

# Health Implications of Fuel Subsidy Removal among Kufang Community in Jos South Local Government Area of Plateau State Nigeria

Kure Laraba<sup>1</sup>; Audu Joshua<sup>2</sup>; Sambo Bako Danlami<sup>1</sup>; Maton, Samuel<sup>2</sup>

<sup>1</sup>. College of Nursing Sciences Vom, Plateau State Nigeria

<sup>2</sup>. Department of Geography and Planning, University of Jos

---

## Abstract

Fuel subsidy removal has been a contentious issue in Nigeria with potential health implications on vulnerable communities, who constitutes about two-third of the country's population. This study investigated health implications of fuel subsidy removal among households of Kufang community in Jos-south Local Government Area of Plateau State Nigeria. This was with a view to recommending strategies to healthy. Purposive sampling technique was applied in choosing the study area and simple random sampling was applied to select 98 househeads for questionnaire administration. Descriptive research design was employed to analyze the data collected, while the analyzed results were presented by means of tables. Results revealed that 67.3% of the respondents were between 31-50 years old; 56.1% were females; 62.2% married; 71.4% had formal education; 58.1% were self-employed and engaged in business; 41.8% earn less than N50,000 from their economic endeavors. The result showed respondents have high knowledge (mean = 64.3%) of health effects of fuel subsidy removal. Prior to subsidy removal, "yes" (mean = 22.0%) there were health issues but the removal impacted negatively on residents' health (mean = 76.3%). Furthermore, the result showed that malnutrition and underfeeding- poor feeding were the major factors that expose people to sickness and disease as a result of the weakness in the immune system. Sequel to this, the paper recommended that policymakers should design subsidy reforms that carry communities along to protect the poor, halt further fuel price increase, allocate more funds to the health sector in order to subsidize cost of drugs and make healthcare services more accessible to vulnerable communities.

**Key Words:** Health, Effects, Fuel, Subsidy removal, Kufang Community

---

Date of Submission: 02-02-2025

Date of acceptance: 12-02-2025

---

## I. INTRODUCTION

Fuel subsidies have been a long-standing feature of Nigeria's economic policy, introduced as a means to reduce the cost of fuel and ensure affordable energy for the population. Initially, the policy aimed at alleviating the financial burden on low-income households, particularly in a country like Nigeria, where large segments of the population struggle with poverty. By subsidizing fuel prices, the government hoped to promote economic growth, stabilize household budgets, and foster a sense of economic inclusion. For many Nigerian families, particularly those in rural and peri-urban areas, affordable fuel has been vital for daily activities ranging from transportation to cooking and powering small-scale businesses.

The origin of fuel subsidy in Nigeria can be traced as far back 1970s during the Military Rule of dictatorship, shortly after the Nigeria Civil War, when the military administration implemented the subsidy in reaction to the 1973 oil price shock. Even though, they were partially removed in 1986 but continued to remain in place until 2012 when they were abruptly removed. The removal led to massive protests which was intended for the government to reinstate the fuel subsidy it had removed. Following the enormous protests, the government resumed fuel subsidies few weeks after. From that time up till now, fuel subsidy payments from the country's treasury purse have increased dramatically, reaching about \$4 trillion cumulatively, in just 10 years accounting for 23 per cent of the national budget of 17.126 trillion. Because of the huge outrageous and exorbitant financial obligation, the government is forced to commit itself on the fuel subsidy, it becomes glaring that it cannot continue to sustain it, thus its abrupt removal in June 2023 (Ozili & Obiora, 2023).

Globally, there is discussion concerning fuel subsidies because of their enormous cost and impact on citizens' wellbeing and national economic health. Fuel subsidies have been implemented by many governments as a way to alleviate the financial burden on citizens and stimulate economic growth healthy living (Sodeeq, 2024). However, critics argue that the subsidy system has become inefficient, unsustainable, and prone to corruption, and often benefit the wealthy more than the poor, which lead to environmental degradation by encouraging

excessive fuel consumption, injecting large quantity of carbons, breeding more GHGs, polluting the ambient air that are all detrimental to the health of the citizenries (Ovaga & Okechukwu, 2022; Sweeney, 2020; Ozili & Obiara, 2023). In Nigeria, the government, grappling with increasing fiscal deficits and the need to reduce public expenditure, has increasingly turned its focus to subsidy removal as part of broader economic reforms (Sodeeq, 2024).

The research conducted by Ozili and Obiara (2023) on the implication of subsidy removal on the Nigerian economy revealed a distinctive approach to this debatable problem with a focus on the Nigerians who would face the ripple tank effect when it is removed. The research sampled the thought of the citizens and reported that many Nigerians oppose fuel subsidy removal or reforms because they believe the government is corrupt and lacks the credibility and capability to undertake transparent reforms. In addition, credibility will demand that some palliative programmes and systems should be institutionalized in order to cushion the economic hardship when the subsidy is removed so that the health and social implication will be minimally tolerated. This however, may be the reason Ozili and Obiara (2023) observed that the way fuel subsidy was removed, without first providing some palliatives, led to controversy about how the fuel subsidy removal would affect the Nigerian economy and Nigerians.

The removal of fuel subsidy is seen by policymakers as a means of curbing government expenditure, freeing up resources for other critical sectors such as education, healthcare, and infrastructure (Nwachukwu, 2019). The continued increase in fossil fuel subsidies is a misplaced priority in respect to limited financial resources of the country, because the resources could be redirected to address the current global trend of climate change, renewable energy sources and sustainable development initiatives, contribute significantly to global efforts in mitigating GHGs emissions and promote a more equitable distribution of resources, build infrastructure among others.

In line with this, the paper seeks to focus on assessing the health implication of the fuel subsidy which its removal was controversially decided by the Nigerian government in May, 2023, marking the beginning of a new phase in the country's economic policy. This move was met with significant opposition from citizens, with many fearing the negative economic and social consequences, particularly in rural and peri-urban areas. These areas, which are more reliant on affordable fuel for transportation, agriculture, and informal businesses, were expected to bear the brunt of the policy change. much of the debate around fuel subsidy removal has focused on the macroeconomic impacts—such as inflation, government revenue, and fiscal health.

As fuel prices rose sharply following the subsidy removal, the residents of rural and peri-urban communities like Kufang in Jos South Local Government Area, Plateau State, began to feel the effects not just in their wallets but also in their physical and mental health. When it becomes glaringly obvious that the standard of living has dropped significantly, cost of living has gone up, access to medical assistance is gradually fizzling out, getting medical treatment is more expensive than, the citizens have resigned to fate and what nature holds. There is no doubt that the removal has exposed the country's economy to a lot of vulnerabilities and inconsideration such that the implementation of the subsidy which was to mitigate the impact of high petroleum product prices on the general public has become a verse versa at the peril and plight of the people This research, therefore, seeks to investigate the health implications of the fuel subsidy removal among residents of Kufang, an area situated at the intersection of urban and rural Nigeria.

In places like Kufang, which is on the outskirts of Jos city, increased fuel prices mean not only higher transportation costs but also the exacerbation of existing economic stressors such as food insecurity, poverty, and limited access to education and healthcare. Given that fuel is a crucial input for transportation, energy production, and agricultural activities, a sharp rise in fuel prices leads to a ripple effect, influencing the affordability of other goods and services. The increase in transportation costs, for instance, limits residents' ability to access healthcare services in a timely manner, thereby worsening health outcomes, particularly for vulnerable groups such as the elderly, children, and people with chronic health conditions. Similarly, rising costs of fuel and other essential goods such as food have led to changes in dietary patterns, with poorer nutritional intake likely to result in a range of physical health problems (Umeji and Eleanya 2021; Sweeney, 2020; Parry et al., 2021; Omotosho, 2020).

Similarly, economic hardship, particularly when it affects basic needs such as food and healthcare, has been shown to contribute to heightened levels of stress, anxiety, and depression (Omotosho, 2020). In a community like Kufang, where economic opportunities are limited and the cost of living has suddenly increased, the emotional toll of the fuel price hikes is felt in the form of uncertainty, fear, and a sense of helplessness. Furthermore, for women who typically bear the primary responsibility for household management, the mental health consequences may be even more pronounced. Despite these likely outcomes, the academic literature on the health implications of fuel subsidy removal in rural Nigerian communities is sparse. Much of the existing literature focuses on the macroeconomic effects of subsidy removal, such as its potential to curb government waste, reduce the fiscal deficit, and stimulate market efficiency (Adeoti, 2022). However, the human dimension—the impact on everyday lives, particularly in terms of health and well-being—has not been adequately explored. This study seeks to fill this gap by examining the direct and indirect health consequences of subsidy removal on the residents of Kufang. By examining changes in health behaviors, healthcare access, and the coping mechanisms employed by

the community, this study will provide valuable insights into the broader implications of national economic policies on local populations. It is against this backdrop that this study is carried out to assess the health implication of the fuel subsidy removal among the residence of Kufang community of Jos-south Local Government Area of Plateau State Nigeria. To achieve this, the paper will focus on providing findings to the following research questions:

- i. What is the demographic and socio-economic profiles of respondents in Kufang community of Jos South LGA?
- ii. To what extent are the residents of Kufang community aware of the effects of fuel subsidy removal on people's health?
- iii. How has the fuel subsidy removal affected the health status of the residents of Kufang community?
- iv. How are the residents of the study area coping with their health issues in the face of this fuel subsidy removal?

## **II. AIM AND OBJECTIVES**

The aim of the study is to assess the health implication of fuel subsidy removal among the residents of Kufang LGA of Plateau State Nigeria with a view to establishing strategies that will enhance and insure the health status of the respondents. In order to achieve this, the following objectives were followed:

- i. To characterize the demographic and socio-economic profiles of the respondents.
- ii. To determine the respondents' knowledge of the effects of fuel subsidy removal on human health in Kufang community.
- iii. To assess respondents' perceived health implications of fuel subsidy removal in the study area.
- iv. To identify how respondents cope with their health issues in the face of fuel subsidy removal.

## **III. MATERIALS AND METHODS**

### **3.1 Research Design for the study**

This study has employed a descriptive survey design. A descriptive survey design was useful in compiling variables, interpreting existing relationships, attitudes, practices, and processes, and comparing variables (independent and dependent variables) in the research study. This design helps in assessing the opinions of households in the study area regarding the health implication of fuel subsidy removal.

### **3.2 Ethics Consideration**

This study got approval from the community head of the study area before administering the questionnaire. Participants were fully informed of the purpose of the study, the procedures involved in the study, such as data collection methods and the benefits of the study. They were also informed of the confidentiality and anonymity procedures for protecting their demographic information and the right to withdraw from the study without penalty as they wish. Each participant was served with a copy of the consent letter in this regard.

### **3.3 Area of the Study**

The area of the study is Kufang community—a peri-urban community located on the outskirts of Jos, the capital of Plateau State, Nigeria. While Jos itself is an important urban center, Kufang and its surrounding communities are largely rural, with a population that is predominantly engaged in agriculture, small-scale businesses, and informal labor. Many of the households in Kufang struggle with poverty and limited access to essential services, including healthcare, education, and electricity. In terms of healthcare, the community is served by a few small clinics and health posts, but these facilities are privately owned and patronizing often look unaffordable and untenable and mostly characterized with the lack of qualified medical personnel, coupled with insufficient medical supplies and equipment. Those who require specialized care are often forced to travel to Jos city, a distance that can be prohibitively expensive, particularly after the subsidy removal.

### **3.4 Population of the Study, Sample Size and Sampling Technique**

The study population was comprised of adults, who are residents in Kufang community of Jos south LGA Plateau State Nigeria. The sample size for the study is one hundred and twenty (120). Simple random sampling technique was employed to select participants for the study while a simple random sampling technique was used to select the sample size for the study. Hence, one hundred and twenty (120) respondents were used as the sample size. Sample selection was done to achieve a reliable and accurate result, considering ethical and practical constraints.

### **3.5 Instrument for Data Collection and Study Procedure**

A structured questionnaire titled "Health Implication Questionnaire [HIQ]" was used to elicit responses from the respondents. The research adopted a three-optional structured and closed-ended questionnaire because it allowed respondents to indicate their responses using the options provided according to the degree of acceptance or rejection of the stated statements. The research instrument comprised of three (3) sections, A, B and C. Section A comprised respondents' demographic socioeconomic information. Section B contained questions on the awareness level of respondents on the effect of fuel subsidy removal. The final section anchored questions on the health status of the residents before and after fuel subsidy removal as well as the coping strategies adopted by the Kufang residents to live with the reality of the removal.

### 3.6. *Data Collection Technique*

The researchers personally administered all one hundred and twenty copies of questionnaire to the residents of Kufang community, Jos south LGA though with the help of the one field assistant, who is conversant with the study area and its terrain. The completed copies of the questionnaire were collected immediately to avoid loss on transit and one hundred and eighteen were returned for analysis and presentation.

### 3.7 *Data Management and Analysis*

The data collected from the field in the study were collated and carefully sorted out and grouped according to the choice of options of the participants. After processing the data, they were summarized, organized one after the other and were coded, entered and analyzed using Microsoft Excel version 13. The outcome was presented using Descriptive statistics such as frequency counts, percentages and means were used alongside results presented by means of Tables 1- 4.

## IV. RESULTS

The findings of this study highlight a range of socio-economic and health challenges faced by the residents of Kufang community in Jos, Plateau State, following the removal of fuel subsidy in Nigeria. The results demonstrate the significant, often negative, implications of the policy on both physical and mental health, particularly among low-income and vulnerable populations. Below is a detailed exploration of the results and an extensive discussion of the health and social impacts observed in the community.

### 4.1 *Demographic and Socio-economic Profiles of Respondents*

The removal of fuel subsidies led to a sharp increase in fuel prices, which in turn triggered a rise in transportation costs, food prices, and general living expenses. These are basically felt on the economic and social changes that have profound implications for the livelihoods of Kufang residents. As a result, a research was conducted on the socio-demographic characteristics of the respondents among residents of Kufang community of Jos South Local Government Area, Plateau State Nigeria in respect to the health implication of fuel subsidy removal. The results of this research is presented in Table 1.

**Table 1: Socio-demographic Characteristics of the Respondents**

S/N	VARIBALE	RESPONSES	PERCENTAGE
1	<b>Age-group (years):</b>		
	Below 30	23	23.4
	31-40	37	37.8
	41-50	29	29.5
2	50 above	9	9.3
	<b>Gender</b>		
3	Male	43	43.9
	Female	55	56.1
3	<b>Marital Status:</b>		
	Single	28	28.6
	Married	61	62.2
	Divorced	5	5.1
4	Widowed	4	4.1
	<b>Educational Attainment:</b>		
	Non-formal	26	28.6
	Primary	18	18.4
5	Secondary	23	23.5
	Tertiary	31	31.6
	<b>Occupation:</b>		
	Student	23	23.5
6	Civil servant	18	18.4
	Self-employed	41	41.8
	Business	16	16.3
	<b>Monthly Income (Naira):</b>		
6	< 50,000	41	41.8
	50,000-100,000	22	22.4
	101,000 -150,000	14	14.3
	151,000 -200,000	9	9.2
	> 201,000	12	12.4

The results of the analysis as presented in table 1 showed that over 56% of the respondents are female and only about 44% are male in the gender distribution. This infers that Kufang community has more female gender than the male counterpart. It could also mean that the mental health implication of fuel subsidy removal is highly felt by female gender who are overwhelmed with family care and management, like food purchase. The inability to meet with the family demands can slip them into depression, worry, anxiety, stress thereby, cause mental health.

Further, the age bracket of the respondents clearly revealed that 61% are 40 years and below, which implies that most of the residents are middle-age people and are within their productive and active age. The findings also revealed that 81% of the respondents are either married or once married (in the case of widows and divorcees). By implication, they have families to fend for and are responsible for the health status of their family whether it is caused by fuel subsidy removal or not. The investigation in terms of their educational attainment which invariably depicts their level literacy level in terms of managing health related issues arising from the fuel subsidy removal, showed that over 23% and about 31% have attained post-primary and tertiary education respectively. This implies that more than average of the population in the study area can be able to read and write.

Meanwhile, over 76% of the respondents have livelihoods such as business, civil service or self-employed and only about 23% of the residents are students and by implication depend on others for survival. Yet, over 64% of the respondents earn below ₦100,000 every month on the average, which may not be enough to cover the usual monthly utility bills as well as offer a balance necessary for healthy living. This finding is in congruous with the research of Chukwudi and Nwokolo (2021), who discovered that there is a decline in household income following the fuel subsidy removal. This was attributed to a combination of factors like increased transportation and fuel costs, rising prices for essential goods, and reduced disposable income. Kufang residents are not exempted from seeing their incomes squeezed as the cost of running these activities increased. This study has found out that Kufang residents depend on small-scale agriculture and informal labor for income, both of which are highly susceptible to changes in the cost of living. With inflation driven by higher fuel costs, many households found it increasingly difficult to afford even basic necessities like food, healthcare, and schooling. The reduced purchasing power of families highlights how an economic policy such as fuel subsidy removal can exacerbate poverty, especially in communities that are already economically vulnerable

The results further inferred that Kufang’s economic activities are also heavily dependent on affordable fuel. Agriculture, the main source of livelihood for many in the community, requires access to fuel for activities such as irrigation, transporting goods to the market, and operating farming equipment. Similarly, small businesses that rely on transportation for delivery services have seen their costs rise dramatically, affecting the ability of entrepreneurs to sustain their businesses. The economic strain resulting from these increased costs has led to greater economic hardship for many families in Kufang, thereby limiting their capacity to meet basic need,

**4.2 Awareness of the Effect of Fuel Subsidy Removal**

The introductory part of this paper has firmly established based on scholarly reports across the globe, that the removal of fuel subsidy has led to hike price of petrol, high cost of transportation, high cost of agricultural products and foodstuff, high cost of living among others. An investigation therefore was carried out on the respondent’s awareness level of the effect of fuel subsidy removal particularly on the health conditions of the residents of Kufang community, and the results of the data are presented in Table 2.

**Table 2: Awareness of the Effects of Fuel Subsidy Removal on the Health Status**

S/N	Awareness	Yes (%)	No (%)	Unsure (%)
1	High cost of foodstuffs lead to poor dietary intake	88	12	0
2	High cost of drugs lead to poor health	65	25	10
3	High cost of transportation leads to high cost of drugs	60	10	30
4	High cost of things negates provision of health facilities	61	14	25
5	High cost of drugs reduces frequent medical checkup	52	38	10
6	High cost of treatment pushes patients to non-medical treatment	47	31	22
7	Unaffordable healthcare is as result its high cost of delivery	77	5	18
	Mean	64.3	19.3	16.4

Analysis of the data on the awareness level of the effects of fuel subsidy removal by the residents of Kufang community of Jos south LGA, Plateau State and the results indicated that the respondents are fully aware that removal of fuel subsidy has cost implication on the social, economic and healthy living of the people. For instance, 88% stated that high cost of foodstuffs and agricultural products leads to poor dietary intake and malnutrition, which without doubt poses threats to health. Further, about 65% of the respondents indicated that the high cost of transportation as a result of fuel subsidy removal is the major reason the cost of drugs has gone up, which invariably lead to poor health.

Similarly, above average of the respondents opined that because of the high cost of drugs, frequent regular medical checkup has been dwindled by 52%. Unfortunately, the high cost of things expressly negates provision of health facilities, which directly affect the efficiency and proficiency of the medical facilities. In addition, the findings revealed that 77% indicated their awareness clearly that people avoid healthcare centres because they cannot afford the bills due to the high cost delivery. Because of the high cost of treatment, 47% of the respondents stated that people resort to non-medical treatment, which is preferred to be less cost despite being the undesirable choice.

### 4.3 Effects of Fuel Subsidy Removal on the Health Status of the Respondents

A survey was undertaken on the effects of fuel subsidy removal on the health status of the respondents and the results are presented in table 3.

**Table 3: Effects of Fuel Subsidy Removal on the Health Status of the Respondents**

S/N	Effects	Before Removal (%)			After Removal (%)		
		Yes	No	Unsure	Yes	No	Unsure
1	High cost of drugs	8	78	15	88	0	12
2	High cost of transportation	0	100	0	100	0	0
3	Irregular Medical Check-up	32	68	0	65	35	0
4	Food Insecurity	23	72	5	88	10	2
5	Fall of the national currency	31	52	17	60	21	19
6	Inaccessible Healthcare centres	26	70	4	66	20	14
7	Mental Health	34	53	13	67	22	11
	Mean	22	70	8	76.3	15.4	8.3

The results of the analysis as presented in table 3 revealed that 100% of the respondents reported a significant increase in transportation costs after the fuel subsidy was removed. Prior to the subsidy removal, fuel prices were subsidized, allowing for relatively lower costs for transportation. However, after the subsidy removal, fuel prices surged in tripled form, making transportation unaffordable for many in the community. The impact was particularly felt by households that rely on public transportation to access key services such as health clinics, markets, and schools. Needless to say, that transportation is very crucial for access to basic services, especially in rural and peri-urban communities where infrastructure is poor. In Kufang community, many residents rely on informal transportation, such as keke-naped and motorbikes, which are directly affected by fuel price increases. The cost of transportation not only affects mobility but also limits access to healthcare services, as seen in the data, with two-third of the residents reporting they could not afford the increased fare to visit local health clinics. This further informed why 65% always skip their regular medical checkup. The cost of transportation also has both direct and indirect implication on the high cost of drugs since they are not locally produced.

The results on the food insecurity as one of the ripple effects of fuel subsidy removal revealed that 88% of the households reported that they had to cut back on food consumption due to rising prices, and many turned to cheaper, less nutritious alternatives. This reduction in food quality and quantity can be directly linked to poorer health outcomes, particularly among children and the elderly, who are more vulnerable to malnutrition. Food security according to Chukwudi and Nwokolo (2021) is a significant global concern, where many families rely on agriculture for both income and food. However, even in agricultural communities like Kufang, residents often depend on external markets to access other essential food items, such as grains, meat, and vegetables. The sharp rise in food prices following the subsidy removal placed additional stress on already strained household budgets. The reduction in food intake and the shift toward cheaper, less nutritious foods may increase the risk of malnutrition, particularly among vulnerable groups such as children, the elderly, and people with pre-existing health conditions.

The removal of the fuel subsidy also has significant implications on mental health of the Kufang residents. This is because about 67% of the respondents indicated that they experience increased stress and anxiety due to the economic strain caused by the fuel price hike. Common concerns include the inability to meet basic needs, the pressure to provide for family members, and the uncertainty about the future. These stressors were particularly pronounced among women, who often bear the responsibility of household management. According to Ogunyemi (2020), economic stress is a well-documented factor contributing to poor mental health, and the residents of Kufang were no exception. The increase in living costs led to feelings of anxiety, helplessness, and frustration. For many, the subsidy removal compounded existing challenges, such as poverty, food insecurity, and lack of access to healthcare. Research has shown that economic instability can contribute to depression, anxiety, and other mental health disorders (Ojo & Fagbohun, 2022). In the context of Kufang, women were particularly vulnerable, as they are typically responsible for managing household budgets and care, and are often less able to access formal mental health support services.

### 4.4 Coping Strategies to Live with the Reality of Fuel Subsidy Removal

To cope with the increased economic pressures and health challenges as a result of fuel subsidy removal, a survey was undertaken on the coping strategies Kufang residents may have resolved to live with the present reality, knowing that reversing the policy may be impossible. Therefore, the results of the analysis are presented in table 4.

**Table 4: Coping Strategies to live with the Reality of Fuel Subsidy Removal**

	Coping Strategies	Agreed	Disagreed	Undecided
1	Take quack medication	67	15	18
2	Attend prayer centres for healing	55	21	24
3	Patronize tradition herbs	92	5	3

4	Resort to self-medication	87	6	7
5	Resort to fate	85	15	0
6	Skipping doses/irregular taking of drugs	72	19	8
7	Buy incomplete doses of drugs	91	9	0
8	Settle for less potent substitute	81	8	11
9	Alternative means of transportation	73	17	10
10	Informal Support Network	69	13	18
11	Reduce consumption	100	0	0
12	Alternative means of Transportation	100	0	0

The analysis on the coping strategies as presented in table 4 revealed that 100% of the Kufang residents reduced consumption of fuel, food, and other essential items to manage their limited resources, such that they cook fewer meals or using alternative, less costly forms of energy, like firewood or charcoal, to save money. While these coping strategies may offer temporary relief, they can have long-term consequences on health. For example, cooking with firewood or charcoal is associated with respiratory issues and increased exposure to air pollution. Furthermore, reducing food consumption can lead to nutritional deficiencies, which can exacerbate existing health problems. Further, 100% of the residents adopted alternative transportation methods, such as walking longer distances or using less expensive forms of transport, such as shared motorbikes. While walking can be an affordable alternative, it is often impractical, especially when seeking urgent medical attention. Additionally, alternative forms of transportation like motorbike, taxis, while cheaper, can be dangerous, especially in rural areas with poorly maintained roads. These coping strategies highlight the trade-off between cost and safety, with all residents choosing affordability over reliability or safety.

Yet, 69% of the Kufang residents relied on informal support systems, such as borrowing money from family and friends or sharing resources within the community as a coping strategy. In some cases, people traded goods or provided services to each other in lieu of cash. Even though, informal support networks are an essential part of coping in low-income communities by providing a safety net for those who face economic hardship, and allowing them to navigate challenges such as food insecurity and medical expenses. However, they may not be sustainable in the face of prolonged economic strain, thereby rendering it a temporary coping strategy.

The findings also showed that 67% of the respondents resort to taking quack medication or self-medication when they are felt ill. Moreover, about 55% of them patronize prayer centres since they are unable to access healthcare services due to the increased transportation costs and high cost of drugs. About 72% of the residents reported delaying or forgoing medical care, even when they felt ill, because they could not afford the cost of traveling to health facilities and 91% of the residents settle for less potent substitute when they are sick. This was especially true for individuals with chronic health conditions or those requiring regular medical attention. It is unarguably true that delayed or skipped medical treatment is a major health risk in any population.

In rural areas like Kufang, where healthcare facilities are sparse and often located at a distance, the cost of transportation to health centers can be a significant barrier to accessing timely and effective care. This problem is compounded by limited public health infrastructure and a shortage of qualified health professionals. For instance, while Kufang residents may have access to primary health care centers, these facilities are often under-equipped, lacking essential medicines, and unable to provide specialized care. The combined effect of higher transportation costs and inadequate healthcare facilities results in worsened health outcomes, particularly for those with chronic diseases, elderly individuals, and children. This further explains why the residents rely on informal healthcare options, such as traditional healers or local drug stores, due to the unaffordability of formal health services. This is concerning, particularly for conditions that require timely treatment, such as childhood illnesses, maternal health issues, and chronic diseases.

## V. CONCLUSION AND RECOMMENDATIONS

The findings of this study demonstrate the complex interplay between fuel subsidy removal and health outcomes in Kufang community. There is no iota of doubt that the removal of fuel subsidies in Nigeria has had profound health and socio-economic consequences for the residents of Kufang. While the policy may have been aimed at promoting fiscal stability and economic efficiency, the immediate impact on public health—particularly in rural and peri-urban areas, has been significant. Increased transportation costs, reduced household income, and limited access to healthcare have exacerbated health disparities, particularly for vulnerable populations such as the elderly, children, and women. Furthermore, the mental health burden, fueled by economic stress and uncertainty, has worsened the overall well-being of many residents.

Needless to say that the decision to remove fuel subsidies in Nigeria has triggered significant economic and social consequences across the country, particularly in rural and peri-urban areas where residents are more reliant on affordable fuel for their daily activities. In communities like Kufang, the direct and indirect effects of fuel price hikes are particularly severe. Rising transportation costs have not only increased the financial burden on households but also worsened access to healthcare and other essential services. Additionally, the economic hardship resulting from fuel price increases has contributed to higher levels of food insecurity, poor nutrition, and increased mental health stress.

The effects of the subsidy removal are felt most acutely in rural and peri-urban areas like Kufang, where healthcare infrastructure is already limited and residents have few economic alternatives. The findings support the arguments made by previous studies that fuel price increases disproportionately affect low-income populations, exacerbating health disparities and reducing quality of life. The conclusion from the discussion is that the government should carefully consider the impact of removing fuel subsidy on citizens and provide palliatives and other welfare-enhancing initiatives to cushion the effect on individuals, households, and firms. Other social protection measures and social safety nets, such as unemployment benefits and cash transfers, can be adopted too. Based on this findings, the paper proffers the following recommendations:

- i. Healthcare delivery: channeling resources saved from subsidy to efficient healthcare delivery to the people will no doubt serve as a positive implication of the fuel subsidy removal.
- ii. Transparency and Accountability: government to ensure transparency in using funds saved from subsidy removal and address concerns about corruption with its officials.
- iii. Efficient grass root delivery: government to avoid wastages and overhead costs for effective palliatives to the citizens using a bottom-top approach in order to mitigate the impact of subsidy removal.
- iv. Favourable policies that will benefit the masses such as creation of employment opportunities, and reduction of transportation costs, combating inflation, subsidies in transportation, food and healthcare delivery.

#### REFERENCES

- [1]. Adeniran, A. O. (2016). Effects of Fuel Subsidy on Transport Costs and Transport Rates in Nigeria. *Journal of Energy Technologies and Policy*, 6(11): 1 – 9.
- [2]. Adekunle, I. A. and Oseni, I. O. (2021). Fuel subsidies and Carbon Emission: Evidence from Asymmetric Modelling. *Journal of Environmental Science and Pollution Research*, 2(8): 22729-22741.
- [3]. Adeoti, A. (2022). *Economic impacts of fuel subsidy removal in Nigeria: A policy analysis*. *Nigerian Journal of Economic Studies*, 35(4), 112-130.
- [4]. Chukwudi, A., & Nwokolo, E. (2021). *Poverty, Food insecurity, and Health: Examining the effects of fuel subsidy removal in Nigeria*. *Journal of Social Development Studies*, 29(2), 45-62.
- [5]. Ikenga, A. F. and Oluka, N. L. (2023). An Examination of the Benefits and Challenges of the Fuel Subsidy Removal on the Nigerian Economy in the Fourth Republic. *International Journal of Applied Research in Social Sciences*, 5(6): 128 – 142.
- [6]. Ogunyemi, O. (2020). *Fuel subsidy removal and its economic impacts: A critical review*. *African Economic Review*, 14(3), 231-247.
- [7]. Ojo, O., and Fagbohun, O. (2022). *Mental health in Nigeria: Implications of fuel subsidy removal on rural populations*. *Nigerian Journal of Public Health*, 40(1), 12-24.
- [8]. Omotosho, B. S. (2020). Oil Price Shocks, Fuel Subsidies and Macroeconomic (in) Stability in Nigeria. *Fuel Subsidies and Macroeconomic (In) stability in Nigeria*.
- [9]. Ovaga, O. H., and Okechukwu, M. E. (2022). Subsidy in the Downstream Oil Sector and the Fate of the Masses in Nigeria. *Kuwait Chapter of Arabian Journal of Business and Management Review*, 1(6), 1-20.
- [10]. Ozili, P. K. and Obiara, E. (2023). Implications of Fuel Subsidy Removal on the Nigerian Economy. Published in Book: 'Public Policy's Role in Achieving Sustainable Development Goals', IGI Global.
- [11]. Nwachukwu, R. (2019). *Healthcare access and the economic burden of fuel subsidy removal in Nigeria*. *International Journal of Health Economics*, 27(1), 33-48.
- [12]. Parry, I., Black, M. S., and Vernon, N. (2021). Still not Getting Energy Prices Right: a Global and Country Update of Fossil Fuel Subsidies. *International Monetary Fund*.
- [13]. Sodeeq, M. A. (2024). Impact of Fuel Subsidy Removal on Household Spending in Nigeria. *International Journal of Social Sciences and Economic Research* 9 (1):29 – 41.
- [14]. Sweeney, S. (2020). *Weaponizing the Numbers: The Hidden Agenda Behind Fossil-Fuel Subsidy Reform*. In *New Labor Forum* (Vol. 29, No. 1, pp. 87-92). Sage CA: Los Angeles, CA: SAGE Publications
- [15]. Umaji, G., and Eleanya, E. (2021). Assessing the Impact of Fuel Subsidy Removal in Nigeria on the Poor in the COVID-19 Era. *SERBD-International Journal of Multidisciplinary Sciences* 2(9):191 – 205.