015). In both the public and private sectors, systemic failure to prioritize workers health translates into an institutional culture of neglect, where workers are simultaneously instrumentalised for economic growth and marginalized in health policy planning and execution (Adebayo, 2020). Capitalist economic structure in Nigeria often externalize the health cost of production, shifting the burden of care to individuals who are often least equipped to manage it (Navarro, 2007).

Health care remains largely privatized and inaccessible to many workers, especially those in low-income and informal jobs, further entrenching health disparities (Uzuchukwu, Ughasoro, Etiaba, Okwuosa, Envuladu, & Onwujekwe, 2015). The structural dynamics are sustained by a combination of weak regulatory oversight underfunded public health systems, and the erosion of labour unions and collective bargaining mechanism (Onyeonoru, 2005). This paper explores how capitalism in Nigeria contributes to the crisis of workers health through institutional neglect. By drawing on sociological theories of structural violence (Galtung, 1969), political economy (Wallerstein, 1979), and labour process theory, the study unveils systemic forces that marginalize workers in national health discusses. It aims to interrogate not only the outcomes of poor health among workers, but the institutional, economic, and ideological underpinnings that normalize each neglect. In doing so, the paper contributes to broader debate on labour, health, and social justice in the globe.

Capitalism and Health: Global Perspectives

The relationship between capitalism and health is rooted in structural economic and political arrangements that prioritise wealth accumulation over human well-being. Globally, capitalism has shaped healthcare systems, labour conditions, and institutional responses to health in ways that often relegate workers, commodify care, and perpetuate inequality. Scholars have long emphasised that under capitalism, the health of workers is treated as a means to an end, rather than as a fundamental human right (Navarro, 2007). In capitalist societies, social determinants are influenced by ideologies that prioritise market efficiency and deregulation. Consequently, healthcare access, quality, and occupational safety become uneven, privileging the wealthy and side-lining the poor (Marmot, 2015). Across the globe, the capitalist pursuit of profit has let to increasing labour precarity, insecure employment, unsafe working conditions, poor wages, and lack of health insurance. This is especially visible in the "global race to the bottom," where

multinational corporations outsource labour to countries with weaker labour laws and cheaper labour markets (Ehrenreich & Hochschild, 2004).

In countries like Bangladesh, India, and some parts of Latin America, factory collapses, industrial pollution, and worker suicides reveal the human cost of capitalism. The COVID-19 pandemic exposed how essential workers, healthcare staff, and delivery personnel were celebrated symbolically but exploited materially, working under dangerous conditions with inadequate protection (Friedman, 2020). In countries like the United State, healthcare is a multi-billion-dollar industry where access is highly stratified. Conversely, in many parts of the Global South, structural adjustment policies imposed by institutions like the IMF and World Bank in the 1980s and 1990s led to the commercialisation of public health systems, weakening institutional capacity (Breman & Shelton 2001). This commodification has serious implications for the working class. Workers often cannot afford private healthcare, lack health coverage, and receive no support for work-places related illness.

Occupational Health and Institutional Neglect

Occupational health is a critical dimension of workforce welfare, yet it remains marginal in many developing economies. According to the International labour Organization (ILO, 2018), more than 2.78 million people die annually from work-related accidents or diseases globally, with a disproportionate burden in the globe. Inadequate workplace safety standards, absence of labour inspections, and poor policy implementation are recurring themes in literature addressing institutional neglect (LaDou et. al., 2012). Navarro (2007) highlights how capitalist economies tend to underinvest in occupational health due to a preference for cost-cutting measures and flexible labour markets. Public health infrastructures, under neoliberal restructuring often shift from preventive to curative approaches, leaving workplace health largely unregulated. This institutional failure is especially acute where public policy does not view occupational health as a component of public health planning.

The Nigerian Labour Market and Health Risks

The Nigerian labour market exemplifies many of the contradictions of capitalism in postcolonial economics. It is characterised by high unemployment, underemployment, and job insecurity (Fajana, 2010). According to ILO (2018), over 80% of Nigerian workers are engaged in the informal sector, which is typically outside the purview of labour laws and occupational health regulations. Workers in this sector face heightened exposure to occupational hazards without social protection or access to affordable healthcare services (Uzochukwu Ughasoro, Etiaba, Okwuosa, Envuladu, & Onwujekwe, 2015). Studies have shown that Nigeria workers in both formal and informal sectors suffer from physical strain, respiratory issues, and work-related injuries due to unsafe conditions and lack of protective equipment (Okonkwo, *et al*., 2015; Oginni & Adebayo, 2020). Yet, occupational health remains a neglected policy area, often subsumed under broader public health agendas with limited implementation (Ezenwa, 2001). Informal workers such as street vendors, artisans, domestic workers, and transport operators, lack job security, formal contracts, or health insurance. These workers are exposed to physical hazards like poor sanitation, air pollution, and unsafe workspaces. They lack access to occupational health services, routine check-ups, or compensation for work-related injuries. Workers in Nigeria earn subsistence wages, making it difficult to afford private healthcare when sick or injured. The capitalist economy favours informalisation because it reduces labour cost

and bypasses regulatory responsibilities. In this process, workers' health becomes expendable. In the formal sector, including oil, construction, manufacturing, and banking, workers also face significant health risks. Oil and gas workers in regions like the Niger Delta experience toxic exposure, gas flaring effects, and mental stress without adequate protective equipment or long-term health plans. Factory workers frequently suffer from injuries, respiratory issues, or fatigue due to long hours, outdated equipment, and absence of safety protocols. White-collar workers in banks and telecommunications face mental health challenges linked to job stress, long working hours, and unrealistic performance targets. Despite being "formal" these workplaces often prioritise productivity over health, a clear manifestation of capitalist goals to extract maximum labour output at minimal cost.

Nigeria's institutional failure to protect worker's health is not only a result of capitalist logic, but also reflects broader issues of State weakness, policy inconsistency, and bureaucratic inefficiency. Though Nigeria has occupational safety and health policies, enforcement remains poor due to sophisticated corruption, fragility of the State, weak regulatory agencies, and limited funding (Aderinto & Abodunrin, 2018). The fragmentation of health and labour governance also undermines integrated policymaking, leading to disconnected responses that fail to address the structural roots of worker's health neglect. It is incontrovertible to construe that the erosion of labour unions and the suppression of collective bargaining rights further diminish the capacity of workers to advocate for health protections (Onyeonoru, 2005). In this context, capitalist imperatives flourish with little institutional resistance, reinforcing a cycle of vulnerability for Nigerian workers.

Literature Gaps covered by this Study

While numerous studies have examined labour precarity and occupational hazards in Nigeria, few have explicitly situated these issues within a critical political economy framework that interrogates capitalism as a structural determinant of health. Most health policy studies focus on service delivery gaps or epidemiological data, while labour studies often emphasize unemployment without exploring health consequences. This paper bridges this gap by foregrounding institutional neglect as a central mechanism through which capitalism endangers worker's health in Nigeria.

2. THEORETICAL FRAMEWORK

This study is grounded in the intersection of industrial sociology and health sociology, offering a multidimensional lens through which the institutional neglect of workers health in Nigeria can be critically understood, these subfields provide theoretical tools to explore how work structure, labour relations, and socio-economic systems shape health outcomes and access to healthcare.

Political Economy of Health: This perspective posits that health inequalities are rooted in broader economic and political structures (Navarro, 2007; Waitzkin, 2000). This approach challenged biomedical models that reduces health to individual behaviour or biology, emphasizing instead how capitalist relations of production allocates resources, shape occupational risks, and determine who benefits or suffers within the healthcare system. In the context of Nigeria, this approach allows for a critical examination of how neoliberal economic reforms, privatization, and deregulated labour markets systematically disadvantage workers. The

erosion occupational health standards, the outsourcing of labour protections, and the commodification of healthcare are not anomalies but features of a capitalist system that treats labour as expendable in pursuit of profit (Harvey, 2005; Schrecker & Bambra, 2015).

Labour Process Theory: From an industrial sociological perspective, the labour process theory, as articulated by Braverman (1974), is especially useful in analysing the degradation of work and its implications for health. This theory posits that capitalist production inherently seeks to control, de-skill, and intensify labour to maximize output. This intensification often results in increased physical strain, emotional stress, and hazardous working conditions. In the Nigeria's context, the labour process is marked by informalisation, weak unions, job insecurity, and the absence of collective bargaining rights (Fajana, 2010). These conditions exposes workers to systemic risks while denying them the structural power to demand safer and healthier workplace. Thus, labour exploitation and occupational ill-health are not isolated phenomena, but are embedded in the capitalist organization of work.

Structural Violence Theory: Galtung's (1969) concept of structural violence refers to social structures like economic, political, legal, and cultural; that systemically harm or disadvantage individuals. Structural violence approach offers a language to articulate how institutions fail to prevent harm or provide care, not through direct actions, but through omission and neglect. In Nigeria, institutional neglect is manifested in the absence of comprehensive occupational health laws, poor regulatory enforcement, and inadequate health insurance and schemes for workers. The structural failure of the State to act constitutes a form of violence that silently undermines the health of working populations, especially those in low-income or informal employment (Ezenwa, 2001; Uzochukwu et al., 2015). Galtung's (1969) concept of structural violence draws attention to the hidden systemic harm inflicted on vulnerable workers through normalisation of economic exploitation. The institutional arrangements that prevent individuals from meeting their basic needs, including health, are embedded within economic systems. This framework positions capitalism not merely as an economic model, but as a mechanism that reproduces inequality and institutional neglect through market logic and State complicity.

Triangulation of the Theoretical Perspectives

By combining these theoretical perspectives, the study illuminates the structural, economic, and institutional conditions that produce and sustain the health crisis among Nigeria workers. The political economy of health highlights how capitalist structures marginalize labourers, however, the labour process theory explains the deterioration of work conditions, and structural violence theory exposes the salient role of State inaction. Together, these frameworks provide a robust analytical foundation for interrogating the institutional neglect of workers' health in Nigeria.

3. METHODOLOGY

This study adopts a qualitative, conceptual, and literature-based research design, drawing upon secondary sources to explore the institutional neglect of workers health in Nigeria within the context of capitalism. The methodology is rooted in interpretive and critical paradigms, which are well-suited for interrogating social structures, power relations, and institutional dynamics (Denzin & Lincoln, 2018).

Research Design and Approach

The research utilizes the documentary analysis as its primary method. This involves the systematic review and interpretation of existing literature, policy documents, reports from international organizations, notably; International Labour Organisation (ILO), World Health Organisation (WHO), and academic publications related to occupational health, labour relations, and public health in Nigeria. These methods allow for the synthesis of diverse forms of knowledge, identifying patterns of institutional behaviour and structural determinants of workers' health outcomes (Bowen, 2009). Given the focus on institutions, policy, and capitalism, the study is conceptual rather than empirical, aiming to theorize and critique the socio-political arrangements underlie workers health vulnerability.

Data Sources

This study draws from the following sources:

- Peer-reviewed journal articles in sociology, public health, and industrial relations.
- Government and policy documents from Nigerian ministries (e.g., Ministry of Labour and Employment; Ministry of Health).
- Reports from international organizations, including the International Labour Organization (ILO), World Health Organization (WHO), and the World Bank.
- Books and academic monographs that examined capitalism, occupational health, and health inequalities, especially in African and post-colonial context.

These sources were accessed through data base such as JSTOR, PubMed, Scopus, and Google Scholar, with inclusion criteria based in relevance, credibility, and publication within the last two decades (2000-2025), except for foundational theoretical works.

Analytical Strategy

The analysis follows a critical thematic approach, identifying recurring themes, discoursers, and contradictions related to institutional neglect, labour precarity, and capitalist exploitation of health. Themes were developed deductively, informed by theoretical perspectives industrial sociology, and health sociology (e.g., political economy of health, labour process theory, and structural violence theory). A triangulation of sources was used to strengthening the validity, by ensuring that interpretations were supported by evidence from multiple types of literature (Patton, 2015). Special attention was paid to the historical and political context shaping health and labour policies in Nigeria.

Ethical Considerations

Since the study is literature based, and does not involve human participants or primary data collection, it does not require formal ethical clearance. However, ethical rigour was maintained through accurate citation, intellectual honesty, and critical engagement with sources, avoiding plagiarism and misinterpretation.

4. DISCUSSION

The crisis of workers' health in Nigeria cannot be adequately understood without interrogating the role of capitalist political economy and the institutional structures that sustain labour exploitation. In line with the political economy of health, this section analyses how economic

policies, labour dynamics, and State institutions collectively perpetuate the neglect of workers' health.

Capitalism and the Commodification of Health in Nigeria

The neoliberal shift in Nigeria's economic policy, marked by privatization, deregulation, and public sector retrenchment, has intensified the commodification of health. Health services are increasingly viewed not as public goods, but as commodities to be purchased, often at prohibitive costs for low-income workers. This capitalist orientation disproportionately affects workers in informal and precarious employment, who lack both health insurance and job security (Uzochukwu et al., 2015; Adeyemi & Umeokafor, 2021). The absence of a robust occupational health system further illustrates this commodification. Nigeria's National Health Insurance Scheme (NHIS), though in existence since 2005, covers less than 10% of the population, and most workers, especially in agriculture, construction, and informal sectors remain excluded (Obansa & Orimisan, 2023). In line with the foregoing, the market-driven logic thus places health protection beyond the reach of the working poor, hence the exploitation of their credulity.

Institutional Neglect and Regulatory Failure

Institutional neglect in Nigeria manifest through weak regulatory frameworks, under-resourced enforcement agencies, and the lack of political will to implement labour and health policies. The Factories Act of 1987, which outlines occupational health and safety standards, remains outdated and rarely enforced, especially outside large formal enterprises (Ezenwa, 2001; ILO, 2020). State institutions often fail to conduct regular workplace inspections or penalize employers who violate safety regulations. This regulatory inertia reflects the structural violence described by Galtung (1969), wherein institutions harm individuals through neglect rather than direct action, in Nigeria, such inaction disproportionately affects workers in high-risk environments, who endure toxic exposures long hours, and unsafe equipment with little institutional recourse.

Informalisation of Labour and Deterioration of Work Conditions

Capitalism in Nigeria has intensified the informalisation of labour, with over 80% of the workforce employed in informal settings (NBS, 2020). Informal workers are excluded from pension schemes, health benefits, and protective labour laws. Labour process theory (Brveman, 1974) helps explain how this informalisation saves capital by reducing labour cost while increasing workers' vulnerability. This precariousness is compounded by unemployment and underemployment, which create a surplus labour force willing to accept hazardous work conditions out of economic desperation. This is born out of the needs and aspirations to survive economically within the frame of socio-economic and political conundrums. Consequently, the Nigerian State's failure to regulate this labour market reflects an implicit alliance with capital, prioritizing economic growth over workers' welfare condition (Fajana, 2010).

Structural Violence and Health Inequalities

The concept of structural violence further illuminates how health disparities are produced by socio-economic arrangements. Nigeria's working class faces high rate of occupational illnesses, ranging from respiratory diseases among miners to musculoskeletal injurie among factory and transport workers (Umeokafor, 2018). These health issues are hardly addressed due to a fragmented health system, poor infrastructure, and bureaucratic inefficiencies. Moreover, the

gendered nature of occupational health risks is often overlooked. Female workers, especially in the informal sector (e.g., petty trading, domestic work, and agriculture), are exposed to both economic exploitation and gender-based health vulnerabilities, such as lack of maternal health protections (ILO, 2020).

The Erosion of Labour Union Power

The labour union in Nigeria is traditionally vital to advocating workers' health and safety, and have witnessed a decline in influence due to both State suppression and internal fragmentation. Structural adjustment policies in the 1980s weakened union capacities through privatization and job cuts, while contemporary political interference has eroded their autonomy (Aremu, 2010). Without strong unions, workers lack collective bargaining power to demand safe work environments or push for institutional reforms. This aligns with Marxist critiques of capitalist labour relations, where the weakening of organized labour to essential to maintaining exploitative structures.

Synthesis of Findings

The analysis demonstrates that workers health in Nigeria is shaped not only by individual behaviour or medical access, but by systemic neglect embedded in capitalist economic structures and weak institutional frameworks. The interplay between neoliberal reforms, informal labour markets, and State disengagement has produced a context where health vulnerabilities are widespread and structurally reinforced. The institutional neglect of workers' health in Nigeria is not accidental, it is a symptom of a broader capitalist system that privileges profit over human welfare. A sociological interrogation of this crisis necessitates a rethinking of both public health policy and labour governance to restore health as a right, not a privilege.

5. CONCLUSION & RECOMMENDATIONS

This study has examined the complex interplay between capitalism, institutional neglect, and workers health in Nigeria. Drawing from the framework of industrial and health sociology, it reveals that the deterioration of occupational health is not just a technical or managerial issue, but a deeply structural and political problem. Nigeria's capitalist economy, marked by deregulation, labour informalisation, and weak public institutions, prioritizes profit accumulation at the expense of workers' well-being. By analysing health inequalities, as outcomes of structural violence and economic exploitation, the paper underscores the need for a transformative policy agenda that places workers' health at the centre of national development. This requires not only legal reforms and health financing innovations, but a fundamental shift in the values guiding labour governance and social policy in Nigeria. Without deliberate and sustained institutional commitment, the crisis of workers' health has the potential strength to persist, undermining productivity, deepening inequality, and perpetuating a cycle of vulnerability and neglect.

Recommendations

In response to the deep-rooted institutional neglect of workers' health in Nigeria, exacerbated by the country's capitalist trajectory, several targeted interventions are necessary at both the policy and structural levels. These recommendations align with global labour standards and critical sociological insights on work, health, and justice.

- Reform and enforce Occupational Health Regulations: The Nigeria government must urgently revise the outdated Factories Act of 1987 to reflect contemporary occupational risks, and realities.
- Expand Universal Health Coverage to include informal workers: Current health insurance schemes, particularly the NHIS, must be restructured to integrate informal sector workers, who constitute over 80% of Nigeria's labour force.
- Strengthen Labour Unions and Collective Bargaining structures: To ensure workers' voices are heard, the autonomy and capacity of trade unions must be restored.
- Institutionalize Occupational Health Education and Surveillance: There should be a nationwide occupational health surveillance system to collect and analyse data on workplace injuries and diseases.
- Adopt a Right-Based and Equity-Oriented Policy Framework: Health and labour policies should adopt a right-based approach, treating workers health not as a privilege, but as a fundamental human right.

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