NIGER DELTA JOURNAL OF SOCIOLOGY AND ANTHROPOLOGY (NDJSA)
Journal of the Department of Sociology, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria

**Special Issue No. 1, June, 2021** **ISSN: 2786-9776**

## EDITORIAL BOARD

**Editor-in-Chief**
Prof. Elliot A. Sibiri

**Editors**
Prof. Nkereuwem S. Ekpenyong
Dr. Grace A.T. Scent

**Associate Editors**
Dr. Lawrence Udisi
Dr. Undutimi J. Dudafa

**Assistant Editor/Production Manager**
Dr. Endurance Uzobo

**Editorial Assistant**
Mr. Weni K. Igirigi

**Business/Marketing Manager**
Mr. Woyengitari Imbazi

**Editorial Advisory Board**

| | |
|---|---|
| Prof. U.A. Igun | (Dept. of Sociology, Delta State University) |
| Prof. Olutayo Adesina | (Dept. of History, University of Ibadan) |
| Prof. E.M. Abasiekong | (Dept. of Sociology/Anthropology, Federal Uni. Otuoke) |
| Prof. K.A. Anele | (Dept. of Sociology, University of Port Harcourt) |
| Prof. Ndukaeze Nwabueze | (Dept. of Sociology, University of Lagos) |
| Prof. E.B.J. Iheriohanma | (Directorate of General Studies, FUTO) |
| Prof. Benjamin Okaba | (Dept. of Sociology/Anthropology, Federal Uni. Otuoke) |
| Prof. Kokunre Agbontaen-Eghafona | (Dept. of Sociology/Anthropology, University of Benin) |
| Prof. I.S. Ibaba | (Dept. of Political Science, Niger Delta University) |
| Prof. Aderemi Ajala | (Dept. of Anthropology, University of Ibadan) |
| Prof. Stephen Ekpenyong | (Dept. of Sociology/Anthropology, University of Uyo) |
| Prof. O.S. Alanana | (Dept. of Sociology, University of Abuja) |

**Contacts**

All correspondence should be directed to the Editor-in-Chief via; **ndjsa.ndu@gmail.com** or **ndusociology@gmail.com**

## About Journal

The Niger Delta Journal of Sociology and Anthropology (NDJSA) is a peer-reviewed journal that is published biannually (March and November) by the Department of Sociology, Faculty of Social Sciences, Niger Delta University. NDJSA publishes reliable and timely studies emanating from original research, meta-analysis, analytical reviews, reviews, case studies, commentaries and book reviews from sociology, anthropology, social works, criminology, and related fields within the social and behavioural sciences, and humanities.

The main aim of NDJSA is to publish high-quality studies which are not only relevant to the field of sociology and anthropology, but also other related areas especially within the social/behavioural sciences and humanities. This journal platform affords scholars and researchers a veritable avenue to interact with colleagues from around the world through the dissemination of innovative research inour social world that has become increasingly globalised.

## Guidelines for Submission

The journal accepts original research, reviews, commentaries, book reviews on any area of specialisation in Sociology and Anthropology, including related social and behavioural sciences. Articles within these fields are accepted and peer-reviewed for publication. All articles should be submitted as an e-mail attachment to the Editorial Office at **ndjsa.ndu@gmail.com** or **ndusociology@gmail.com**

After submission, the Editorial Office will normally acknowledge receipt of the article within 48 hours of submission. Nevertheless, authors of the manuscript are strongly advised to go through the details of the submission guidelines concerning proper formatting before submitting their manuscripts to avoid articles from being rejected. It should be noted that all manuscripts submitted for publication must not have been published or under consideration by any other journal or publication outlets.

## Article Processing/Publication Charges

Articles should be submitted with a processing fee of **N5,000** only. Authors of articles found suitable after the peer review process will be required to pay an article publication charge of **N10,000** only. Only articles submitted with the processing charge will be sent out for peer review. Also, only articles whose publication charges have been paid will be published in NDJSA. All payments should be made to:

Acct. Name: Department of Sociology Account, NDU

Acct. Number: 0109187883

Bank: Access Bank (Diamond)

**Manuscript Preparation**

All manuscripts submitted to NDJSA should be typewritten in MS Word; Times New Roman; Font 12 points; and double-spaced on an A4 paper with 3.5 cm margin on the left, and 3.0 cm margins at the top and bottom of the page. Manuscripts are received in the English language alone.

**Title of Manuscript**

The title of manuscripts should be explicit and concise showing the type and location of study, and should not be more than 25 words.

**Abstracts**

The abstract of any manuscript should be concise and informative not exceeding 250 words. It should encapsulate the objective of the study, theoretical framework (if any), materials and methods, findings, and conclusion. Five keywords that are to be used for indexing should also be provided immediately below the abstract and arranged alphabetically.

**Title Page**

The title page should contain the title of the paper with the authors' details. Authors' surnames should be written in capital letter, and address should follow the authors' names. The corresponding author should be indicated by a superscript asterisk on the last initial and his/her e-mail address and telephone number should be included in a footnote.

**Arrangement of Text**

The text should normally be organised into the following sections: Abstract, Introduction, Theoretical Framework, Materials and Methods, Results, Discussion of Findings, Conclusion, Recommendations, Acknowledgments (if any), Funding (if any), Conflict of Interests (if any) and References. The introduction section of the article should contain an up-to-date review of the literatureto give sufficient background information and objective(s) of the study as well as make evident the incremental contribution to knowledge being made to sociology, anthropology and related disciplines. The materials and methods section should explicitly describe the procedures used in conducting the study to enable others to interpret results or duplicate the work. Where previouslyused methods are modified, the requisite publication should be adequately cited and the modification described. Results from the study should be presented without duplicating data from Tables and Figures. The discussion should explain results, relate findings to previous knowledge, and state the implications of the findings.

**References**

References and citation should follow the latest version of the APA format of the name and year system. All in-text references used in the manuscript must appear at the final references, Examples of citations include:

Sibiri, E.A., & Uzobo, E. (2020). Needs assessment for effective development in the rural areas of the Niger Delta Region, Nigeria. *KIU Journal of Social Sciences*. 6(2): 63-73.

Ayinmoro, A.D., Uzobo, E., Teibowei B.J., & Fred, J.B. (2020). Sexting and other risky sexual behaviour among female students in a Nigerian academic institution. *Journal of Taibah University Medical Sciences*, 15(2): 116-121. doi:10.1016/j.jtumed.2020.02.007

Okoye, U. O. (2019). Health care social work in Nigeria. In Winnett, R., Furman, R., Epps, D., & Lamphear, G. (Eds.), *Health Care Social Work: A Global Perspective* (pp.149-161). New York: Oxford University Press

Sule, M.M., & Adam, A.Y. (2018). The interface of footballing and gambling saga among Muslim youths in Nigeria: Contemporary challenges and Islamic solution. *International Journal of Humanities, Art and Social Studies*, 3(4), 1-16.

**Publication Ethics**

Publication on NDJSA should be of a very high ethical standard. Publications in NDJSA involve 3 individuals: The Author(s), the Reviewer(s) and the Editors. There are laid down rules and regulation that aid the promotion of quality and consistency in publication ethics. Authors should ensure that only unpublished and original manuscripts are submitted. Any conflict of interest in the study must be clearly stated. Plagiarised articles shall be outrightly rejected and authors of such articles blacklisted. Errors in articles should be quickly communicated to the editorial office as soon as they are discovered even after submission of manuscripts.

**Plagiarism**

We consider plagiarism as one of the most grievous offences in scholarship. Whether deliberate or inadvertent, the NDJSA is committed to ensuring that its publications are free from copyright issues that could impinge negatively on its credibility. Therefore, accepted manuscripts are exposed to a plagiarism test to ascertain their originality. We employ the use of Turnitin for this purpose. Our policy is to drop any manuscript with a similarity index of more than 25 per cent, irrespective of the content and depth of such manuscript.

## CONTENTS


| Title of Paper/Author(s) | Pages |
|---|---|
| Level of Access and Utilization of Antenatal Care Services among Primigravida and Multigravida Mothers in Edo South, Nigeria<br>**O.A Dawodu & I.U Nwankwo** | 1 |
| Patients' and Relatives' Satisfaction with Neurological Care in a Nigerian Hospital<br>**R.E Omu** | 18 |
| Cattle Rustling and Kidnapping in Northern Nigeria: A Review<br>**A.T Mahmoud & A.C Augustine** | 34 |
| The Role of the Extended Family on Marital Instability in Egor Local Government Area, Edo State, Nigeria<br>**O.J Egharevba & J. I Omosuvbe** | 43 |
| Conjugal Brutality and Women's Productivity in Formal Organizations in Nigeria<br>**Woyengitari Imbazi** | 57 |
| A Reflective Review on the Sociology of Deviant Behaviour<br>**E.T Ingiabuna** | 69 |
| An Assessment of the Marital Conflicts Resolution Services of the Ministry of Women Affairs, Ilorin, Kwara State<br>**A. Abdulhameed, M.S Yusuf, K.A Kelani, A.H Mohammed, T.O Arinde-Simeon & A.A Atiku** | 82 |
| Perceived view of Police- Public cooperation in combating Child Trafficking in Ilorin Metropolis, Kwara State<br>**T.O Arinde-Simeon & S.E Abonyi** | 95 |
| Lockdown during Coronavirus Pandemic and Urban-Rural Migration in Ogba/Egbema/Ndoni LGA, Rivers State, Nigeria<br>**A.S Ekpenyong & C.N Omere** | 106 |
| Street Begging Practices in Nigeria: A Conceptual Review<br>**R.K Yusuf** | 117 |

## Editorial

This special edition of NDJSA features ten articles consisting of both original research and reviews from specialisations in Medical Sociology, Criminology, Family Studies, Gender Studies, Rural and Urban Studies etc. The first paper by **O**.A Dawodu and I.U Nwankwo entitled: ***"Level of Access and Utilization of Antenatal Care Services among Primigravida and Multigravida Mothers in Edo South, Nigeria"*** investigated the extent to which women of reproductive age accessed modern and traditional ANCs and to find out the level of utilization of these antenatal care services. This study concluded that the more mothers have access to ANC, the more they are likely to utilize it during their periods of pregnancy. The second paper on "***Patients' and Relatives' Satisfaction with Neurological Care in a Nigerian Hospital"*** by R.E Omu, explored the challenges and satisfaction level of patients and their relatives in seeking neurological care using The University College Hospital Ibadan as a case study. This study noted that patients and their relatives expressed a mixture of satisfaction and dissatisfaction with the care received they received.

The next paper with the title ***"Cattle Rustling and Kidnapping in Northern Nigeria: A Review"*** authored by A.T Mahmoud and A.C Augustine reviewed papers on the prevalence of cattle rustling and kidnapping particularly in the northern part of Nigeria where cattle rearing is predominantly practised. This review concluded that this phenomenon has become a major source of concern not only its implications on the size of the herd and the suffering it generates, but also to the threat it poses to the very survival of state institutions in places where it occurs. Following this paper is the study conducted on "***The Role of the Extended Family on Marital Instability in Egor Local Government Area, Edo State, Nigeria"*** by O.J Egharevba and J. I Omosuvbe. This cross-sectional study investigated the underlining causes of marital instability among couples and the roles extended family system play in marital instability. The study concluded the roles played by extended family members in marital union impacts on the marital dispute or settlement depending their standpoint.

The study of Woyengitari Imbazi on "***Conjugal Brutality and Women's Productivity in Formal Organizations in Nigeria"*** argued that that out of fear or shame or a combination of both, victims live with psychological scar-traumatized lives due to the injuries inflicted on them by their spouses. Furthermore, the review study entitled *"**A Reflective Review on the Sociology of Deviant Behaviour"*** authored by E.T Ingiabuna indicated that individuals are required to achieve their goals in a positive atmosphere created by society. If society fails to do so, certain members of society seek out alternate methods of achieving what they want. The next empirical study on ***"An Assessment of the Marital Conflicts Resolution Services of the Ministry of Women Affairs, Ilorin, Kwara State"*** conducted by A. Abdulhameed, M.S Yusuf, K.A Kelani, A.H Mohammed, T.O Arinde-Simeon and A.A Atiku, found out that marital conflict resolution strategies do not necessarily lead to the utilization of services of the Ministry of Women Affairs in Kwara State.

The study of T.O Arinde-Simeon & S.E Abonyi titled *"**Perceived view of Police- Public cooperation in combating Child Trafficking in Ilorin Metropolis, Kwara State"*** found out that corruption and institutional weaknesses in police organization and government posed a threat to effective police-public cooperation in the war against child trafficking in Ilorin metropolis.

The article entitled ***"Lockdown during Coronavirus Pandemic and Urban-Rural Migration in Ogba/Egbema/Ndoni LGA, Rivers State, Nigeria"*** by A.S Ekpenyong and C.N Omere iidentified push factors that led to the migration of people from urban centres to rural areas during the COVID-19 periods to include the closure of the market, high cost of foodstuffs in urban areas, large gatherings in urban areas among others, the pull factors were; less severity of lockdown in rural areas, low risk of contracting COVID-19 in rural areas, accessibility/availability of foodstuffs in rural areas, ability to distance physically in rural areas etc The last article in this special issue on *"**Street Begging Practices in Nigeria: A Conceptual Review"*** written by R.K Yusuf who conceptual review found out that begging has turned out to become a social institution and commercial enterprise for some lazy and healthy individuals in society. The study also noted that the activity is not left for the pitiable, wretched, poverty–ridden and physically handicapped but able-bodied and energetic individuals have taken into it as a means of survival.

**Prof. E.A Sibiri**
Editor-in-Chief

# Level of Access and Utilization of Antenatal Care Services among Primigravida and Multigravida Mothers in Edo South, Nigeria

**[1]Oluwatosin Abigail Dawodu and [2]Ignatius Uche Nwankwo (Ph.D)**

[1]Department of Sociology and Anthropology, University of Benin, Nigeria
[2]Department of Sociology and Anthropology, Nnamdi Azikiwe University, Nigeria
***Correspondence:*** tosindawodu02@gmail.com

**Abstract**
This study examined the level of access and utilization of antenatal care services (ANCs) among primigravida and multigravida mothers in Edo South, Nigeria. The study investigated the extent to which women of reproductive age accessed modern and traditional ANCs and to find out the level of utilization of these antenatal care services. The health belief model formed the theoretical base for this study. The study adopted the mixed research method which is a combination of both quantitative and qualitative methods of data collection. The sample size used for this study was 1,108. Multistage sampling procedure comprising proportionate sampling and simple random sampling techniques were used to select the sample for the study. Data for the study was analyzed through the use of bivariate and multivariate statistics of the Mann-Whitney test at a 0.05 level of significance. Findings from the study showed that the model was statistically significant, ($\chi^2(1) = 75.402$, $p = .000$). The model, however, explained only 13.2% (Nagelkerke $R^2$) of the variance in the utilization of ANC. Thus, it was concluded that the more mothers have access to ANC, the more they are likely to utilize it during their periods of pregnancy. Hence, the need for sustaining the current level of access and utilization of ANCs is essential for promoting healthy maternal wellbeing and further enhance the utilization of ANCs and reduce maternal mortality.

**Keywords**: Antenatal care, Access, Utilization, Primigravida and Multigravida Mothers

## Introduction

One of the important schemes that ensures improved maternal health across the globe is ante-natal care (ANC). The World Health Organization (WHO) (2016) described antenatal care as the type of care provided by skilled healthcare professionals to pregnant women and adolescent girlsto ensure the best health conditions for both the mother and baby during pregnancy. Antenatal care according to Shafqat, Fawaz, Rahlm and Salma (2015) is considered as a backbone of obstetrical services of any health care delivery system. It is considered important for the health of pregnant women and provides ways for maternal and fatal complications to be detected and managed (Saizonou,et al, 2014). Research evidence points to the fact that regular antenatal care attendance protects pregnant women against neonatal mortality and countries with low ANC attendance usually havehigher maternal mortality ratio (Khan, 2017). The Nigerian Demographic and Health Survey (NDHS) (2013) revealed that only about 59% of pregnant women in Nigeria receive antenatal care from skilled healthcare professional. In Nigeria, Wekesah & Izugbara, (2017) observed that the period of pregnancy has become a dangerous time for women of reproductive age who become pregnant because they are faced with the risk of maternal deaths due to the

inaccessibility and underutilization of ANCs.

The Sustainable Development Goals (SDGs) dedicated the third goal to healthcare. This goal is focused on ensuring healthy lives and promoting wellbeing for people of all ages; the specific target it sought to meet by the year 2030 include reducing the global maternal mortality ratio to less than 70 per 100,000 live births, ensuring universal access to sexual and reproductive healthcare services and end preventable deaths of mothers and new-borns with all countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-five mortality to at least, as low as 25 per 1,000 live births (United Nations, 2015). However, the extent of the implementation of this scheme to the improvement of maternal healthcare in developing nations like Nigeria remains probable. This is because Nigeria still shares a disproportionately high burden of the global maternal and neonatal mortalities in the world. She ranks first and the second in the world with the highest number of deaths among mothers and neonates, respectively (United Nations Children Emergency Fund (UNICEF), 2015; National Population Commission (NPC) & ICF International, 2014; Adewuyi & Zhao, 2017).

Regardless of the scientific evidence of ANC as a useful tool in improving maternal health, some pregnant women do not utilize it. Ibor, et al, (2011) asserted that the utilization of ANC is determinedby some socioeconomic factors; hence, the consequences of limited access to antenatal care as a result of these factors are dreadful. Recently, identifying antecedents of ANC utilization has drawnmuch attention from researchers especially from the developing nations and other parts of Nigeriaexcluding Edo South Senatorial Districts. This dearth of information as regards studies in Edo South Senatorial District points to a gap in understanding antecedents of access and utilization of ANCs.

Maternal mortality is also a serious problem in Nigeria. Studies conducted among pregnant women revealed that women are faced with various health challenges and complications that eventually result in child mortality or maternal death (Wekesah & Izugbara, 2017). Nigeria had approximately 58,000 maternal deaths in 2015 which accounted for 19% of maternal deaths globally. This, therefore, suggests that 830 women die in every 100,000 live births (WHO, 2017). These issues are not far-fetched in Edo South Senatorial Districts, where several women die as a result of pregnancy complications and childbirth annually; the overall maternal mortality ratio in Benin City is 700/100,000 live births (Nigerian Urban Reproductive Health Initiative, 2013). Over the years, Edo State health facilities have not achieved all its objectives of ensuring inclusive access to adequate healthcare services. Despite the growing research interest in access and utilization of antenatal care services; little information has been available about the exact level of access and utilization of ANCs especially in Edo South, Nigeria. In an attempt to bridge this gap, this present study is poised to investigate the level of access and utilization of antenatal care services among primigravida and multigravida mothers in Edo South, Nigeria.

**Theoretical Framework: Health Belief Model**

The Health Belief Model is one of the first theories of health behaviour which was initially developed by social psychologists in the 1950s at the US Public Health Services. The theory is interested in knowing the views, perception, beliefs and attitude of individuals on a given issue, for instance, antenatal care services. The proponents of this theory are Irwin Rosenstock, Godfrey Hochbaum, Stephen Kegeles and Howard Leventhal in 1974. The theory provides a better understanding of the widespread failure of people to adopt disease prevention strategies or screening tests for the early detection of disease (Rosenstock & Becker, 1974). The basic tenets of the health belief model explain and predict health-related responses; the model also explains the roles played by knowledge, beliefs, perception and attitude in shaping personal decisions and actions relevant to disease situations or health services. The health belief model has been applied to predict a wide variety of health-related behaviours such as being screened for the early detection of asymptomatic diseases, attending antenatal care services and receiving toxoid immunizations during pregnancy (Rosenstock & Becker, 1974).

In a nutshell, Rosenstock and Becker (1974) argued that the health belief model is based on the core assumption that an individual will seek antenatal care services to prevent any negative health condition like complications during pregnancy. This model is significant to this study as it tries to explain how key constructs of the model such as perceived severity, perceived susceptibility, perceived barriers and perceived benefits motivate people to effectively utilize antenatal care services throughout pregnancy. In the context of this study, the health belief model implies that women of childbearing age before engaging in antenatal care services weigh their health status, risks, benefits, cue to actions and self-efficacy before indulging in antenatal service or any other type of health-related services. The health belief model predicts that women who perceive that they are susceptible to a particular health problem such as complications in pregnancy will engage in health-related behaviours to reduce their risk of developing health problem

**Materials and Methods**

This study was conducted in Edo South; specifically in three local government areas (LGAs) (Oredo, Egor and Ikpoba-okha) within Edo South Senatorial Districts located at the South-south region of Nigeria. The study adopted the mixed research design. The choice of this design was informed by its ability to generate data quantitatively and qualitatively as well as providing the opportunity to carry out a study with a representative of the target population to generalise to the entire population of the study. Edo South L.G.A has a population of 451, 710 (National population Commission, 2006). However, the target population of study constituted women of reproductive ages (15-49 years) in Egor, Oredo and Ikpoba-Okha Local Government Areas in Edo South. The target population is 457,211 women of reproductive ages in the three LGAs (Projected Population for 2019). The inclusion criteria for the target population were that these women must have been pregnant for the first time or more than one time.

The sample size for this study was 1,108 primigravida and multigravida women in the three LGA. This sample size was considered adequate to represent the entire population of the study given the statistical requirements employed for the data analysis. The sample size was statistically determined using Taro Yamane's sample determination formula. The multi-stage sampling procedure of simple random sampling and proportionate sampling techniques were employed in selecting a sample for the study. For the qualitative data, in-depth interview and FGD sessions were conducted in three LGA. Thus, both quantitative and qualitative tools were employed for this study (i.e. questionnaire, focused group discussions and in-depth interview guide). The questionnaire contained both open and close-ended items. The FGD and IDI schedule was unstructured to give the respondents the room to freely express their views on the questions or issues raised. From the questionnaire, responses were processed using Statistical Package for Social Sciences (SPSS). The data were expressed in frequency distribution tables, cross-tabulations were used to determine the relationship between variables and the hypothesis was tested using Mann-Whitney statistics. On the other hand, the FGD and IDI were tape-recorded and transcribed verbatim, thereafter; manual content analysis was used for its analysis.

## Results

### Socio-demographic Characteristics of the Respondents

Results from the socio-demographic characteristics of the respondents show that the respondents were between the ages of 15-49. Meanwhile, about half of them (50.9%) were between 25 – 34 years, while the least (6.9%) were aged between 45 – 49 years. The mean age of the respondents was 33.3 and standard deviation of 6.9.

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

| Socio-Demographic Variables | Frequency | Percentage |
|---|---|---|
| **Age Categories** | | |
| 15 - 24 Years | 82 | 8.3 |
| 25 - 34 Years | 504 | 50.9 |
| 35 - 44 Years | 337 | 34.0 |
| 45 – 49 Years | 68 | 6.9 |
| **Total** | **991** | **100.0** |
| **Marital Status** | | |
| Single | 106 | 10.7 |
| Married | 765 | 77.2 |
| Divorced | 33 | 3.3 |
| Separated | 50 | 5.0 |
| Widowed | 37 | 3.7 |
| **Total** | **991** | **100.0** |
| **Level of Academic Attainment** | | |
| No Formal Education | 52 | 5.2 |
| First School Leaving Certificate | 91 | 9.2 |
| WASSSCE/NECO/GCE | 243 | 24.5 |
| OND/NCE | 170 | 17.2 |
| BSC/HND | 321 | 32.4 |
| MSC/MBA | 54 | 5.4 |
| PhD | 44 | 4.4 |
| Others | 16 | 1.6 |
| **Total** | **991** | **100.0** |

| | | |
|---|---|---|
| **Employment Status** | | |
| Unemployed | 102 | 10.3 |
| Farming | 47 | 4.7 |
| Trading | 170 | 17.2 |
| Civil Service | 175 | 17.7 |
| Self employed | 325 | 32.8 |
| Private employment | 152 | 15.3 |
| Others | 20 | 2.0 |
| **Total** | **991** | **100.0** |
| **Religious Affiliation** | | |
| Christianity | 856 | 86.4 |
| Islam | 95 | 9.6 |
| African Traditional Religion | 35 | 3.5 |
| Others | 5 | .5 |
| **Total** | **991** | **100.0** |
| **Monthly Level of Income** | | |
| Less than #50,000 | 567 | 57.2 |
| #51,000 - #100,000 | 297 | 30.0 |
| #101,000 - #150,000 | 78 | 7.9 |
| #151,000 - #200,000 | 29 | 2.9 |
| #201,000 & above | 20 | 2.0 |
| **Total** | **991** | **100.0** |
| **Place of Residence** | | |
| Urban | 697 | 70.3 |
| Rural | 294 | 29.7 |
| **Total** | **991** | **100.0** |
| **Number of Childbirth** | | |
| First pregnancy | 221 | 22.3 |
| One | 216 | 21.8 |
| More than one | 554 | 55.9 |
| **Total** | **991** | **100.0** |

Data from the table also shows that a majority (77.2%) of the sampled respondents were married as the time of this study, while 3.3% were divorced mothers (3.3%). Other categories on marital status are presented in table 1. With respect to the respondents' level of academic attainment, table 1 indicated that approximately 32% of the study participants have a Bachelor's degree or its equivalence.

Again, approximately 33% of the mothers sampled in this study were self-employed; followed by 17.7% of them who were into civil service. In terms of religious affiliation of the respondents, a majority (86.4%) of them were Christians. With respect to the occupational status of the respondents, about half of them (57.2%) indicated that their income level was low (i.e less than N50, 000). Also, majority of the sampled respondents (70.3%) in the study resided in the urban centres. Furthermore, primigravida mothers in the study constituted a lesser proportion (22.3%) of the sampled mothers compared to a majority (40.8%) of them who were multigravidas.

**Level of access to Antenatal Care Services among Primigravida and Multigravida Women**

Results from level of access to antenatal care services by Primigravida and Multigravida women reveal that a majority (82.0%) of women in the study affirmed that there were antenatal care facilities available within their L.G.As. In the same vein, respondents who were affirmative were further asked to indicate the type of antenatal care centres they accessed. On this, a majority

(90.4%) indicated that modern healthcare centres were much more accessible within theirlocalities. Only a very lower proportion (7.1%) indicated that the traditional healthcare centres were more accessible. Meanwhile, 2.5% of them indicated that both the modern and traditional antenatal care centres were accessible within their localities.

**Table 2:** ***Distribution of the Respondents on their Level of Access to ANCs.***

| | *Options* | *Primigravida* | *Multigravida* | *Total* |
|---|---|---|---|---|
| Are there facilities that provide antenatal care services in your local government area | Yes | 188 (19.0%) | 625 (63.1%) | 813 (82.0%) |
| | No | 19 (1.9%) | 98 (9.9%) | 117 (11.8%) |
| | I don't know | 14 (1.4%) | 47 (4.7%) | 61 (6.2%) |
| | **Total** | **221 (22.3%)** | **770 (77.7%)** | **991 (100.0%)** |
| Respondents' indications about the type of antenatal care centres they access within their local government areas | Modern healthcare centre | 171 (21.0%) | 564 (69.4%) | 735 (90.4%) |
| | Traditional healthcare centre | 15 (1.8%) | 43 (5.3%) | 58 (7.1%) |
| | Both | 2 (0.2%) | 18 (2.2%) | 20 (2.5%) |
| | **Total** | **188 (23.1%)** | **625 (76.9%)** | **813 (100.0%)** |

In support of these quantitative findings, extracts from the FGD responses indicated that women of reproductive ages assessed both modern and traditional centres for their antenatal care services. A FGD participant noted that:

> For me, I used both modern and traditional methods of antenatal care. For the modern antenatal, I register at five months of pregnancy after which am told the necessary measures to take which I follow; I was also given appointments. For the traditional health centre, the baby is massaged downwards from seven months and it sometimes comes with pain in the thighs. I'm also given some hot drinks which would supposedly make the baby bounce, which I take till the birth of the baby. At the hospital we are advised not to go for traditional services which I told them I wasn't going to when asked (***FGD Participant IV, Multigravida, 35 years, Trading, Egor L.G.A).***

Another FGD participant also corroborated the findings and stated that:

> Well, I registered in the hospital but I didn't deliver in the hospital, all my six children, I didn't deliver anyone of them in the hospital. I was using midwives for my delivery. I will register in the hospital and I will still go and register in that place. I will be taking advice from the hospital and the native too. So, I always deliver in the midwife clinic. I didn't use any English medicine, I used native medicine throughout and I deliver successfully. I didn't encounter any problem during delivery process (***FGD Participant V, Multigravida, 36 years, Self-employed, Ikpoba-Okha L.G.A)***

***Table 3: Respondents' Indication of Areas where they Obtain ANCs***

| | Options | Primigravida | Multigravida | Total |
|---|---|---|---|---|
| In which area do you access antenatal care services in your local government? | Urban area | 169 (76.5%) | 594 (77.1%) | 763 (77.0%) |
| | Rural area | 52 (23.5%) | 176 (22.9%) | 228 (23.0%) |
| | **Total** | **221 (100.0%)** | **770 (100.0%)** | **991(100.0%)** |
| | **Options** | **Primigravida** | **Multigravida** | **Total** |
| Do you have access to quality antenatal care services in your local government area? | Yes | 176 (79.6%) | 613 (79.6%) | 789 (79.6%) |
| | No | 28 (12.7%) | 92 (11.9%) | 120 (12.1%) |
| | I can't say for sure | 17 (7.7%) | 65 (8.4%) | 82 (8.3%) |
| | **Total** | **221 (100.0%)** | **770 (100.0%)** | **991(100.0%)** |

Data were also collected and analysed with respect to ascertaining the areas where the mothers obtained their ACNs as well as whether or not they had access to quality antenatal care servicesin your localities. Findings to these inquiries, as contained in table 3, which indicate that a majority (77.0%) of the respondents accessed ANCs in the urban centres, while a lower proportion (23.0%) of them accessed ANCs in the rural areas. This implies that those who reside in the rural areas may have lower access to ANCs compared to those in the urban areas. The data also show that a majority (79.6%) of the respondents indicated that they have access to ANCs in their local government areas, only a very lower proportion (12.1%) of them indicated that they do not have access to ANCs in their local government areas. This data suggests that the coverage of ANCs across the various LGAs in Edo South Senatorial district is impressive.

**Table 4:** ***Respondents' Ratings Regarding Access to Different Aspects of ANCs***

| Items | Always | Sometimes | Never | Not Sure | Total |
|---|---|---|---|---|---|
| - Laboratory tests | 579 (73.4%) | 194 (24.6%) | 11 (1.4%) | 5 (0.6%) | 789 (100.0%) |
| - Regular health talks | 640 (81.1%) | 114 (14.4%) | 32 (4.1%) | 3 (0.4%) | 789 (100.0%) |
| - Diet and nutrition sensitization | 602 (76.3%) | 161 (20.4%) | 21 (2.7%) | 5 (0.6%) | 789 (100.0%) |
| - Personal hygiene | 615 (77.9%) | 144 (18.3%) | 21 (2.7%) | 9 (1.1%) | 789 (100.0%) |
| - Advice on what to do if problems occur during pregnancy | 616 (78.1%) | 139 (17.6%) | 31 (3.9%) | 3 (0.4%) | 789 (100.0%) |
| - Benefit of delivery in health facility | 585 (74.1%) | 164 (20.8%) | 26 (3.3%) | 14 (1.8%) | 789 (100.0%) |
| - Family/child spacing health talk | 585 (74.1%) | 159 (20.2%) | 25 (3.2%) | 20 (2.5%) | 789 (100.0%) |
| - Safe sex practices | 591 (74.9%) | 151 (19.1%) | 37 (4.7%) | 10 (1.3%) | 789 (100.0%) |
| - Information about breast feeding | 641 (81.2%) | 120 (15.2%) | 17 (2.2%) | 11 (1.4%) | 789 (100.0%) |
| - Routine drugs | 642 (81.4%) | 118 (15.0%) | 15 (1.9%) | 14 (1.8%) | 789 (100.0%) |
| - Blood and urine analysis | 596 (75.5%) | 147 (18.6%) | 23 (2.9%) | 23 (2.9%) | 789 (100.0%) |
| - Tetanus toxoid immunization | 613 (77.7%) | 146 (18.5%) | 16 (2.0%) | 14 (1.8%) | 789 (100.0%) |
| - Supplement of vitamin A | 596 (75.5%) | 135 (17.1%) | 28 (3.5%) | 30 (3.8%) | 789 (100.0%) |
| - Voluntary HIV testing and counselling | 580 (73.5%) | 153 (19.4%) | 36 (4.6%) | 20 (2.5%) | 789 (100.0%) |

In table 4, the proportion of respondents who were affirmative in table 3 were further asked to indicate how much access they have on the different dimensions of ANCs given. Taking a critical

look at the data in the table, one could see clearly that a good proportion of the respondents indicated in each of the dimensions, that they have access to the services 'always. This implies that the women of reproductive ages, who have access to ANCs in Edo South senatorial district, have it at a regular basis.

The respondents were also asked to indicate their general level of access to ANCs during their periods of pregnancy. As shown in figure 1, a majority (46.0%) of the respondents indicated that their general level of access to ANCs was 'Good'. This is followed by 23.2% of them who indicated that their access to ANCs was 'Very Good'. Meanwhile, 11.9% indicated that they had poor access to ANCs and another 9.8% also indicated that their general level of access to ANCs was very poor. Only 9.1% indicated that they had an 'excellent' level of access to ANCs during their periods of pregnancy.

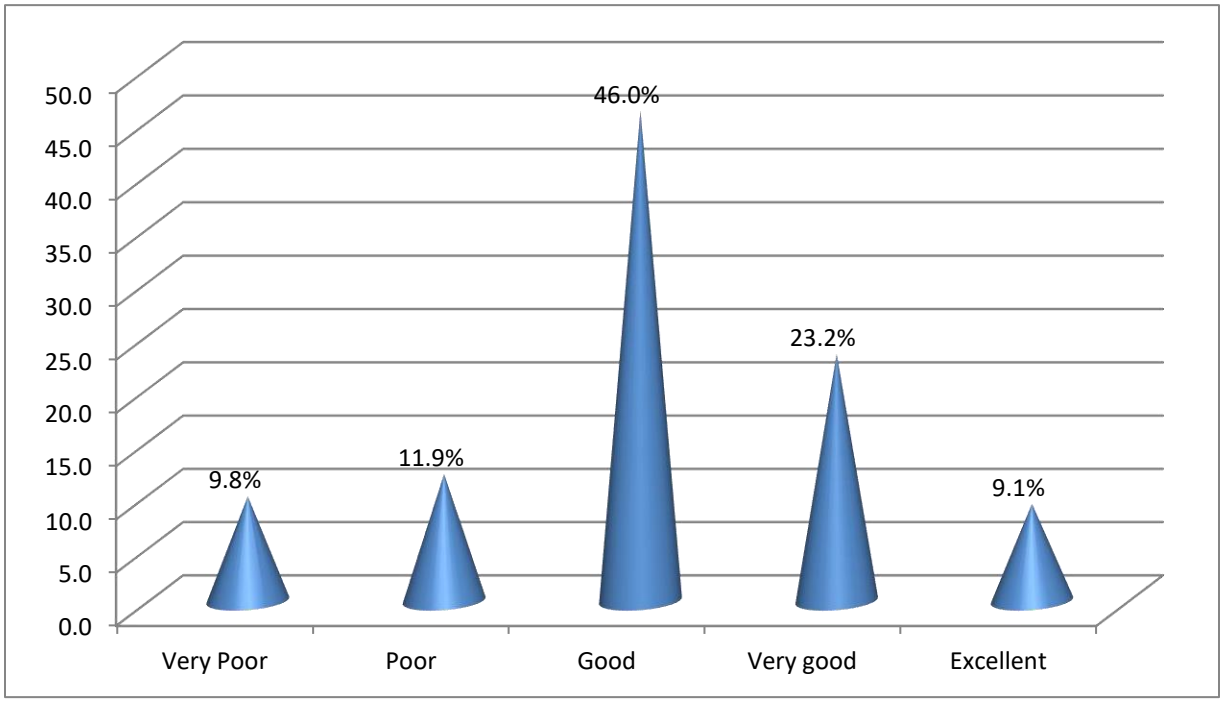



***Fig 1:*** **Respondents' General Level of Access to ANCs during their Periods of Pregnancy**

In general, the findings indicate that the sampled women had a positive access to ANCs during their periods of pregnancy. In support of these findings, an FGD participant noted that,

> As soon as I discover that I was pregnant, I went straight to the hospital. I was given a letter to a consultant that will be in charge of my case, and when I got there the first thing, they did was scan, after scanning. I was physically examined and was given drugs. I was later told to come back some weeks later for constant check-up ***(FGD Participant IV, Multigravida, 35 years, Civil Servant, Oredo L.G.A).***

Yet another participant had this to say,

> I used both modern and traditional health care centres. At the hospital we are taken care of and given appropriate medical care. At the traditional centre on the other hand, we are massaged with olive oil and given native drugs **(*FGD Participant IV, Multigravida, 35 years, Trading, Egor L.G.A).***

The above claims are also corroborated by findings obtained through an in-depth interview conducted with healthcare providers in the study area. Accordingly, an interviewee had this to say when asked to describe women's access to ANCs in the study area:

> The access to ANCs is good… because women are given special attention in Central Hospital. Every woman has the opportunity to meet one-on-one with the doctor and to explain their problems. Direction and prescription are also given to solve their problems ***(IDI, Male, 39 Years Old, Pharmacist, Oredo L.G.A*).**

In the same view, another medical practitioner had this to say:

> For our facility here, we provide antenatal care services to the best of my knowledge. I know we have modern and adequate facilities and services to help procure the best services to patients. We do the general antenatal care by giving injection: Tetanus Toxoid, we treat pregnant women for malaria should it arise. We educate mothers on what and what they need to know about antenatal throughout their different trimesters. We always have classes for pregnant women where we educate them in the general section **(*IDI, Female, 45 years, Registered Nurse/Midwife, Oredo L.G.A)***

From both the quantitative and qualitative data, it could be deduced that mothers in the study area had a fair access to ANCs during their periods of pregnancy. Having obtained these findings, the quantitative data were then used in cross tabulation with some selected socio-demographic characteristics of the respondents, using the chi-square statistical test, to examine if their general level of access to ANCs was different across the selected socio-demographics. The findings of the test are presented in table 5.

**Table 5:** ***Statistical Comparison of Respondents' General Level of Access to ANCs with Selected Socio-Demographic Characteristics of the Respondents***

| Variables | General Level of Access to ACS | | | | | Total | $\chi^2$ | Sig |
|---|---|---|---|---|---|---|---|---|
| | Very Poor | Poor | Good | Very good | Excellent | | | |
| **Type of Mothers** | | | | | | | | |
| Primigravida | 21 (9.5%) | 26 (11.8%) | 108 (48.9%) | 46 (20.8%) | 20 (9.0%) | 221 (100.0%) | | |
| Multigravida | 76 (9.9%) | 92 (11.9%) | 348 (45.2%) | 184 (23.9%) | 70 (9.1%) | 770 (100.0%) | 1.235 | .872 |
| Total | 97 (9.8%) | 118 (11.9%) | 456 (46.0%) | 230 (23.2%) | 90 (9.1%) | 991 (100.0%) | | |
| **Marital Status** | | | | | | | | |
| Single | 16 (15.1%) | 15 (14.2%) | 46 (43.4%) | 18 (17.0%) | 11 (10.4%) | 106 (100.0%) | | |
| Married | 62 (8.1%) | 87 (11.4%) | 350 (45.8%) | 196 (25.6%) | 70 (9.2%) | 765 (100.0%) | | |
| Divorced | 10 (30.3%) | 5 (15.2%) | 10 (30.3%) | 3 (9.1%) | 5 (15.2%) | 33 (100.0%) | 39.877 | .001 |
| Separated | 6 (12.0%) | 5 (10.0%) | 31 (62.0%) | 7 (14.0%) | 1 (2.0%) | 50 (100.0%) | | |
| Widowed | 3 (8.1%) | 6 (16.2%) | 19 (51.4%) | 6 (16.2%) | 3 (8.1%) | 37 (100.0%) | | |
| Total | 97 (9.8%) | 118 (11.9%) | 456 (46.0%) | 230 (23.2%) | 90 (9.1%) | 991 (100.0%) | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Academic Attainment** | | | | | | | | |
| No formal education | 7 (13.5%) | 7 (13.5%) | 22 (42.3%) | 8 (15.4%) | 8 (15.4%) | 52 (100.0%) | | |
| FSLC | 8 (8.8%) | 26 (28.6%) | 40 (44.0%) | 8 (8.8%) | 9 (9.9%) | 91 (100.0%) | | |
| WASSSCE/NECO/GCE | 23 (9.5%) | 20 (8.2%) | 109 (44.9%) | 67 (27.6%) | 24 (9.9%) | 243 (100.0%) | | |
| OND/NCE | 13 (7.6%) | 25 (14.7%) | 84 (49.4%) | 26 (15.3%) | 22 (12.9%) | 170 (100.0%) | | |
| BSC/HND | 33 (10.3%) | 27 (8.4%) | 146 (45.5%) | 93 (29.0%) | 22 (6.9%) | 321 (100.0%) | 82.34 | .000 |
| MSC/MBA | 1 (1.9%) | 4 (7.4%) | 27 (50.0%) | 18 (33.3%) | 4 (7.4%) | 54 (100.0%) | | |
| PHD | 10 (22.7%) | 7 (15.9%) | 17 (38.6%) | 9 (20.5%) | 1 (2.3%) | 44 (100.0%) | | |
| Others | 2 (12.5%) | 2 (12.5%) | 11 (68.8%) | 1 (6.3%) | 0 (0.0%) | 16 (100.0%) | | |
| Total | 97 (9.8%) | 118 (11.9%) | 456 (46.0%) | 230 (23.2%) | 90 (9.1%) | 991 (100.0%) | | |
| **Employment Status** | | | | | | | | |
| Unemployed | 11 (10.8%) | 9 (8.8%) | 55 (53.9%) | 18 (17.6%) | 9 (8.8%) | 102 (100.0%) | | |
| Farming | 10 (21.3%) | 12 (25.5%) | 18 (38.3%) | 4 (8.5%) | 3 (6.4%) | 47 (100.0%) | | |
| Trading | 14 (8.2%) | 28 (16.5%) | 91 (53.5%) | 25 (14.7%) | 12 (7.1%) | 170 (100.0%) | | |
| Civil Service | 13 (7.4%) | 18 (10.3%) | 79 (45.1%) | 48 (27.4%) | 17 (9.7%) | 175 (100.0%) | 59.960 | .000 |
| Self employed | 30 (9.2%) | 26 (8.0%) | 132 (40.6%) | 98 (30.2%) | 39 (12.0%) | 325 (100.0%) | | |
| Private employment | 15 (9.9%) | 22 (14.5%) | 71 (46.7%) | 35 (23.0%) | 9 (5.9%) | 152 (100.0%) | | |
| Others | 4 (20.0%) | 3 (15.0%) | 10 (50.0%) | 2 (10.0%) | 1 (5.0%) | 20 (100.0%) | | |
| Total | 97 (9.8%) | 118 (11.9%) | 456 (46.0%) | 230 (23.2%) | 90 (9.1%) | 991 (100.0%) | | |
| **Monthly Income** | | | | | | | | |
| Less than #50,000 | 57 (10.1%) | 60 (10.6%) | 252 (44.4%) | 150 (26.5%) | 48 (8.5%) | 567 (100.0%) | | |
| #51,000 - #100,000 | 19 (6.4%) | 36 (12.1%) | 150 (50.5%) | 61 (20.5%) | 31 (10.4%) | 297 (100.0%) | | |
| #101,000 - #150,000 | 13 (16.7%) | 13 (16.7%) | 34 (43.6%) | 12 (15.4%) | 6 (7.7%) | 78 (100.0%) | 48.902 | .000 |
| #151,000 - #200,000 | 3 (10.3%) | 1 (3.4%) | 17 (58.6%) | 3 (10.3%) | 5 (17.2%) | 29 (100.0%) | | |
| #201,000 and above | 5 (25.0%) | 8 (40.0%) | 3 (15.0%) | 4 (20.0%) | 0 (0.0%) | 20 (100.0%) | | |
| Total | 97 (9.8%) | 118 (11.9%) | 456 (46.0%) | 230 (23.2%) | 90 (9.1%) | 991 (100.0%) | | |

In table 5, the descriptive analysis for multiple comparisons of selected socio-demographic variables is presented alongside the test of relationship between the demographic variables and respondents' general access to ANCs using the chi-square test. Consequently, the data shows that with the exception of type of mother (i.e., being either primigravida or multigravida), all other independent variables introduced including marital status, education, employment status and monthly income were statistically related to access to ANCs among mothers in the study area. This implies that mothers' level of access to ANC can be explained using the nature of their marital status, educational attainment level, employment status and financial income.

**Level of utilization of antenatal care services among primigravida and multigravida women**

Judging from the total rows, a majority 815(82.2%) of the respondents indicated that they utilizedANCs during their periods of pregnancy, while only a lower proportion 176(17.8%) of them indicated that they did not utilize such during their periods of pregnancy.

**Table 6:** ***Respondents' Utilization of ANCs during Periods of Pregnancy***

| Types of Mothers | ANCs Utilization During Periods Of Pregnancy | | Total |
|---|---|---|---|
| | Yes | No | |
| Primigravida | 173 (78.3%) | 48 (21.7%) | 221 (100.0%) |
| Multigravida | 642 (83.4%) | 128 (16.6%) | 770 (100.0%) |
| **Total** | **815 (82.2%)** | **176 (17.8%)** | **991 (100.0%)** |

This data is also reflective of the classification between primigravida and multigravida mothers. Probes were further raised to ascertain the frequency of ANC utilization among the proportion of the respondents who were affirmative in table 6. The findings to this are shown in figure 2.

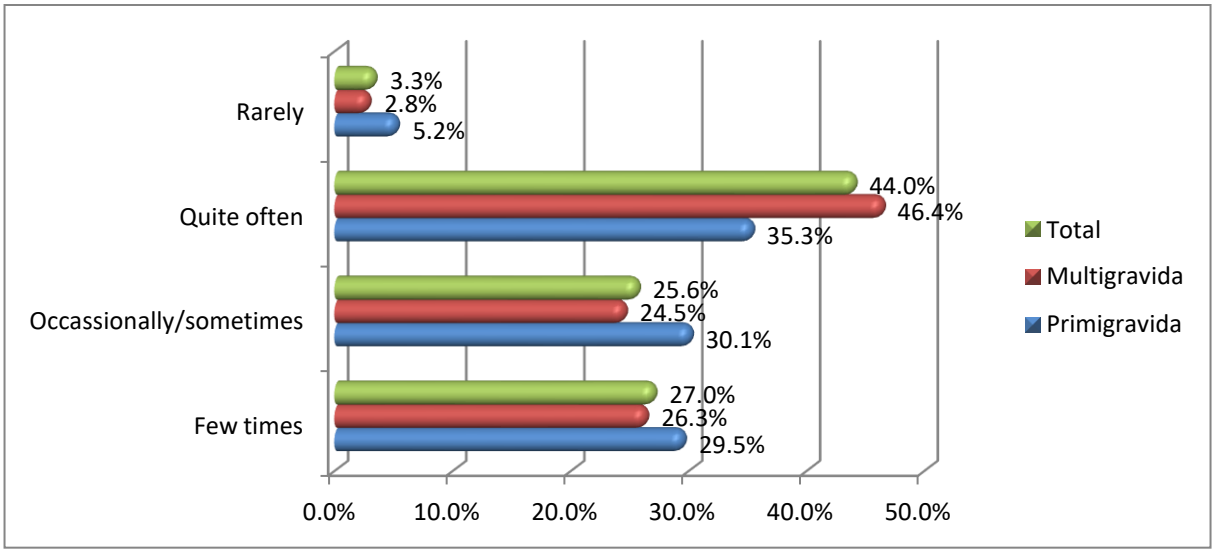



***Fig 2:*** **Respondents' Frequency of ANC Utilization during Periods of their Pregnancies**

The data in figure 2 shows that among the respondents who indicated that they utilized ANCs, a majority (44.0%) of them indicated that they utilized it quite often. The data further showed that 27.0% of them also indicated that they utilized ANCs occasionally; and 25.6% of them indicated that they only utilized ANCs a few times during their periods of pregnancy. This implies that the frequency of ANCs utilization is quite encouraging. The data however show that multigravida mothers were more often utilizing ANCs during their periods of pregnancy than primigravida mothers. This could be due to the view that multigravida mothers may have had more knowledge of the benefits and processes involved in ANCs than the primigravida mothers.

Supporting these findings, an interviewee said: "*yeah, the modern antenatal care services is being utilized, I would rate it 85%"* ***(IDI, Male, 42 Years, Medical Practitioner, Ikpoba-Okha L.G.A).*** Corroborating the above, an interviewee while responding based on his wife's experiences about the ANCs had this to say about the level of mothers' utilization of ANC,

> Well, I would describe it as very good because right from the first month down till the date she gave birth, she always attended her antenatal clinic, …due to her experience

when she took in for our first child, she always does her antenatal ***(IDI, Male, 42 Years, Spouse, Egor L.G.A).***

Another interviewee, however had a somewhat contradictory view about mothers' utilization of ANCs by saying that:

> The utilization is high; however, there are so many families that are poor which stops the women from utilizing ANCs. The level of poverty has created limited opportunities for some women to attend modern ANCs; instead, many of them prefer to go to the traditional type because of cost ***(IDI, Male, 43 Years, Spouse, Egor L.G.A).***

**Table 7:** ***Respondents Views on the Stage of Pregnancy at Which They Started Using ANCs***

| Type of Mothers | Respondents' Stage of pregnancy at Which they started using ANCs | | | | Total |
|---|---|---|---|---|---|
| | First trimester (first 3 months) | 4-5 months | 6-7 months | 8 months and above | |
| Primigravida | 102 (58.6%) | 55 (31.6%) | 17 (9.8%) | 0 (0.0%) | 174 (100.0%) |
| Multigravida | 339 (52.7%) | 241 (37.5%) | 58 (9.0%) | 5 (0.8%) | 643 (100.0%) |
| **Total** | **441 (54.0%)** | **296 (36.2%)** | **75 (9.2%)** | **5 (0.6%)** | **817 (100.0%)** |

Data contained in table 7 were equally sourced from the proportion of the respondents who indicated that they utilized ANCs during their periods of pregnancy. From the total row, the data shows that a majority 441(54.0%) utilized ANCs only within the first trimester (first 3 months of pregnancy). This is followed by about a quarter proportion 296(36.2%), who indicated that they utilized ANCs within 4–5 months of their pregnancy. Only a lower proportion 75(9.2%) had utilized ANCs up to 6–7 months of their pregnancy, while at least a proportion of them, 5(0.6%) utilized ANC for up to 8 months and above. These data are also reflective of thetrend in the two classes of mothers used in this study (i.e. primigravida and multigravida).

Another FGD participant was also of the view that utilization of both traditional and modern ANC methods were good; she had this to say:

> It's very ok to use any of the methods, in the sense that modern health facility has all the necessary equipment needed for these services and it is not like the orthodox methods is not ok, it is also ok too in my own perception, although I didn't use the orthodox method, I still feel both are ok and good. I asked my doctor if I could use it but he was opposing it, he said he doesn't really like the idea of using the both. If you want to use the white's man method, you focus on that method and if you want to use the orthodox method, you focus on that one. During the course of the nine months, I was going to a modern health facility, everything was organized and I was meeting with the doctor one on one, I prefer that one than even the general antenatal meeting. So, I enjoyed the process ***(FGD Participant VI, Multigravida, 34 years, Trading, Egor L.G.A)***

**Table 8:** ***Respondents' Frequency of Visit to the Antenatal Care Centers within a Month.***

| Type of Mothers | Frequency of Visit to ANC Centers | | | Total |
|---|---|---|---|---|
| | Once | Sometimes (2-3 times) | Often (4-7 times) | |
| Primigravida | 71 (32.1%) | 117 (52.9%) | 33 (14.9%) | **221 (100.0%)** |
| Multigravida | 188 (24.4%) | 436 (56.6%) | 146 (19.0%) | **770 (100.0%)** |
| **Total** | **259 (26.1%)** | **553 (55.8%)** | **179 (18.1%)** | 991 (100.0%) |

The study inquired from the respondents to ascertain the frequency of their visits to ANCs centres within each month during their periods of pregnancy. The data suggests that a majority (55.8%) visited the ANCs centres at least, 2-3 times in each month. This is followed by about a quarter proportion (26.1%), who indicated that they visit the ANCs centres only once in a month.The least proportion (18.1%) of them however, indicated that they visit up to 4-7 times in a month.These data are equally reflective of what is obtained within the primigravida and multigravida mothers. This finding implies that mothers' adherence to optimal utilization of ANCs is fair. To buttress this finding, the respondents were asked to rate their level of ANCs utilization.

**Table 9:** ***Respondents' Ratings on their Level of*** **ANCs** ***Utilization in Modern Healthcare Centres***

| Types of Mothers | Rate of ANCs Utilization in modern healthcare Centers | | | | | Total |
|---|---|---|---|---|---|---|
| | ***Very poor*** | ***Poor*** | ***Good*** | ***Very good*** | ***Excellent*** | |
| Primigravida | 22 (10.0%) | 30 (13.6%) | 100 (45.2%) | 45 (20.4%) | 24 (10.9%) | 221 (100.0%) |
| Multigravida | 48 (6.2%) | 115 (14.9%) | 371 (48.2%) | 186 (24.2%) | 50 (6.5%) | 770 (100.0%) |
| **Total** | **70 (7.1%)** | **145 (14.6%)** | **471 (47.5%)** | **231 (23.3%)** | **74 (7.5%)** | **991 (100.0%)** |

Table 9 shows that at the average, the level of ANCs utilization for a majority (47.5%) of the respondents was 'good'. These data are also reflective of the variation within the two groups of mothers used in this study. The finding therefore implies that women of reproductive age in the study area utilized ANCs from modern healthcare facilities more than other facilities. To support the quantitative findings, the responses from the healthcare practitioner IDI sessions corroborated this finding. Some of the participants made the following observations:

> The level of utilization, I would say it is still somewhere around average, because I do see women, at least first trimester, second trimester, they have no plans of going for antenatal. Sometimes, I meet some of them; I even have to even start talking to them; why don't you go and register, why don't you go, what if something happens, I mean!!! no records of your antenatal registration anywhere. So, in case of emergency, so I think it is still average. The level of awareness is still not so much as it ought. So, I trust God that with time, emmmm, with time, things will improve (***IDI, Male, 35 years, Medical Doctor, Egor L.G.A).***

This is also in line with the assertion of an IDI interviewee, who said that:

> The utilization of antenatal in modern health centers is about 80% because women are beginning to see the benefit of taking their antenatal care exercise seriously and intention from well-established medical centres and from doctors, nurses and

midwives who are trained personnel ***(IDI, Male, 39 Years Old, Pharmacist, Oredo L.G.A).***

**Table 10:** ***Summary of Binary Logistics Regression Showing the Relationship Between Accessibility and Utilization of ANC.***

| | | B | S.E. | Wald | df | Sig. | Nagelkerke $R^2$ |
|---|---|---|---|---|---|---|---|
| Step 1[a] | Access to ANC | -.746 | .086 | 75.402 | 1 | .000 | .132 |
| | Constant | .594 | .243 | 5.990 | 1 | .014 | |
| **a. Variable(s) entered on step 1: Access to ANCs** | | | | | | | |

The binary logistic regression was performed to examine the relationship between accessibility and utilization of ANCs. The model was statistically significant, ($\chi^2(1) = 75.402$, $p = .000$). The model however, explained only 13.2% (Nagelkerke $R^2$) of the variance in utilization of ANC. Thus, the stated alternate hypothesis is retained – implying that the more mothers have access to ANC, the more they are likely to utilize it during their periods of pregnancy. The finding of this study is in consonance with the work of Emelumadu, Onyeonoro, Ukegbu, Ezeama, Ifeadike and Okezie, (2014), where they found that utilization of facility for both antenatal and postnatal services were quite high among women of reproductive ages.

**Discussion of Findings**

The study ascertained the level of mothers' access to ANCs. Consequently, the findings of this study suggest that both primigravida and multigravida mothers in the study area had fair access to ANCs. This was evidenced mainly in the data analysis of respondents' ratings about their level of access to different aspects of ANCs and their general level of access to ANCs during their periods of pregnancy. Although this was obtained through the quantitative data, the findings obtained from the qualitative were not quite different. The qualitative data, in particular, give the impression that there is increased interest in the health sectors with regards to maternal health and this is a factor that increases mothers' access to ANCs. Both within the public and private healthcare agencies and even within the traditional healthcare system, ANCs are provided for women with relatively much ease compared to difficulties experienced in the past few decades. Previous studies conducted on the level of access to ANC however show significant variation from what is found in this present study. While some studies like Saizonou, Agueh, Aguemon, Ade, Assavedo and Makoutode (2014) support this present study that there is increased access to ANCs, other studies however reported contrary results – suggesting that mother's access to ANCs was very low in their study areas (Zegeye, Bitew, & Koye, 2013). The study revealed that the prevalence of early ANC by pregnant women was low in Central Ethiopia.

The study was also interested in examining the level of utilization of ANC among both primigravida and multigravida mothers in the study area. Data analysis shows that there was also an impressive level of utilization of ANCs among mothers in the study area. The level of ANCs utilization during periods of pregnancy was a little bit above average in both primigravida and

multigravida mothers. The frequency of ANC utilization was also found to fall above average (quite often), and this was almost the same for the two categories of mothers studied. The utilization practice was also impressive as a majority of the mothers started using ANC within the first trimester of their pregnancy (i.e., first 3 months of their pregnancy). The study also found the modern healthcare centres were mostly used by a majority of the mothers for their ANC. Meanwhile, the qualitative data suggested that both the modern and traditional health system are used because; while the modern healthcare centres take care of the normal antenatal care services such as physical examination, drugs administration, laboratory test, tetanus immunization and so on, the traditional healthcare systems provide antenatal services such as massage, repositioning of an abridged baby, applying herbal formulas to reduce the size of the baby, enlarging the pelvis through herbal medications for mothers who normally deliver through caesarean section, to have a normal virginal delivery and other services which are not within the services offered in the modern healthcare centres. Previous studies conducted by Bennink (2012) in the North-Indian City of Lucknow on the accessibility and utilization of maternal health care and antenatal services also support the findings of this study.

The binary logistic regression analysis with regards to the relationship between accessibility and utilization of ANC among mothers shows that the more access mothers have to ANC, the more likely they are to utilize the services. These are supported by previous findings which reported that the utilization of facility for both antenatal and postnatal services was quite high. Generally, most women are satisfied with MHC services and the cost of services. Most of them were satisfied with the staff attitude, and waiting time at the hospital (Emelumadu, Onyeonoro, Ukegbu, Ezeama, Ifeadike and Okezie, 2014).

**Conclusion**

This study was conducted since maternal health is one of the concerns especially for most developing nations like Nigeria; and considering the view that many several kinds of research have over the previous years, documented that maternal health has remained a major concern for the international community as well as individual nations. Thus, access and utilization of ANC were considered as one of the important aspects of maternal health which may not have had significant practise among women of reproductive age, especially in Edo South senatorial district. Based on the various aspects of the quantitative and qualitative data analyzed in this study, the researcher concludes that contrary to documented research findings, the level of access and utilization of ANC among mothers in the present study area was very impressive. This could be attributed to improvements in international and national policies on maternal health and maternal health education across various regions in the nations.

**Recommendations**

Based on the findings of this research, the following recommendations are suggested for improving maternal healthcare:

1. To sustain the current level of practice on ANC among mothers, the Ministry of Health at the national and state levels must strengthen existing policies on maternal health, particularly the Health Insurance Scheme, with special consideration for mothers of reproductive age. Such policies should focus on providing mothers with subsidized healthcare resources in terms of drugs, consultation fees, and transportation to healthcare facilities.
2. To enhance maternal health care for women of reproductive age; there is a need for the State and Federal government to commit more efforts to enlighten women on the need to utilize antenatal care services during their periods of pregnancy to prevent complications resulting in maternal mortality.
3. There is a need to increase community engagement and social awareness programs on ANCs to promote maternal health thereby impacting positively on the overall health of pregnant women residing in rural areas.

**References**

Adewuyi, E. O., & Zhao, Y. (2017). Determinants of Neo-natal Mortality in Rural-Urban Nigeria: Evidence from population-based survey: *Pediatrics International* 59(2) 190-200

Alex, U., Olatunji, B. & Akinlabi, A. (Undated). Patterns of Antenatal, postnatal and maternal deaths in Delta State, Nigeria: A spatio=temporal analysis: 2007-2010/ Retrieved on 21st of June, 2017.https://www.academia.edu/19624705/1

Bennink, A.A. (2012). *Accessibility and utilization of maternal health care in urban India: A demand side perspective*. Master Thesis Submitted to Faculty of Geosciences International Development Studies, Utrecht University, Netherland

Emelumadu, O.F., Onyeonoro, U.U., Ukegbu, A.U., Ezeama, N.N., Ifeadike, C.O. & Okezie, O.K. (2014) Perception of quality of maternal healthcare services among women utilizing antenatal services in selected primary health facilities in Anambra State, Southeast, Nigeria. *Nigeria Medical Journal*, 55 (2): 148-15

Ibor, U. W., Anjorin,O.A., Ita, A.E. Otu, M.A., & Bassey, T.I. (2011). Utilization of antenatal care in Ibadan North local Government Area, Oyo State, Nigeria. *Trends in Medical Research*, 6. Pp 273-280

Khan, N. (2017). Maternal and child health in Bangladesh: a critical look at the policy and the sustainable development goals. *Asian Journal of Medical and Biological Research.* 3. 298. 10.3329

National Population Commission (NPC) (2006). *Population and Housing Census.* Priority Table Volume IV

National Population Commission (NPC) & ICF International (2014). *Nigeria demographic & Health Survey 2013.* Abuja, Nigeria & Rockville, Maryland, USA

Nigeria Urban Reproductive Health Initiative (NURHI, 2013). Benin City. Retrieved on the 13th December, 2018. Retrieved from http://www.nurhitoolkit.org/program-cities.benin-city#WfG0L1tSzIU

Nigeria Demographic and Health Survey (NDHS) (2013). *Infant and Child Mortality*

Demographic and Health Survey Fact Sheet, NPC, Abuja

Rosentock, I.M. & Becker, M.H. (1974). Compliance with Medical Advice. In Steptoe, A. and Mathews, A. (ed.), *Health Care and Human Behaviour*, London, Academic Press.

Shafqat, T., Fawaz, S., Rahlm., R., & Salma, S. (2015). Knowledge and awareness regarding antenatal care and delivery among pregnant women. *Journal of Medical Science* (Peshawar, print) 23: (2) 88-91

Saizonou, J., Agueh, D.V., Aguemon, B., Ade, V.M., Assavedo S. & Makoutode, M. (2014). Quality assessment of refocused antenatal care services at the district hospital of Suru-Lere in Benin. *Sante Pubique* 26(2): 249-57

UNICEF (2015). *Committing to Child Survival, A Promise Renewed, Progress report*, 2014. New York, USA. UNICEF

United Nations (2015). *Sustainable Development Goals Summit 2015*. New York Retrieved from https://www.sustainabledevelopment.un.org

Wekesah, F. & Izugbara, C. (2017). Maternal Health in Nigeria: Facts and Figures. Retrieved on 26th September, 2017. http://aphrc.org/wp-content/uploads/2017/06/APHRC-2017-fact-sheet-maternal-health-in-Nigeria- facts-and-figures.pdf

World Health Organization (WHO) (2016). WHO Recommendations on Antenatal Care for a positive-pregnancy experience: Provision of effective antenatal care. Retrieved from http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/Google Scholar

WHO (2017). Nigeria fights high maternal mortality through improved quality of care. Retrieved From https://www.afro.who.int/news/nigeria-fights-high-maternal-mortality-through-improved-quality care

World Health Organization (WHO) (2018). Maternal Mortality Retrieved from https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

Zegeye, A., Bitew, B., & Koye, D. (2013). Prevalence and Determinants of Early Antenatal Care Visit among Pregnant Women Attending Antenatal Care in Debre Berhan Health Institutions, Central Ethiopia. *African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive*, *17*(4), 130-136. Retrieved February 10, 2020, from www.jstor.org/stable/24362419

## Author's Profile

**O.A Dawodu** teaches at the Department of Sociology University of Benin, Edo State where she obtained both her B.Sc. and M.Sc. degrees. She is currently a Ph.D. student, specializing in Medical Sociology at the Nnamdi Azikiwe University, Akwa, Anambra State, Nigeria. Her areas of interest include: Medical Sociology, Gender Studies, and Social Psychology. She can be contacted via; tosindawodu02@gmail.com

**I.U Nwankwo** is professor of Medical Sociology at the Nnamdi Azikiwe University, Akwa, Anambra State, Nigeria. He is the Editor-in-Chief of the Nigerian Medical Sociology and International Journal of Health and Social Inquiry (IJHSI). His area of interest is in Health Sociology, Health Policy and Finance, Gender and Health, Environmental Sociology. He can be contacted via; iunwankwo@yahoo.com

# Patients' and Relatives' Satisfaction with Neurological Care in a Nigerian Hospital

**[1]Ruth E. Omu**

[1]Department of Sociology, Niger Delta University, Nigeria

**Correspondence:** rutex02@gmail.com

**Abstract**

Neurological disorders when measured in Disability Adjusted Life Years; an estimate of individuals who are ill or die in each age-sex group and location is 8,079,967 people in Western Sub-Saharan Africa. Patients and their relatives are often faced with challenges when seeking neurological care. This study examined patients' and relatives' satisfaction with adult neurology care services in a Nigerian hospital. The study design was exploratory. The University College Hospital Ibadan was purposively selected for the study. The target population included patients and their relatives who received care at the neurology unit of the university college hospital. The qualitative study employed an in-depth interview guide to gathering information from patients and their relatives. Twenty-six In-depth Interviews (IDIs) were conducted; twelve IDIs among patients and fourteen IDIs among relatives. The retrieved data were transcribed, coded and analysed using Atlas. ti (Version 6.2). Patients' and relatives' satisfaction with health care services was described using eight domains of health care including admission into the hospital, health workers/patients' relationship, communication of treatment information, referral service, support service e.g. laboratory services, post-hospital rehabilitation program or plan of action, family member involvement in treatment, and cost of treatment. Findings showed that patients and their relatives expressed a mixture of satisfaction and dissatisfaction with the care received. Respondents were satisfied with some aspects of care and were dissatisfied with others; however, the study recommended that there is a need for more training on effective management of health worker/patient relationship, being a major determinant of satisfaction with care.

**Keywords:** Ibadan, Neurological care, Patient Satisfaction, Relatives, Service delivery

## Introduction

Customer satisfaction is commonly viewed as a result of a comparison between consumer expectation and experience; it is the extent to which a product's perceived performance matches a buyer's expectations. Thus, if the product's performance falls short of expectations, the buyer is dissatisfied, that is, customer satisfaction is achieved when the final deliverable (i.e., experience) meets expectation. If performance matches or exceeds expectations, the buyer is satisfied (Kotler and Keller, 2005). Satisfaction is important to the individual consumer because it reflects a positive outcome from the outlay of scarce resources, and/or the fulfilment of previously unmet needs (Khristianto, Kertahadi & Suyadi, 2012).

Customer satisfaction is a concept that has its roots in consumer marketing and is a measure of how the services or products of a company meet or exceed the anticipated expectations of the customer. Accordingly, the quality of the service encountered is measured against the customer's expectations. For example, if the service experienced approximates the expectations, the customer

tends to be indifferent to service quality and satisfaction. On the other hand, if expectations are notmet (disconfirmed), the customer judges service quality as low (Kupfer & Bond, 2012).

In the health care industry, the focus has shifted from healthcare providers to the consumers of these services with patients' satisfaction receiving increased attention. Research findings indicate that the patient's perception of care is related to interpersonal relationships, and suggest that personal interactions between health professionals and patients significantly influence patient satisfaction (Lyu, Wick, Housman, Freischlag & Makary, 2013). This is predicated on the fact that it is an important indicator of the quality of care (Aimola, et al, 2019) and it determines whether an individual who seeks medical advice will comply with the treatment and maintain a good and continuing interpersonal relationship with practitioners as poor patient satisfaction can lead to poor adherence to treatment with consequently poor health outcomes (Morrison, Siu, Leipzig, Cassel & Meier, 2000; Andaleeb, 2001).

The experience of patients and relatives is important because it determines their treatment outcome, satisfaction and whether they would refer people to seek help. Where there is a negative experience, or when the experience does not meet expectations, there is most likely going to be a withdrawal, search for alternative care and discouragement of others who would want to seek help thereby increasing the burden of neurological disorders.

The satisfaction of patients and their relatives is based on their preconceptions and various experiences with health care which could be positive or negative. A good experience will lead to higher satisfaction, whereas an ugly experience often results in dissatisfaction. An evaluation will allow finding out the gap in the services for future improvement and to reach the desired goal (Pramanik, 2016). Satisfaction with neurological care has been understudied. This study sets out to describe patients' and relatives' satisfaction with neurological care service delivery in a Nigerian hospital.

## Materials and Methods

### *Research Design and Study Area*

The exploratory research design with a qualitative approach was adopted for the study to understand the experiences of neurological service users. The study was conducted at the Neurology Department of the University College Hospital, Ibadan. The hospital is a tertiary referral centre owned and funded by the Federal Government of Nigeria. The study area was purposively selected because it was the first neurological centre to be established by Africa's first neurologist. The hospital was founded in 1948 and was established by an act of parliament in November 1952. The hospital is strategically located in Ibadan, Oyo State of Nigeria.

### *Study Population/Sample*

The respondents for the interview were selected from the population of patients and relatives of the patients who visited the hospital for care. Twelve in-depth interviews were conducted among the patients and fourteen in-depth interviews were conducted among relatives to gather

relevant information. The respondents were purposively selected based on the availability and ability to respond to interview questions. The sample size was determined at the point of saturation when there was no more new information to gather. The socio-demographic characteristics of the patients and relatives are presented in Table 1.

***Inclusion Criteria***

The respondents were those diagnosed of neurological conditions such as stroke, epilepsy, migraine headache, insomnia, spinal muscular atrophy and Parkinson's disease, who are either admitted or receiving outpatient care in the unit and are within the age bracket of 18 years and above. Respondents who were below 18 years or unable to respond to the interview due to the state of health were excluded.

***Instrument/Data collection***

Qualitative methods of data collection were used to gather information on the subject. Data were collected through in-depth interviews (IDI) with the aid of an in-depth interviews guide. The interviews were conducted among in-patient and out-patients and their relatives receiving neurological care at the University College Hospital Ibadan. An in-depth interview guide was used to generate detailed and vital information from patients about issues related to the focus of the study. The use of the method is underscored by the need to understand the satisfaction of patients and relatives with service delivery by asking questions such as "How would you describe your satisfaction with neurological service delivery at the hospital?" Eight domains of health care including admission into the hospital, health workers/patients' relationship, communication of treatment information, referral service, support service e.g., laboratory services, post-hospital rehabilitation program or plan of action, family member involvement in treatment, and cost of treatment were used to describe respondents' satisfaction with neurological care at the university college hospital. Validity and reliability were achieved by giving the instrument to experts in the field. Their view was used to modify, re-shape and validate the contents of the instrument.

***Data Analysis***

The qualitative data retrieved through in-depth interviews were tape-recorded and renamed using respondents' codes to ensure anonymity and easy identification. The data collected were translated and transcribed depending on the medium in which interviews were conducted. Data were content-thematically analysed. Verbatim quotes of respondents were used in data analysis; however, these quotes were edited to correct some grammatical errors.

***Ethical consideration***

Ethical approval with reference number UI/SSHEC/2017/0012 and permission letter were obtained from the University of Ibadan, Social Sciences and Humanities Research Ethics Committee and the Chairman, Medical Advisory Committee at the University College Hospital before the commencement of data collection. The principles of voluntariness, the confidentiality of data, beneficence to respondents and non-malfeasance to respondents were strictly adhered to.

## Results

### *Background Characteristics of Respondents*

The data reveals that 2 (16.7%) patients are within the ages of 18-30, 6 (50%) are 31-50 and 4 (33.3%) are 51 and above respectively, with 9 (75%) of them being males and 3 (25%) being females. For Marital status, the data reveals that 7 (58.3%) of them are married, 4 (33.3%) are single and 1 (8.3%) of them is widowed.

With regard to ethnicity, the data reveals that the respondents are predominantly Yorubas making up 8 (66.7%) of the respondents, followed by Bini and Afemai 2 (16.7%) in Edo state, 1 (8.3%) Igbo and 1 (8.3%) Arab, a native of Mecca in Saudi Arabia. We have more Yorubas in our sample because the study was conducted in a Yoruba community. Also, the outcome of religion shows that respondents were predominantly Christians, making up 10 (83.3%) of them followed by Islam 2 (16.7%). The outcome on education shows that 4 (33.3%) have FSLC, 2 (16.7%) each have a diploma certificate, a B.Sc., and have other certificates, and 1 (8.3%) never went to school.

**Table 1: Socio-demographic characteristics of respondents**

| Socio-Demographic Characteristics | Patients (%) | Relatives (%) |
|---|---|---|
| **Age** | | |
| 18-30 | 2 (16.7%) | 8 (57.1%) |
| 31-50 | 6 (50%) | 4 (28.6%) |
| 51 and above | 4 (33.3%) | 2 (14.3%) |
| **Sex** | | |
| Males | 9 (75%) | 7 (50%) |
| Females | 3 (25%) | 7 (50%) |
| **Marital status** | | |
| Married | 7 (58.3%) | 7 (50%) |
| Single | 4 (33.3%) | 6 (42.9%) |
| Widowed | 1 (8.3%) | 1 (7.1%) |
| **Ethnicity** | | |
| Yoruba | 8 (66.7%) | 10 (71.4%) |
| Bini | 2 (16.7%) | 1 (7.1%) |
| Afemai | 2 (16.7%) | 1 (7.1%) |
| Igbo | 1 (8.3%) | - |
| Arab | 1 (8.3%) | - |
| Akoko | - | 1 (7.1%) |
| Idoma | - | 1 (7.1%) |
| **Religion** | | |
| Christians | 10 (83.3%) | 12 (85.7%) |
| Moslems | 2 (16.7%) | 1 (7.1%) |
| African Traditionalist | - | 1 (7.1%) |
| **Education** | | |
| No formal education | 1 (8.3%) | - |
| FSLC | 4 (33.3%) | 1 (7.1%) |
| SSCE | 2 (16.7%) | 3 (21.4%) |
| Diploma | 2 (16.7%) | 4 (28.6%) |
| NCE | - | 2 (14.3%) |
| B.Sc. | 2 (16.7%) | 4 (28.6%) |
| Others | 2 (16.7%) | - |
| **Occupation** | | |

| | | |
|---|---|---|
| Unemployed | 2 (16.7%) | - |
| Students | - | 2 (14.3%) |
| Self-employed | 1 (8.3%) | 3 (21.4%) |
| Trading | 6 (50%) | 3 (21.4%) |
| Civil Servants | 3 (25%) | 5 (35.7%) |
| Retired | - | 1 (7.1%) |
| **Income** | | |
| No source of income | 3 (25%) | 3 (21.4%) |
| Can't calculate monthly income | 3 (25%) | 4 (28.6%) |
| #10,000 - #30,000 | 2 (16.7%) | 3 (21.4%) |
| #31,000 - #50,000 | 3 (25%) | 2 (14.3%) |
| #51,000 and above | 1 (8.3%) | 2 (14.3%) |
| **Relationship with patient** | | |
| Parent | - | 1 (7.1%) |
| Son/Daughter | - | 5 (35.7%) |
| Spouse | - | 1 (7.1%) |
| Nephews/Nieces | - | 2 (14.3%) |
| Brother/Sister | - | 1 (7.1%) |
| Friend/Employee/Helper | - | 4 (28.6%) |
| **Medical condition** | | |
| Stroke | 5 (41.7%) | 6 (43%) |
| Epilepsy | 2 (16.7%) | - |
| High blood pressure | 2 (16.7%) | 2 (16.7%) |
| Migraine headache | 1 (8.3%) | 1 (7.1%) |
| Insomnia | 1 (8.3%) | - |
| Spinal muscular atrophy | 1 (8.3%) | - |
| Parkinson's Disease | - | 3 (21.4%) |
| Don't know the name | - | 2 (14.3%) |
| **Patient status** | | |
| In-Patients | 1(8.3%) | - |
| Out-Patients | 11 (91.7%) | 14 (100%) |
| **Length of time of medical condition** | | |
| Less than 2 months | 2 (16.7%) | 3 (21.3%) |
| More than 2 months but less than 1 year | 3 (25%) | 2 (14.4%) |
| Between 1 – 3 years | 3 (25%) | 2 (14.3%) |
| Over 3 years | 3 (25%) | 2 (14.3%) |
| Can't say when it started | 1 (8.3%) | 5 (35.7%) |
| **The person who brought them to UCH** | | |
| Doctor's Referral | 3 (25%) | - |
| On their own | 3 (25%) | - |
| Child | 1 (8.3%) | - |
| Brothers | 2 (16.7%) | - |
| Spouse | 2 (16.7%) | - |
| Parent | 1 (8.3%) | - |
| **The period of time they've been accessing care at UCH** | | |
| Can't say how long | 3 (25%) | - |
| Less than 1 month | 2 (16.7%) | - |
| 1 – 2 months | 3 (25%) | - |
| More than 2 months but less than 1 year | 2 (16.7%) | - |
| Over 1 year | 2 (16.7%) | - |

Moreover, 2 (16.7%) of the respondents were unemployed, 1 (8.3%) was self-employed, 6 (50%) were traders involved in one form of business or the other and 3 (25%) were civil servants. This

reveals that the major occupation of the people is trading. Also, respondents with no income were 3 (25%), those who could not calculate their monthly income were 3 (25%), those earning within the range of #10,000 and #30,000 were 2 (16.7%), those whose earnings fell within the range of #31,000 and #50,000 were 3 (25%) and 1 (8.3%) earns 51,000 and above.

On the issue of their medical condition, 5 (41.7%) had a stroke, 2 (16.7%) persons had epilepsy and hypertension, and 1 (8.3%) individual each had a migraine headache, insomnia and spinal muscular atrophy (type 4). This reveals that stroke is a more predominant illness in theneurology unit. Additionally, one of the patients 1(8.3%) was an inpatient while 11 (91.7%) were outpatients. On how long they've had their medical conditions, 2 (16.7%) have had it for less than2 months, 3 (25%) each have had it for more than 2 months but less than 1 year, between 1-3 yearsand over 3 years and 1 (8.3%) cannot say when it started.

Also, on the question of who brought them to the university college hospital, 3 (25%) came on referral from other hospitals, 3 (25%) came on their own, 1 (8.3%) was brought by their child, 2 (16.7%) were brought by their brothers, 2 (16.7%) were brought by their spouse and 1 (8.3%) by their parent. This reveals that we have more referral cases and those who came on their own. And finally, 3 (25%) cannot say how long they have been accessing care at the University College Hospital,2 (16.7%) have been coming for less than 1 month, 3 (25%) have been coming between 1-2 months, 2 (16.7%) have been coming for almost a year and 2 (16.7%) have been accessing care for over a year now.

***Background Characteristics of Relatives***

The data further reveals that 8 (57.1%) relatives are within the ages of 18-30, 4 (28.6%) are within the ages of 31-50 and 2 (14.3%) were 50 years and above with 7 (50%) of them being males and 7 (50%) being females. For Marital status, the data reveals that 7 (50%) of them are married, 6 (42.9%) are single and 1 (7.1%) of them is widowed.

With regard to ethnicity, the data reveals that the respondents are predominantly Yorubas making up 10 (71.4%) of the respondents, followed by Bini, Akoko Edo and Afemai 3 (21.3%) in Edo state, and 1 (7.1%) Idoma. We have more Yorubas in our sample because the study was conducted in a Yoruba community. Also, the outcome on religion shows that respondents were predominantly Christians, making up 12 (85.7%) of the respondents and 1 (7.1%) Islam as well as 1 (7.1%) African Traditional Religion. The outcome on education shows that 1 (7.1%) has a FSLC, 3 (21.4%) have their SSCE, 2 (14.3%) have NCE, 4 (28.6%) have a diploma certificate and 4 (28.6%) have a B.Sc.

Moreover, 2 (14.3%) of the respondents were students, 3 (21.4%) were self-employed, 3 (21.4%) were traders involved in one form of business or the other and 5 (35.7%) were civil servants and 1 (7.1%) was retired. This reveals that the majority of the relatives were on paid employment, being employees of government institution. In addition, respondents with no income were 3

(21.4%), those who could not calculate their monthly income were 4 (28.6%), those earning within the range of ₦10,000 and ₦30,000 were 3 (21.4%), those whose earnings fell within the range of ₦31,000 and ₦50,000 were 2 (14.3%) and 2 (14.3%) earned ₦51,000 and above as monthly income. Furthermore, for the relationship the respondents have with patients, the result shows that 1 (7.1%)was a parent, 5 (35.7%) were either sons or daughters, 1 (7.1%) was a spouse, 2 (14.3%) were a nephew/niece,1 (7.1%) was a brother/sister and 4 (28.6%) was made up of others who were friends, an employeeand a helper.

On the issue of the medical condition of their relative, 6 (43%) had a stroke, 2 (16.7%) had high blood pressure, 1 (7.1%) individual had a migraine headache, 3 (21.4%) had Parkinson's disease, and, 2 (14.3%) do not know the name of the medical condition of their relative.This also reveals that stroke is a more predominant illness in the neurology unit. On how long their relative had had their medical conditions, 3 (21.3%) have had it for less than 2 months, 2 (14.4%)have had it for more than 2 months but less than 1 year, 2 (14.3%) have had it between 1-3 years,2 (14.3%) have had it for over 3 years and 5 (35.7%) cannot say when it started.

***Satisfaction with Neurological Care***

Satisfaction with health care has often been described using various domains of care; however, this study described patients and relative's satisfaction in relation to these eight (8) domains: Admission into the Hospital, Health Workers/Patients Relationship, Communication of treatment information,Referral service, Support Service, Post-hospital rehabilitation program or plan of action, Family member involvement in treatment and the Cost of treatment.

***Admission into the Hospital***

Results showed that some of the respondents were satisfied with the admission process because they got an immediate response from the health providers and the way they were received. A respondent stated thus:

> Well, that depends on individuals. They responded very fast He was admitted on the 27th of May and was discharged on the 3rd. Although the doctor advised that he should be discharged because he was now fully conscious. It wouldn't be good staying in the bed just looking at other people so that another thing won't come up **(IDI/Relative/Female/21 years/June 2017).**

However, some others stated that they were not satisfied due to the absence of a particular response from them. A respondent stated:

> I'm not satisfied with it because there was some kind of reception; they should have given us that we didn't receive **(IDI/Relative/Male/19 years/June 2017).**

However, the particular kind of reception they felt was missing was not stated.

***Health Workers-Patients' Relationship***

The data shows that majority of the respondents were satisfied with the relationship doctors had with them. Doctors according to them were easily approachable; however, they stated that the nurses were harsh, nonchalant, non-receptive and impatient to give needed information to patients. A relative declared:

> Doctors are very good, I love communication. Most of the nurses are good too but some of them are harsh. You can easily walk up to any of the doctors at any time. I'm a paramedical student but I didn't know about some medical words, so I walked up to them and they told me the meaning. But the nurses, they are not good. I'm really satisfied with the doctors but not with the nurses **(IDI/Relative/Female/21 years/June 2017).**

Another said:

> Only the doctors are meeting our needs; the nurses are the problems. They find it hard to have the patience to give you full information on the drugs prescribed by the doctors **(IDI/Relative/Male/19 years/June 2017).**

Results further revealed that the doctors are seen as doing their best and are appreciated for their good work, while the nurses are not, especially the nurses at the reception stand (front desk nurses). A patient stated that:

> Hmmmmmm well, I don't know what to say. Those people at the reception, they are the ones pissing me off. I think they tried but we'll ask them to do better. They should put in more effort. The doctors are good, the nurses are very good **(IDI/Patient/Male/31+ years/June 2017).**

Another participant was however not sure of her satisfaction with the nurses and doctors. She reasoned thus:

> I don't know if I can say I'm satisfied with the doctors and nurses because today they will be okay, tomorrow they will not **(IDI/Relative/Female/43 years/June 2017).**

***Communication of Treatment Information***

The data reveals that treatment information is properly disseminated and most of the respondents were satisfied with the way information were communicated to them. A relative asserted that:

> It's ok, what do they stand to gain if they don't tell us what we need to know **(IDI/Relative/Male/26 years/June 2017)?**

Nevertheless, some of the respondents felt otherwise. According to one of them:

> I'm not satisfied with the communication of treatment information and the cost **(IDI/Relative/Female/30+ years/June 2017).**

***Referral Service***

The result from the data reveals that those who mentioned their satisfaction with referral services were satisfied with their treatment and the way they could express their satisfaction was to thank God for the doctor and their relative who brought them to the University College Hospital.

One of the respondents said:

> I am grateful to my doctor for referring me to UCH **(CS/Patient/Male/73 years/June 2017).**

Another also said:

> I thank God for directing my husband to bring me here **(IDI/Patient/Female/62 years/June 2017).**

***Support Service***

Most of the respondents had a good experience at the laboratory and the pharmacy and as such, were satisfied with it. They, however, claimed that their equipment needs upgrading. A patient claimed that:

> The labs need upgrading but I received full attention while there **(IDI/Patient/Female/62 years/June 2017).**

***Post-Hospital Rehabilitation Programme or Plan of Action***

A majority of the respondents do not have post-hospital rehabilitation or plan of action. They instead expressed the fact that they had nowhere else to go other than to remain with UCH. One of the respondents said:

> I am pleased with UCH; I don't have anywhere else to go to **(IDI/Female/62 years/June 2017).**

However, two respondents whose relatives were receiving post-hospital rehabilitation were satisfied with the care given by the physiotherapist and the speech therapist.

***Family Member Involvement in Treatment***

Patients were satisfied with the way family members were involved in their care. This prompted some of them to pray for their family members and also thank God for the wonderful family they belonged. One of the respondents said:

> I am so happy about the way they have contributed so far to my health and I pray God will bless them **(IDI/Patient/Female/62 years/June 2017).**

One of the relatives stated that:

> Well, I thank God for giving me such wonderful and helpful uncles that are taking care of my dad. **(IDI/Relative/Male/19 years/June 2017)**

***Cost of Treatment***

The results show that some of the respondents were satisfied with the cost of treatment which they regarded as not too expensive when compared to other hospitals, and for the fact that some of them were enrolled on the National Health Insurance Scheme, they pay none or little out-of-pocket.One of the respondents said:

> I am also satisfied with the cost; we are on the NHIS scheme so we don't pay heavily as other people do. **(IDI/Relative/Male/28 years/June 2017)**

However, some of the respondents, although acknowledged the fact that the cost of treatment was high, still expressed satisfaction because they felt the treatment was worth the money spent given thatit also produced positive results, observed in the life of their sick relatives. One participant said:

> There are vivid changes in her health but the drugs prescribed for us here are very expensive. We are okay with the cost of a treatment since we don't have another mother. **(IDI/Relative/Male/30 years/June 2017)**

Meanwhile, one relative asserted that the cost was not patient-friendly. In her words:

> The cost of treatment is not patient-friendly. Verification alone costs a lot of money even before treatment starts. For example, you want to treat malaria; you have spent almost ₦10,000 alone on verification, what is the cost of malaria you want to treat? **(IDI/Relative/Female/42 years/June 2017)**

Furthermore, results revealed that although the majority of the respondents were satisfied, there were other aspects of care they expressed dissatisfaction on, such as the environment, waiting time, mode of payment, equipment and visiting time.

***Environment***

Some of their complaints about the environment were rowdiness, dirty/dusty floors, unpleasant smell, lack of space and restrooms: a participant stated:

> ….. Also, they don't have enough space for relatives that come to visit the patients. When we want to sit, they won't give us seats and they tell us we shouldn't sit by the stairs and you will need the relative when we are gone who are you going to call? **(IDI/Relative/Female/21 years/June 2017)**

Another asserted that:

> What I am not satisfied with is the smell. The smell here is very terrible especially at that other end where the nurses are calling names of patients. I think they should apply something to reduce the smell because this place is not healthy **(IDI/Relative/Male/30 years/June 2017).**

In addition to that, another participant claimed thus:

> We just noticed that the number of restrooms is not enough for the patients here; patients will have to queue before they use the place. **(IDI/Relative/Male/28 years/June 2017)**

***Waiting Time***

Time spent waiting to see a doctor was one area the respondents expressed their dissatisfaction about. According to them, when coming to UCH it means you have to take the whole day off and although they are not satisfied with it, they do not have a choice but to wait. One of them stated:

> I've been here since morning. When you are coming to the hospital, you know you are spending the whole day; it shouldn't be so, right? But that is how it is in UCH; you spend the whole day like I'm doing right now. **(IDI/Relative/Male/26**

**years/June 2017)**

***Mode of Payment***

The mode of payment was described to be more stressful, time-consuming and requiring them to queue for a very long time. According to a respondent:

> And then they now moved to one electronic mode of payment and you need to have like ₦200 minimum balance in your card, and then they expect it to be fast, right? But you spend twice as much time. It happened to me today again, I've been here since morning **(IDI/Relative/Male/26 years/June 2017).**

Another participant reiterated:

> Also, the mode of their payment; You want to pay for a particular thing now, you'll have to go and queue, you can even spend 3 hours to pay for whatever you want to pay, so it's not that encouraging at all **(IDI/Relative/Female/42 years/June 2017).**

***Equipment/Visiting time***

Although the laboratory services were considered as satisfactory, one respondent claimed thus:

> They don't have the equipment. Some pieces of equipment are not functioning. Everything is Polypropylene (PP) lab, whereas all these things are supposed to be working. Why Polypropylene (PP) lab in a federal government hospital? Something you can do for ₦3,000 here, in Polypropylene (PP) lab, you can do it for ₦9,000; something you can do for ₦1,000, in Polypropylene (PP) lab it's ₦3,000 **(IDI/Relative/Female/43 years/June 2017).**

On the issue of visiting time, one of the relatives said:

> We have our visiting hours which are 11am-12pm and 5-6pm, most times our visiting hour falls when they're doing their ward round, are they going to give us extra time? Even if they give us the extra time it doesn't exceed 30 minutes and which is not supposed to be, that's very bad **(IDI/Relative/Female/21 years/June 2017).**

The data further revealed that patients were more satisfied with the care received than their relatives as relatives had more challenges and complaints than the patients. Also, results from the data revealed that a relationship exists between satisfaction with care and the quality of life of patients. The data showed that satisfied respondents had experienced positive changes in their health since they commenced treatment at the university college hospital. Not only does their physical health influence their positive perception of the UCH, their psychological health, social relationships they still maintained as well as their perception of the environment attributed to their satisfaction.

One of the respondents asserted that:

> Before they used to bring me with a wheelchair but I walk here now myself even though I can't do a lot of things now because of my age. I used to think a lot before because there was a year that I couldn't go and urinate myself, someone has to take me to the toilet and do everything for me but I am much better now **(CS/Female/72 years/June 2017).**

Another participant also said:

> She couldn't talk before but now she is trying, it is just that her speech is not good. Also, she couldn't walk before but now she can walk well. She doesn't think, she plays with everybody, her friends and social relations are very supportive. There is freedom, security and the environment are conducive. **(IDI/Relative/Male/30 years/June 2017)**

On the other hand, one of those who expressed the fact that she was not sure of her satisfaction with the care received had a relative whose condition had not improved. She spoke thus:

> She was okay before, quiet, gentle hardworking. She was a hairdresser, but now she can't do anything, she can't work and she can't walk on her own if she tries that she'll fall and if she continues like that it will get worse. She has lost her will **(IDI/Relative/Female/43 years/June 2017).**

Her description of her relative's quality of life shows that there has not been any visible improvement and this has affected her perception of the quality of care received at the University College Hospital. On a general note, majority of the respondents expressed their satisfaction with the services rendered at the University College Hospital as they claimed that the care they received was up to and even beyond their expectation. A patient asserted thus:

> I am very satisfied with them; I'm going to give them 85% **(IDI/Patient/Male/27 years/June 2017).**

One of the relatives reiterated by saying:

> I think it's good, very good. I am satisfied, excellent care… I know the UCH very well before coming here. I know what I'm expecting so I'm satisfied **(IDI/Relative/Male/86 years/June 2017).**

However, some were partially satisfied with the overall care but were particularly satisfied with certain aspects of services rendered. One of the respondents stated thus:

> I cannot say I am totally satisfied with their care here, but at least, I'm okay with the way the doctors relate and the way they communicate my treatment to me. I am also satisfied with the involvement of my children as well as the cost of treatment **(IDI/Patient/Male/58 years/June 2017).**

**Discussion**

The result from the data revealed that the respondents had a mixture of satisfaction and dissatisfaction with the care received. Findings from the study revealed a mixture of dissatisfaction and satisfaction among respondents with the admission process. Some of the respondents confessed to haven received prompt attention from the health professionals while some did not. It is incongruent with an earlier study that found long waiting hours as one component of dissatisfaction at the university college hospital, Ibadan (Akinpelu, Olaleye, Odole & Otaiku, 2014). This shows that satisfaction was driven by patients' experiences with admission and discharge (Israr, Awan, Jan, Ahmad and Ahmad, 2016). Patients and their relatives were satisfied

with the doctors' relationship with them. This finding is supported by previous studies that also revealed that patients were satisfied because they were treated respectably and also, caregivers were highly satisfied with care because their recipients were treated with kindness and respect by the hospital staff and their personal needs were attended to (Walsh, O'Neill, Hannigan and Harmon, 2019). Also, patients who perceive the attitude of the staff as good were more likely to be satisfied with services (Siddiqi, Amin & Saboor, 2019).

It is expected that doctors and nurses communicate treatment information in a clear and friendly manner to patients because when the nature of treatment is explained to patients, it increases their awareness of what to expect and they can better handle their situation which in turn increases their satisfaction (Karaca and Durna, 2019). This finding supports this study as data reveals that most respondents were satisfied with the way information were disseminated to them. The study further revealed that respondents were satisfied with their referral service because it yielded positive results for them. This finding is in agreement with earlier studies that revealed that patients referred to a neurologist had a high satisfaction as it resulted in a better outcome (Roberts, Costelloe, Hutchinson and Tubridy, 2007).

Patient satisfaction with support services was a result of the services rendered by the laboratory and pharmacy. When clear information about drugs (how to use, when to use, storage etc.) are explained to patients and their relatives as well as counselling, it yields higher satisfaction (Surya, Kamal and Putri, 2019). Furthermore, most of the respondents do not have a plan of action and are not ready to plan for post-hospital rehabilitation because they see the UCH as sufficient enough to meet their needs. This contradicts earlier reports that post-hospital rehabilitation is vital for the recovery process of patients as it facilitates their healing process as well as increases independence in daily living activities and that hospitalization alone is not enough to achieve community adjustment for patients (Winstein, *et al,* 2016).

The study revealed that patients, as well as their relatives, were satisfied with the involvement of family members in the treatment of their sick relative. This is mostly influenced by the various role family members play in the course of treatment such as including the financial, physical, social and psychological role and this has been found to increase overall patient satisfaction (Gesell and Wolosin, 2004). Furthermore, the study shows that some respondents were satisfied with the cost whereas, a section of the respondents were of the view that the cost of treatment was expensive and it influenced their satisfaction with care. Earlier studies revealed that patients were dissatisfied with the cost of care and service provided due to the high delivery cost and unaffordability (Forkan and Rahman, 2011; Tayelgn, Zegeye and Kebede, 2011; Shisana, et al, 2013).

Furthermore, while respondents showed dissatisfaction with certain aspects of care, satisfaction

was higher depending on the state of health of the patient. When there is an improvement in the health of the patient, respondents assessed the UCH as being good and this explains one of the reasons why most of the respondents do not have post-hospital plans because they have seen changes in their health and that of their relatives.

## Conclusion

The results showed that patients and relatives were satisfied as well as dissatisfied with the various aspects of care described in this study. Generally, respondents were satisfied with neurological care received at the University College Hospital, Ibadan. Also, since health professionals appear to be doing their best in a bid to provide quality health care, there is a need for them to do more in areas of human relations which determines patients' perceptions of the quality of services provided and thus affects treatment outcomes. Health care providers should focus on patient-centred care which takes into consideration the perception and expectation of patients as satisfaction with care is a direct result of not just perception of the hospital setting, but also informal aspects of care such as their interaction with healthcare providers.

## Recommendations

One major finding from the study was the fact that doctors had a better relationship with the patients and their relatives than the nurses and this should not be because of the essential role nurses were to play. The nurses' mandate expects them to be closer to the patients than the doctors but the study found out that it was the other way round. There is, therefore, the need for further studies to determine factors that influenced the closeness of doctors to patients more than the nurses.

## Acknowledgements

The author wishes to acknowledge the management of the University College Hospital, Ibadan for granting us access to conduct this research work. Also, the author wishes to thank all the patients and their families who participated in the study.

**References**

Aimola, L., Gordon-Brown, J., Etherington, A., Zalewska, K., Cooper, S. and Crawford, M. J. (2019). Patient-reported experience and quality of care for people with schizophrenia. *BMC Psychiatry*, 19:17.

Akinpelu, A. O., Olaleye, O. A., Odole, A. C. and Otaiku, O. A. (2014). Informal Stroke Caregivers' Satisfaction with Healthcare Services in a Tertiary Healthcare Centre in Ibadan, Nigeria. *Int. J. Caring Sci.*,7:148-56.

Andaleeb, S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Social Science Medicine*, 52: 1359-1370.

Forkan, G. M. and Rahman, M. S. (2011). Measuring Patient Satisfaction Level of Out-Patient Department (OPD): A Study on Square Hospital Limited. *Eastern University Journal*, 3:Issue-2. ISSN No.1998 – 7889.

Gesell, S. B. and Wolosin, R. J. (2004). Inpatient Ratings of Care in 5 Common Clinical Conditions. *Qual Manag Health Care*, 13:222–7.

Israr, M., Awan, N., Jan, D., Ahmad, N. and Ahmad S. (2016). Patients' Perception, Views, and Satisfaction with Community Health Center Services at Mardan District of Khyber Pakhtunkhwa. *Am J Public Health Res*, 4:79-81.

Karaca, A. and Durna, Z. (2019). Patient Satisfaction with the quality of nursing care. *Nurs Open*, 6:535-45.

Khristianto, W., Kertahadi, I. and Suyadi, I. (2012). The influence of information, system and service on customer satisfaction and loyalty in online shopping. *International Journal of Academic Research.* 4.2: 28-32.

Kotler, P. and Keller, K. L. (2005). *Marketing Management*. 12th Edition. Prentice Hall of India Private Limited, New Delhi-110 001, p. 144.

Kupfer, J. M. and Bond, E. U. (2012). Patient Satisfaction and Patient-Centered Care: Necessary but Not Equal. *Journal of American Medical Association*, *Vol*. 308, No. 2: 139-140.

Lyu, H. Wick, E. C., Housman, M., Freischlag, J. A. and Makary, M. A. (2013). Patient Satisfaction as a Possible Indicator of Quality Surgical Care. *JAMA Surg.*, *148*(4):362- 367

Morrison, R. S., Siu, A. L., Leipzig, R. M., Cassel, C. K., & Meier, D. E. (2000). The hard task of improving the quality of care at the end of life. *Archives of Internal Medicine*, 160: 743-747

Pramanik, A. (2016). Patients' Perception of Service Quality of Health Care Services in India:A Comparative Study on Urban and Rural Hospitals. *Journal Health Manag*, 18:1–13.

Roberts, K., Costelloe, D., Hutchinson, M. and Tubridy, N. (2007). What difference does a neurologist make in a general hospital? Estimating the impact of neurology consultations on in-patient care. *Irish J Med Sci*, 176:211–4.

Shisana, O., *et al.* (2013). *South African National Health and Nutrition Examination Survey (SANHANES-1)*. Cape Town: HSRC Press.

Siddiqi, S., Amin, F. and Saboor, F. (2019). Factors Associated with Patient Satisfaction – Evidence from a Primary Care Not For Profit Organization in Karachi, Pakistan. *JBUMDC*, 9: 38-42.

Surya, S., Kamal, S. and Putri L. E. (2019). Evaluation of Patient Satisfaction Towards Pharmacy Services at Hospital Outpatient Pharmacies in Padang. *Borneo J Pharm*, 2:31- 4.

Tayelgn, A., Zegeye, D. T. and Kebede, Y. (2011). Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia. *BMC Pregnancy Child*, 11:78.

Walsh, S., O'Neill, A., Hannigan, A. and Harmon, D. (2019). Patient-rated Physician empathy and patient satisfaction during pain clinic consultations. *Irish J Med Sci*, 1971:1-6.

Winstein, C. J., *et al*. (2016). *Guidelines for Adult Stroke Rehabilitation and Recovery.* AGuideline for Healthcare Professionals from the American Heart Association/American Stroke Association and on behalf of the American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on Quality of Care and Outcomes Research.

**Author's Profiles**

**Ms Ruth Ebikaboere Omu** is a Lecturer in the Department of Sociology, Niger Delta University, Wilberforce Island, Bayelsa State. Her area of research interests includes health and illness, and gender studies. She is a member of the Nigerian Anthropological and Sociological Practitioners Association (NASA).She is currently a doctoral student of the Department of Sociology, University of Ibadan, Oyo State, Nigeria. She can be contacted via rutex02@gmail.com

# Cattle Rustling and Kidnapping in Northern Nigeria: A Review

**[1]Ahmed T. Mahmoud, PhD and [2]Abanimebon C. Augustine, PhD**

[1]Department of Sociology, Federal University of Kashere, Gombe State
[2]Department of Sociology/Psychology, Delta State University Abraka, Nigeria
***Correspondence:*** mamudzee@gmail.com

## Abstract

The prevalence of cattle rustling and kidnapping has been widespread, particularly in the northern part of Nigeria where cattle rearing is predominantly practised. A vast number of people have been disposed of their belongings, and families, others traumatized as many reported cases of rapeand kidnapping is being associated within the region. The main causes of violent deaths in these areas were political issues, land issues, religious issues, cattle grazing and road accidents. Thus, emerged as a major security challenge in Nigeria. As a criminal enterprise, it has consequences forthe socio-economic, political, cultural, and psychological spheres of our dear society and this transformation has seen as the emergence of well-coordinated and well-funded criminal acts in virtually every state in the northern area. Therefore, it has become a major source of concern not only its implications on the size of the herd and the suffering it generates, but also on the threat it poses to the very survival of state institutions in places where it occurs. The paper recommends, among other things, the adoption of Conflict Resolution Mechanism and Amnesty as well as Socio-economic policies that would lead to the rehabilitation and reconstruction of the affected communities.

**Keywords:** Internal Security, Organized Crime, Violent Crimes, Unemployment, Poverty

## Introduction

The rising wave of terrorism, cattle rustling, kidnappings, and ethnic crisis in Nigeria constitutes a devastating threat to the security of lives and property. The high incidence of cattle rustling and kidnapping in Northern Nigeria has heightened fears among the populace and international community (Cheserek, 2017). Its effect has also eaten deep into the economy of the country with influencing factors extending beyond religious and political reasons (Akowe & Kayode, 2014).

Cattle rustling and kidnapping have emerged as a major security challenge in Northern Nigeria. Its consequences also affect the socio-economic, political, cultural, and psychological state of the region. More worrisome is the trends and dynamics of extant transformation of cattle rustling to kidnapping with violence accentuated by militarized weapons, ruthless brutality and deadly criminality (Bello, 2018). With the recent involvement of "Boko Haram" armed pundits in rustling several human lives, are loss, destruction and displacement of several rural communities have occurred, and thousands of cattle rustlings. More so, this development is accompanied by security threats and anxiety among the inhabitants of Northern Nigeria (Greiner, 2013). The basic understanding of contemporary cattle rustling is that it is a form of crime associated with livelihood and motivated by criminal intent to expropriate grazing cattle for

meat or sale (Manyok, 2017). In most cases, the rustlers kill or maim herders and rape women before dispossessing them of their cows, while in some instances, kidnap girls and women in the process (Adeniyi, 2015).

Ishaya and Abaje, (2015) reported that several villages in the areas lying between four Northern States of Kaduna, Katsina, Zamfara, and Niger have been under siege from cattle rustlers, who freely unleash terror on helpless herders and farmers. Although cattle rustling has been rampant in the rural areas of Northern Nigeria, it does not only pose serious security challenges in rural settings it also threatens places located outside of the rural area in Northern Nigeria.

Akowe and Kayode (2014) observe that cattle rustlers are usually migrants who do not have a permanent settlement, and more often than not, move from one place to another in search of greener pastures. This paper examines cattle rustling and kidnapping in Northern Nigeria, highlighting relevant implications for policy action.

**Conceptual Clarifications**

**Cattle Rustling**

Okoli and Okpaleke (2014) opined that conceptually, the term "cattle rustling" appears to have evolved into a more or less standardized specialist nomenclature. Hence, the concept is almost universally applied to designate the act of stealing cattle from grazing herd notwithstanding the motivation or contextual specifics. Some recent studies have however used the notion of "cattle road" to denote the same reality.

Cattle rustling has been for ages, as it is like any other property, with an economic gain to the perpetrators. Cattle rustling has increasingly become lethal leading to deaths and destruction of lives and properties. This is a phenomenon that has become part and parcel of armed cattle raiding. In this paper, cattle rustling means the stealing or planning, organizing, attempting, aiding or abetting the stealing of livestock by any person where in most cases the theft is accompanied by dangerous weapons and violence. Cattle rustling among Fulani pastoralists for instance is regarded as a socio-cultural practice for exhibiting bravery, perseverance and prowess regulated and sanctioned by their elderly kinsmen (Joshia, 2000). Cattle rustling during the primitive days were localized, seasonal, customary and non-militarized using traditional spears with less violence (Olaniyan & Yahayam, 2016).

**Kidnapping**

Kidnapping is a crime of seizing, abducting or carrying away persons by force by subjecting the person to involuntary servitude in an attempt to get a ransom or perpetuate another crime. Abraham (2010), defines kidnapping as an act of seizing, taking away and keeping a person in custody either by force or fraud. It includes snatching and seizing a person to collect a ransom in return or settle some scores of disagreements among people. Fage and Alabi (2017:289) conceived kidnapping as "forceful or fraudulent abduction of an individual or a group of individuals for reasons ranging

from economic, political, religious to [struggling for] self-determination". In criminal law, kidnapping is defined as taking away a person by force, threat or deceit with the intent to cause him/her to be detained against his or her will (Asuquo, 2009).

**Violent Crime**

Violence and crime are overlapping domains: some acts of violence are not criminal or even deviant. For example, violence in self-defence, violence by social control agents (parents and police), and violence in war are typically neither criminal nor deviant. Thus, *violent crime* is a *crime* in which an offender or perpetrator uses or threatens to use force upon a victim. This entails both *crimes* in which the *violent* act is the objective, such as murder or rape, as well as *crimes* in which *violence* is used as a form of coercion. Violent crime involves both crime and violence. The crime involves rule-breaking while violence involves intentional harm-doing using physical means. Therefore, an understanding of violent crime requires an understanding of both aggression and deviance.

**Internal Security**

Internal security is the act of keeping peace within the borders of a sovereign state or other self-governing territories, generally by upholding the national law and defending against internal threats. The forces responsible for internal security include the police, paramilitary, and in exceptional circumstances, the military. According to Akin (2008), security is any laid down procedures aimed at protecting persons and property against hostility. He also asserted that security is a situation whereby a conducive atmosphere is created within which people in the state can go about their normal daily activities without threat to either their lives or properties. Thus, internal security relates to the presence of peace, safety, happiness and protection of human and physical resources and the absence of crisis (Greiner, 2013).

**Theoretical Explanation**

To understand the complexity of cattle rustling and kidnapping in Northern Nigeria; this study adopts the Social Cubism perspective as a theoretical framework. As a theory, social cubism has been utilized in identifying challenges experienced in places where violence has erupted and in assessing the appropriateness of the interventions initiated to alleviate such problems (Byrne & Carter, 1996). Initially, the theory of social cubism was predominately used in analysing territorial conflicts, but this does not mean that it cannot be used in the analysis of conflicts occurring in divergent areas including cattle rustling and kidnapping practices in Northern Nigeria. This approach is indispensable in the understanding of cattle rustling and kidnapping because it explores conflict from historical, economic, psychological, religious, and political viewpoints. The preoccupation with criminal inclinations has produced a lop-sided picture of the causes of crime, but this is being corrected by emerging studies as evident in the work of environmental criminologists, showing how some social settings provide more criminal opportunities than others. Yet critics often downplay opportunities or temptations as true causes of crime. To demonstrate

this misconception, this paper maintains that crime can occur without physical opportunities to do so. Whatever are criminal inclinations, one cannot commit a crime without physical requirements. Since criminal opportunities are necessary conditions for crime to occur, then nothing happens without a causal factor. By and large, the theory is based on a belief that people and societies faced with imminent threats tend to develop a collective instinct to challenge their aggressor to which, in some cases, people or society collectively respond by finding ways to cope or confront the threat.

**Issues and Factors Associating with Cattle Rustling and Kidnapping in Northern Nigeria**

There is no single factor responsible for cattle rustling and kidnapping in Nigeria, rather the interplay of several factors, including climate change, absence of security in remote/ rural communities, spread and proliferation of illegal small arms and light weapons, and the insatiable desire for cow-herds-wealth among others.

According to Olaniyan and Yahaya (2016), most rustling activities takes place in States own reserves because the forest offers the perfect location for the criminals to hide out from security forces. Some of these reserves are gradually becoming ungoverned spaces due to lapses in the Nigerian security architecture which recently generated clamour for the establishment of community policing as a panacea for curbing rustling and other forms of rural banditry.

Political and religious factors are among the leading causes of violence and death in Nigeria. In 2018 kidnapping, cultism, armed robbery, piracy, cattle rustling, banditry, ritual and extrajudicial killings were; among the crimes, reported across the 36 states and the FCT. Out of 3,425 fatalities caused by criminal incidents, kidnapping resulted in 930 across 15 states, with Zamfara (714) and Kaduna (100) states accounting for over half of the total. The situation in Zamfara defied the government's efforts to stem the tide (Olaniyan & Yahaya, 2016). In June 2018, the Federal Government drafted Special Army Forces drawn from various services including the Nigerian Army, the Nigerian Air Force, the Nigerian Navy, the State Security Service, the Nigerian Police and the Nigerian Security and Civil Defence Corps to combat kidnappers in the state. However, 582 fatalities were recorded in kidnappers' attacks on ten (10) Local Government Areas (LGAs) in Zamfara following the arrival of soldiers in June 2018.

Over the years, cattle rustling and kidnapping have evolved into a pattern of organized crime with immense criminal sophistication and efficiency. Contemporary cattle rustlers operate with modern weaponry and their operations are marked by trans-locational and trans-national syndication (Myers, 1996). The basic understanding regarding contemporary cattle rustling is that it is a form of livelihood crime, motivated by both the criminal intent to expropriate grazing cattle for meat and sale (Manyok, 2017).

From 2011 to date not fewer than three thousand people were allegedly killed even as thousands of others were injured, and married women have been abducted, raped and impregnated (Carling, 2006). This created additional states of uncertainty as hundreds of residents and households resorted to embarking on forceful migration due to the fear of the unknown. A field estimate has

it that, over seventy-six communities across fourteen local government areas in Zamfara state have been deserted by its residents due to the consequences of Kidnapper's attack or notice of possible attack (Bello, 2018).

While this tragedy has continued to cause the people and government of Zamfara state sleepless night, the situation has taken an advanced level when dozens of cases of abduction and human kidnapping are recorded in almost all the local governments across Zamfara state. Field estimate has shown that over one hundred people have been either kidnapped or abducted in demand for millions of naira as ransom. Bello (2018) argues that in the Dansadau axis of Zamfara state alone, record from studies conducted in the rural areas showed that, over fifty-two people have been abducted and kidnapped by suspected bandits within a couple fifty days. He further argued that, at one time, forty-two people were collectively kidnapped before the government initiated a deal to get them released and reunited with their families (Myers, 1996).

**The Implication of Cattle Rustling and Kidnapping in Northern Nigeria**

The ugly development of cattle rustling and kidnapping also led to the increasing public perception that the state security architecture isweak, hence, the increase in the prevalence of abduction and kidnapping rather than decrease. Bashir(2019), argues, that over fifteen recorded cases of abduction and kidnapping in communities showed that community settlers usually inform security agents in confidence immediately after ithappened, but surprisingly, security agencies have been unable to avert or arrest the accused persons. As such, many of the village dwellers conclude that the state security architecture is weak hence the failure of conflict from its infant stage. When citizens lose hope in the power of the state security architecture, they resort to taking the most decisive measures of "self-defence"and that may lead to a state of anarchy (Carling, 2006). The Emir of Zamfara Anka once declared that by the time people feel that the state security apparatus was not capable of protecting their lives and properties, they may resort to self-defence themselves self-defence (Bello, 2018).

Another implication of the present situation at hand is that it exposes other criminals to chances of turning to human kidnappers because they may have seen how the venture is profitable. Balarabe (2018) argues that those who are into minor criminality like theft and cellular snatching may decide to form a network of human kidnapping given also that perpetrators of criminal acts are sometimes protected by the state apparatus.

Recent developments tend to have implicated cattle rustling and kidnapping in the rising wave of violence in Northern Nigeria, as exemplified in the phenomenon of Boko Haram insurgency and herder/farmer conflicts (Okoli and Atelhe, 2014; Okoli and Iortyer, 2014). This scenario has accentuate the significance of cattle rustling as a fundamental national security problem in Nigeria.

In furtherance, rustling and kidnapping activities are a threat to public safety and security in Northern Nigeria. It has led to the loss of lives, human injury, population displacements, as well

as loss of several cattle. This situation goes with repercussions that do not portend well for the collective wellbeing of the herding communities. Thus, it creates a sense of insecurity which can hamper the productivity of the herding enterprise. The strategic implication of this development is that it has the capacity of continuation if not adequately curb; raising the instrumental value and utility of cattle rustling and kidnapping to a level where its solution, would be difficult to attend.

The phenomenon of cattle rustling is no longer restricted to herdsmen as a tradition but has assumed a wider dimension involving criminality perpetrated by non-pastoral syndicates with its attendant consequences. This is because, in a society where the incidence of kidnapping is high, fear limits people's lives and actions. People often move with caution as they do not know who might be the next target. The rich surround themselves with security guards because of their fear of getting kidnapped. That is why the negative effects of being abducted are huge, consequently leading to depression, anxiety, and post-traumatic stress syndrome which may last a lifetime. This, constitutes a veritable threat to Northern Nigeria's sustainable development in the light of the following: (i) Growing of social inequality and marginalization; (ii) High level of poverty and socio-economic malaise; (iii) It creates an atmosphere of public insecurity, thereby endangering the prospects of societal progress; (iv) It has often led to the loss of investment capital, closure of businesses, and unemployment; (v) It leads to loss of life, a threat to public safety; (vi) It results in a negative perception of Nigeria on the international scene, with its negative consequences on trade, tourism and Foreign Direct Investment; and (vii) It sabotages economic growth and development by way of capital and investment flight.

**Conclusion**

The paper concludes that that among the several implications of the criminal activities of cattle rustling and kidnapping are deaths, immigration, internal displacements, and rape, poverty resulting from destruction of the source of livelihood, and early marriage made possible by earnings from rustled cattle or raided livestock by youths. Also, the frequent attacks on the farmers and other innocent citizens in the last couple of years by the herders have assumed an alarming dimension. This is evident in the crimes against persons in terms of murder and injuries inflicted by the cattle rustlers and kidnappers on people in different communities across most States in Northern in Nigeria. The paper, therefore, urges relevant stakeholders, to adopt genuine innovations ɒpromote unity and peace in Northern Nigeria.

**Recommendations**

The paper provides the following recommendations:

1. Policies that focus solely on single government agencies, such as security agencies or the enactment of laws are unlikely to succeed. Instead, a coordinated preventive measure is necessary which shall be championed by the Police Force in addition to military strategies.
2. On the issue of political thuggery, the government must be able to take a decisive step in ensuring that miscreants using offensive weapons during electioneering campaigns are

checkmated because the same weapons are used to commit armed banditry by the same persons to make ends meet.

3. Governments at all tiers, local and international, not-for-profit organizations, and the international community, must sustain ongoing humanitarian, technical and strategic supports being given to Nigeria; while the country sustains the exploration of more of such collaborations. However, it must be realized that Nigeria is entering a new phase in its war against terrorism, rather than approaching an end to it.
4. Peace education which emphasizes new ways of teaching memories, history, narratives, and ideals of social justice, belonging and human rights should be promoted in both formal and informal spaces of learning.
5. The government must pay attention to the global and regional currents/ undercurrents of violent extremism and how they connect with the local or Nigerian context.
6. There is a need to pay more attention to the physical and psycho-social needs of victims of insurgency including IDPs.
7. Government and communities should continue to welcome, accept, de-radicalize, rehabilitate and reintegrate members of the perpetrators who surrender.
8. The sustenance and broadening of de-radicalization and counter-radicalization, or countering violent extremism are additionally of critical essence.

**References:**

Abraham, U. E (2010). The Social Problem of Kidnapping and its Implication on the Socio-economic Development: A Case Study of Uyo Metropolis. A Masters Degree Thesis, Department of Sociology and Anthropology, University of Uyo, Nigeria.

Adeniyi, T. (2015). Why Incoming FCT Minister Must Act Fast on Cattle Rustling, in: Daily Trust, 1 July, online:

Akowe, T. and Kayode B. (2014). Cattle Rustling: A Northern Nightmare, in: The Nation, 30 March, online: <http://thenation onlineng.net/cattle-rustling-northern-nightmare.

Asuquo, M. E. (2009). The Upsurge of Kidnapping and Its Influence on Public Order in Akwa Ibom State. Unpublished Term Paper, Department of Sociology/Anthropology, University of Uyo, Akwa Ibom State- Nigeria.

Balarabe Z (2018), Aged 58, Resident, Interview Conducted at his home town Mashema town, Zurmi, Local government, 2nd May 2018

Bashir S (2018), Aged 43, Resident, Interview Conducted at his home town Mashema, Zurmi Local government, 2nd May 2018

Bello S (2018), Aged 50, Resident, Interview Conducted at his home town Sabon garin Kaura, Kaura, Maru Local government, 1stnd June 2018

Byrne, S. and Carter, N. (1996). "Social Cubism: Six Social Forces of ethno territorial politics in Northern Ireland and Quebec." Peace and Conflict Studies, Vol. 3 (2).

Carling, J. (2006), "Migration, Human Smuggling and Trafficking from Nigeria to Europe" International Organization for Migration. IOM

Cheserek G.J. (2017). Resource use conflicts between pastoral and agro-pastoral communities in Kenya. A Case study of Pokot and Marakwet. Unpublished PhD thesis, Moi University, Eldoret.

Fage, K. S. & Alabi, D. O. (2017). Nigerian government and politics. Abuja: Basfa Global Concept Ltd.

Greiner, C. (2013). Guns, Land, and Votes: Cattle Rustling and the Politics of Boundary (Re) Making in Northern Kenya, in: African Affairs, 112, 447, 216–237.

Ishaya, S. and I.B. Abaje, (2015). Indigenous People's Perception on Climate Change and Adaptation Strategies in Jema'a Local Government Area of Kaduna State, Nigeria. Journal of Geography and Regional Planning, 1(8): 138-143.

Joshia, O. (2000). The Sociology of Insecurity: Cattle Rustling and Rural Banditry in North-western Kenya. *African Journal on Conflict Resolution*, *1*(2), 11-37.

Manyok, P. T. (2017). Cattle Rustling and Its Effects among Three Communities (Dinka, Murle and Nuer) in Jonglei State, South Sudan (Doctoral dissertation, Nova Southeastern University)

Myers, W. H. (1996), "The emerging threat of transnational organized crime from the East" Crime, Law & Social Change vol. 24: 181-222

Okoli, A.C and Atelhe, G.A (2014). Nomads against Natives: A political ecology of herder/farmer conflicts in Nasarawa State, Nigeria. American International Journal of Contemporary Research, (2), pp.76-88.

Okoli, A.C and Iortyer, B (2014). Banditry and Crisis of public safety in Nigeria: Issues in national security strategies. European Scientific Journal, 10(4), pp.350-362. International Journal of Liberal Arts and Social Science Vol. 2 No. 3 April, 2014 117

Okoli, A.C and Okpaleke, F. (2014). Banditry and Crisis of public safety in Nigeria: Issues in national security strategies. European Scientific Journal, 10(4), pp.350-362.

Olaniyan, A., and Yahaya, A. (2016) Cows, Bandits and Violent Conflicts: Understanding Cattle Rustling in Northern Nigeria. African Spectrum, 51 (3), 93-105.

**Authors' Profiles**

**Ahmed Tanimu Mahmoud**, PhD is a Lecturer at the Federal University, Kashere, Gombe State. His areas of interest generally lie in Criminology and Security including youth-related social problems. He has widely published articles and book chapters/books in these areas in reputable publication outlets. He is a member of the American Society of Criminology (ASC), Nigerian Sociological and Anthropological Practitioners Association (NASA), Teachers Registration Council of Nigeria (TRCN) and Association of Nigerian Educators (ANE). He has participated and presented papers in several international and local conferences. He can be contacted via mamudzee@gmail.com

**Augustine Chukwueroke Abanimebon** (PhD), is a Lecturer at the Delta State University Abraka. His research interest is in Sociology of Development/Industrial Sociology. He has published several articles in both local and international reputable journals in various areas of Sociology and presented papers in different conferences home and abroad. He can be contacted via abanimebon@gmail.com

# Role of the Extended Family on Marital Instability in Egor Local Government Area,Edo State, Nigeria

**[1]Osagie Joseph Egharevba and [1]Joy Iziegbuwa Omosuvbe**

[1]Department of Social Work, University of Benin, Benin City, Edo State, Nigeria
Correspondence: joseph.egharevba@uniben.edu

**Abstract**

The study focused on the role of the extended family on marital instability in Egor Local Government Area of Edo State. The objectives were to ascertain the underlining causes of marital instability among couples and the roles the extended family system play in marital instability. The theoretical framework utilized was the Conjoint Family Counselling Theory. The study adopted a cross-sectional research design. The population comprised literate and non-literate persons aged 18 and above residing in the study area as at the time of the research and have been in marital union. The study involved 200 participants who were selected through the simple random sampling technique from an estimated population of 41,311 people in the area. Instruments of data collection include the use of a structured questionnaire and an in-depth interview guide. The data collected in this study were analysed using descriptive and inferential statistics and the qualitative data were analysed with content analysis. Findings of the study revealed that the extended family members in the study area are part and parcel of the marriages either directly or indirectly. The roles played by the extended family members in marital union impacts the marital dispute or settlement depending on their standpoint. Hence, the study recommended that the extended family members work in harmony with those in a marriage relationship and make sure there is love, peace and mutual understanding between couples.

**Keywords:** Conflicts, Extended Family, Marital Instability,

## Introduction

Human society is made up of a complex network of social interactions that takes or bestows individuals with different roles within a social group, regulated by standard norms. Family is commonly regarded as the most sacred institution of a society that performs primary functions fundamental to human and social life compared to other social institutions. Kalmijn (2013) for example, noted in his study of 280 societies that every society can only continue to exist if the sexual and reproductive functions of the family are met. This means that the survival of any society is determined by the strength and compactness of the basic unit of the social structure of the family. The family could either be of orientation and procreation involving the father, mother and children as the case may be. Family as an institution according to Tolorunleke (2008), is supposed to be an exciting and beautiful adventure and the relationship between husband and wife is intended to get better with every passing day or year. However, many things can mar the relationship. These challenges in a relationship may emanate from different sources and may include poverty, sexual incompatibility between couples, infertility, infidelity, unnecessary interference by in-laws,

opposing religious interests, procreation of only female children in the family, among others (Agboeze, 2004). If these challenges are not properly handled by the couples, it may cause frictions and eventually lead to separation between the marriage partners (Osaigbovo, 2012)

In Nigeria today, the rate at which marital couples experience divorce and re-marriage is quite alarming (Dada & Idowu, 2006). Many families have been and some are still seriously at war with themselves simply because they fail to arrest, manage or resolve conflicting issues between couples or families. The marital instability and conflicts between couples may not be unconnectedwith the harsh economic and social realities coupled with other factors like in-law interference, incompatibility and unwholesome desires of one or both couples. The negative impact of the problem in marriages in Nigeria and the study area particularly is better imagined. The extended family for ages has been the formidable mediator and arbiter in all family problems and squabbles including settling of marital conflict. But the extent to which the extended family is still relevant in a marital settlement is to some extent based on speculation in the modern complex and cosmopolitan Nigerian society.

**Statement of the Problem**

Marriage is an important aspect of human societies which creates identity and root. It is a legal and social commitment that two or more people make to share their lives till death. It is believed to be for procreation, love, companionship, security, status, religious obligations, economic considerations and conforming to social standards. For a marriage to be successful according to Osaigbovo (2015), one needs to be biologically, economically, emotionally and socially matured to take on the responsibilities of marriage. The family has become one of the most widely discussed issues in recent times. The human society is essentially developed and depends on a family enjoying a blissful marital relationship. When couples are getting into marriage, they always vow to remain in the bond of unity and love until death do them part.

The breakdown of the marital relationship has become a global phenomenon affecting both the rich and the poor, from the royal families of princes and princesses down to the downtrodden in cities and peasants in the villages. This shows that marital instability knows no bounds irrespective of the socio-economic and political status of couples in contemporary society (Ibeanu, 2011). This is because most marriages are crisis-ridden as most couples frequently quarrel or fight which may degenerate into separation and divorce in some cases. In some situations, the men resort to wife-beating and regularly punching their wives leaving them battered from time to time, thereby giving them pains and aches that may embitter them for life. In this kind of atmosphere, marriage success cannot thrive (Edinyang, 2012).

The increase in marriage instability rates is one of the most visible changes in contemporary family life (*Barton & Bryant,* 2016). Though some studies (e.g *Addai, Opoku-Agyeman, & Amanfu, 2015)* have reported how the extended family has affected marriage instability The increase of the new forms of instability calls for a deep analysis of the new phenomena to understand their causes and

consequences. Instability and the breakdown of family and conjugal ties have relevant consequences of demographic, social and economic nature for the persons involved. There are negative consequences on the wellbeing of separated or divorced partners as well as on their children's, and the risks of poverty for women with children tends to increase. The problem, therefore, is to examine the impacts of the extended family in marriage instability in Egor Local Government Area of Edo State. This study, therefore, implores the role of the extended family in marital dispute resolution in Egor Local government Area. It specifically examines the nexus between marital instability or otherwise and the role of extended family in the study area.

**Objectives of the Study**

The main aim of the study is to examine the role of the extended family members in marital instability among couples in Egor Local Government Area of Edo state. The specific objectives are to:

1. Ascertain the underlining causes of marital instability among couples in Egor LGA
2. Examine the role of the extended family system on marital instability in Egor Local Government Area.

**Literature Review**

In Nigeria today, the rate at which married couples experience divorce and re-marriage is quite alarming (Dada & Idowu, 2006). Many families have been and some are still seriously at war with themselves simply because they fail to arrest, manage or resolve conflicting issues between couples or families. Marital conflict is a phenomenon that destabilizes the couple, disrupts their joy and the pain is mostly felt by women, yet, it is the least recognized human rights abuse in the world. It is also a profound social problem, sapping women's energy, compromising their physicalhealth, and eroding their self-esteem (Rodgers & Pryor, 1998). Worldwide, information on the amount of conflict in families shows that it is not a rare phenomenon. According to Animasahun (2011), conflict in the marital union could be said to be an extreme example of the failure of supportiveness found in every kind of family, and it can reach extreme levels. While Ezeh(2002) opined that marital conflict has been discovered to be one of the leading causes of death among women and is the most common cause of non-fatal injury.

A family is a conjugal unit that develops as a result of the couple entering into a marriage partnership. However, family lives depend on the way and manner family members stay together. Ideally, every family should be built on a solid foundation devoid of rancour and acrimony. Failure in marriage may arise out of unforeseen circumstances that could befall a couple. The family should not be taken for granted, just as we strive for years to become professional teachers, doctors, lawyers, home economists, engineers, musicians, accountants, etc. It is claimed that one should also struggle to develop a sound and stable family which is built on the rock of love. Onyia and Aniche (2002) further assert that there are two categories of couples in our society today, namely successful and unsuccessful couples.

Most of the problems that ravage our society today are often linked to the lack of effective knowledge of practical psychology on how to service their marriage relationship by the couples. The increased rate at which family conflicts occur in society makes one wonder at the actionsof the spouses, whether they take into considerations the possible consequences on their children and the society at large. The phenomenon of family conflict is as old as the institution of marriageitself. In any family, irrespective of the degree of love and affection among the members, conflicts, quarrels, disagreement, a misunderstanding occurs in-between times (Osaigbovo, 2012).

The African perspective of the family is slightly different from the western perspective. In the African context, and by extension, the Nigerian context, a family consists of the husband, wife, children and the extended families of the couple. Nwobi in Umezulike (2011) defined the family as a bio-social group, a network of persons intimately held together by a bond of social and kinship relationship or blood relationships. Nwobi goes on to say that in the Nigerian context, at least because of the phenomenon of the extended family system, the family is made up of the married couple, their offspring and immediate kit and kin, brothers and sisters of the bridegroom and his parents, relatives-in-law, and any other dependent.

The extended family plays the role of social welfare to families in Africa and Nigeria in particular. The extended family plays an active role in the life of the married couples and largely depends on relations/relatives in time of hardship and need. It is also observed that ageing parents often live with married children in a beneficial situation for both parties (Nwadinigwe & Anyama, 2010).

**Theoretical Framework: Conjoint Family Counselling Theory**

The conjoint family counselling theory was propounded by Virginea Satir (1981) and was adopted for the study because it best explains the subject being investigated, According to Satir, some factors can create family dysfunction, they are as follow: low self-esteem and immature mate selection consideration, marital disappointments and self-centred parenting, immature methods of negotiating personal differences and disagreements, the influence of the wrong imitation from members of the autocratic and paranoid family. The conjoint family theory holds that every individual is geared towards survival, growth and getting close to others and that all behaviours express these aims, no matter how dysfunctional they may appear to be, that what society call sickness, craziness, stupidity or bad behaviour is often a mere attempt on the part of the afflicted person, signal the presence of trouble and call for help (Payne, 2015).

The theory propounded that human beings are limited in their extent of knowledge and ways of understanding themselves as well as in their ability to relate to one another. These theories stipulate that when married couples with marital understanding are careful with the mentioned factors, their family will be stable more so they enjoy family bliss. The conjoint family counselling teaches, clarifies, corrects and shows good examples to members regarding how to relate with, reach, approach, take to, plan time and work with one another. It encourages mates to attend to each other

and the children less. The conjoint family counselling teaches married couples' ways of making their family happy and maintaining family stability.

**Materials and Methods**

The study adopted a cross-sectional survey research design. The essence of the survey method is informed by the fact that the sample was drawn from the target population after which, the inference is made. A survey as a research design is, therefore, more suitable for the study compared to other designs. The population comprised literate and non-literate, male and female from ages 18years and above that currently reside in the study area and have been in a marital union or was once in a marital union. This age range is informed by the fact that 18years is a legally marriageable age in Nigeria as such, anchoring on 18years as a benchmark, places the study on a better pedestal. According to a population estimate of Egor LGA, there are 43,311 people of 18years and above. (National Population Commission, 2010). The sample for the study was 200 respondents using the Cochrane (1977) sample size determination formula $N = \frac{Z^2 P(1-P)}{e^2}$ and was drawn with the aid of the simple random sampling technique from an estimated population of 43,311 people in the area. This was used to give each element in the population an equal and independent chance of being included in the sample. Seventy respondents were selected from each of the three wards in the Local government. Three streets were randomly selected from each of the three (3) wards in the Local Government Areas (LGAs). The researchers proceeded thereafter to pick five (5) Enumeration Areas (EAs) from each of the selected wards. Based on household identification and house-numbering allotted to the individual household in the selected EAs, ten couples were randomly selected from each Enumeration Area. The study employed both primary and secondary sources of data collection. The primary data was sourced directly from the participants in the field while the secondary data involved information from the internet, periodicals, magazines, journals, textbooks and government gazette. For this study quantitative data was obtained, through the use of a questionnaire and while qualitative data was obtained using the interview guide instrument.

**Socio-Demographic Characteristics of Participants**

Table 1, reveals the data on the socio-demographic status of the participants in the study area. The data revealed that participants in the study are predominantly male. For example, 102 representing 51.2% of the participants were male while 95 representing 48.2 are female. The table further reveals the age of participants which shows that 20 representing 10.2% of the participants were between 18years and 24years, participants between 25years and 34years were 44 representing 22.3% of the sample, while those between 35yearsto 44years were 106 (53.8% of the total participants and those from 45years and above were 27(13.7%) of the participants.

**Table 1: The Socio-Demographic Characteristics of Participants**

| | Variables | Responses | Percentage |
|---|---|---|---|
| Sex of participants | Male | 102 | 51.8 |
| | Female | 95 | 48.2 |
| | **TOTAL** | **197** | **100** |
| Age of participants | 18-24years | 20 | 10.2 |
| | 25yrs-34yrs | 44 | 22.3 |
| | 35yrs-44yrs | 106 | 53.8 |
| | 45yrs-above | 27 | 13.7 |
| | **TOTAL** | **197** | **100.0** |
| Religious affiliation | Christianity | 128 | 65.0 |
| | Islam | 17 | 8.6 |
| | ATR | 49 | 24.9 |
| | Others | 3 | 1.5 |
| | **TOTAL** | **197** | **100.0** |
| Highest level of Education | No Formal Education | 5 | 2.5 |
| | Primary Education | 34 | 17.3 |
| | Secondary | 59 | 29.9 |
| | Higher Education/B.Sc | 81 | 41.1 |
| | M.SC/PhD | 18 | 9.1 |
| | **TOTAL** | **197** | **100.0** |
| Ethnic Group | Yoruba | 19 | 9.6 |
| | Hausa | 3 | 1.5 |
| | Igbo | 52 | 26.3 |
| | Benin | 55 | 27.9 |
| | Others | 68 | 34.5 |
| | **TOTAL** | **197** | **100.0** |
| Participants Occupation | Business | 75 | 38 |
| | Civil servant | 37 | 18.7 |
| | Doctor/nurse | 3 | 1.5 |
| | Farmer | 15 | 7.6 |
| | Others | 67 | 34 |
| | **TOTAL** | **197** | **100.0** |
| | Married | 161 | 81.7 |
| | Divorced/Separated | 27 | 13.7 |
| | Widow/widower | 9 | 4.5 |
| | **TOTAL** | **197** | **100.0** |
| Length of stay in Marriage | 1-5 years | 20 | 10.2 |
| | 6-10 years | 123 | 62.4 |
| | 11-15 years | 30 | 15.3 |
| | 16-20year | 17 | 8.6 |
| | 21-25 years | 5 | 2.5 |
| | 26-30 year | 2 | 1 |
| | **TOTAL** | **197** | **100%** |

The table also shows the religious affiliation of the participants. The participants were predominantly Christians. For example, among the total participants, 128 representing 65% were Christians, 17 representing 8.6% were Muslims, 49 representing 24.9% were Traditionalists while 3 representing 1.5% were into other forms of religious worship.

Table 1 also revealed the educational qualification of the participants. Among the total participants, 5 representing 2.5% had no formal education, 34 representing 17.5% had primary education, 59 representing 29.9% had secondary school education as highest qualification, and 81 representing 41.1% had bachelor's degree or equivalent while 18 representing 9.1% had M.Sc./Ph.D. This suggests that among the total participants, the majority had a secondary certificate as the highest-level educational qualification. The table also showed the ethnic group of participants. Among the total participants, 19 representing 9.6% are Yoruba, 3 representing 1.5% are Hausa, 52 representing 26.3% are Igbo while 55 representing 27.9% are Benin and 68 representing 34.5% are from other ethnic groups not specified. The table also revealed the occupation of the participants. Among the total participants, 75 representing 38% are into business, 37 representing 18.7% are civil servants working in different ministries of government. It further reveals that 3 representing 1.5 of the participants are either nurses or doctors, 15 representing 7.6 % are farmers while 67 representing 34% are into other occupations but not disclosed. This suggests that the majority of the participants are into a business while those who are medical practitioners were the least in number. Table 4.1 also reveals that among the participants, 3 representing 1.5% have never been married, 161 representing 81.7% of the participants are married, 27 representing 13.78% are divorced/separated while 6 representing 3.0% are either widows or widowers. This shows that the majority of the participants are married.

Data in Table1 also reveals the length of stay in the marriage. The data shows that among the total participants, 20 representing 10.2% have stayed in marriage between one and five years, 123 representing 62.4% have stayed in marriage between 6 and 10years, 30 representing 15.3% have been in a union between 11 and15years while those that have been in the union between 16 to 20years are 17(8.6%). It is further revealed that those who have been married between 26 to 30 years are two. This shows that those who have stayed in their marriages between 6 to 10years are more and those above 25 years in marital union are the least represented.

**Table 2: Causes of marital conflicts among couples in Egor LGA**

| | **Responses** | **Frequency** | **Percentage (%)** |
|---|---|---|---|
| What are the causes of marital conflicts among couples in Egor LGA? | Unfaithfulness in Marriage | 49 | 24.8 |
| | Incompatibility and lack of communication | 33 | 16.7 |
| | Childlessness and Infertility | 38 | 19.2 |
| | Academic qualification, exposure | 17 | 8.6 |
| | Mother-in-law interference | 38 | 19.2 |
| | Lack of preparation | 22 | 11.1 |
| | **TOTAL** | **197** | **100** |
| Do you think the length of stay in marriage can be a cause of conflict? | Yes | 89 | 45.2 |
| | No | 30 | 15.2 |
| | Undecided | 78 | 39.6 |
| | **TOTAL** | **197** | **100** |
| Marriages without the intrusion of the extended family member stay better and stronger? | Yes | 97 | 49.2 |
| | No | 56 | 28.4 |
| | Undecided | 43 | 21.8 |
| | **TOTAL** | **197** | **100** |

Data in Table 2 answers research question one which covers the causes of marital conflicts among married couples. Four questions were generated to answer the research question. The data revealed that among the all the participants 49 representing 24.8% believe that unfaithfulness in marriage was the underlying cause of marital conflicts among married couple in Egor LGA, 33 representing 16.7% said incompatibility and lack of communication was the leading cause of marital conflict among couples in the study area while 38 representing 19.2% of the total participants said childlessness and infertility was the cause of marital dispute in the study area. It was further revealed that among the total participants, 17 representing 8.6% believe that academic exposure on the part of one of the spouses compared to the other can result in strife in marital union.

The role played by the mother-in-law was also identified as the cause of marital dispute. For example, 38 representing 19.2% believe that the mother-in-law's interference was one of the causes of marital conflict in the area while lack of preparation before entering the union was also identified as the leading cause of marital conflict in the study area. In an in-depth interview, Mrs A stated that the mother-in-law could be a major problem and cause of conflict in the marital union. She said:

> Many mothers-in-law are like the devil out to cause a problem in the marriage. For example, I have been asked to leave my husband's house before because of the activities of my mother-in-law. She comes into the home to dictate, forgetting that she has no right to make any decision in our family. I will say marital union can only be strong and firm when the mother-in-law is not in it. (47-year-old female, Uselu community IDI-2018).

Data in Table.2 while answering the question on whether the length of stay plays part in marital union, 128 representing 65% of the participants agreed that length of stay in marital union plays a role in marital instability, while 50 representing 25.4% disagree. This is in corroboration with (Reher, 2008) who opined that each individual brings to marriage different expectation, personality and adaptive pattern and different conscious and unconscious expectation. As a result of this, conflict is inevitable and the length of stay in the union will give room for each partner to understand themselves better. In that case, it is time that propels people to get acquitted with each other. It was in agreement with this that Anima (2008) concluded that no family, not even the most fortunate is free of stresses of some kind in the union hence they need to be well guided to overcome marital instability.

Data in table 2 also revealed that among the participants, 97 representing 49.2% agreed that marriages without the inference of the extended family member stay better and stronger, 56 representing 28.4% of the total participants do not believe that marriages with the interference of the extended family members have no impact on the marital stability or conflict while 43 representing 21.8% were undecided as to whether marriages without the inference of the extended family member stays better and stronger.

**Table 3. The effectiveness of the extended family system in dispute resolution**

| | Responses | Frequency | Percentage (%) |
|---|---|---|---|
| Do you think extended family members have roles to play in a marital union? | Yes | 74 | 37.6 |
| | No | 123 | 62.4 |
| | **TOTAL** | **197** | **100** |
| Marriages are better handled when members of the family are involved in activities in the marriage? | Yes | 89 | 45.2 |
| | No | 108 | 54.8 |
| | **TOTAL** | **197** | **100** |
| My father/mother-in-law has assisted in settlin the dispute before | Yes | 15 | 7.6 |
| | No | 180 | 91.4 |
| | undecided | 2 | 1 |
| | **TOTAL** | **197** | **100** |
| My spouse respects the opinion of the extended family members when it comes to the dispute resolution | Yes | 134 | 68 |
| | No | 56 | 28.4 |
| | undecided | 7 | 3.6 |
| | **TOTAL** | **197** | **100** |

Data in Table 3 shows participants response to the research question on the effectiveness of the extended family system in dispute resolution among married couples. The data first revealed that among the participants, 74 representing 37.65% of the participants believed that members of the extended family play a great role in marital union. 67 representing 34% of the total participants disagree that member of the extended family has a role to play in the marital union while 56 representing 28.4% of the participants are undecided whether the presence of members of the extended family plays a role in marital union. This shows that the majority of the participants agree that the presence of the extended family plays a role in the marital union. For example, Animasahun (2014) noted that the type of home from which each adolescent came from contributes immensely to the incidence of violent behaviour, and what is happening in each home among parents are factors that can be considered alongside the antisocial behaviour of adolescents. Many researchers agree that the foundation of adolescent violence is rooted in the kind of home the adolescent is brought up in. The basis for good behavioural orientation and good adolescent attitude development is founded on positive parenting.

Data in Table 3 while answering the research question revealed that among the total participants, 89 representing 45.2% of the participants agreed that marriages are better handled when a member of the family is involved in activities of marriage, 78 representing 39.6% of the total participants disagreed that marriages are handled when members of the family are involved in the activities in the marriage. 30 representing 15.2% of the total participants were however undecided. This suggests that the majority of the participants agreed that marriages are better handled when a member of the family is involved in activities in the marriage. Data in Table 3 also answering the research question revealed that among the total participants, 15 representing 7.6% of the participants agree that the father or mother in law has assisted in settling the dispute before, 180

representing 91.4% disagreed while 2 representing 1% of the participants were undecided. This is in corroboration with the fact that fathers are more involved in parenting sons than daughters, perhaps because they play a special role in the emotional and social development of boys, then, having a son increases marital surplus, or the value of marriage relative to single parenthood. Secondly, fathers may simply place a higher value on marriage andfamily if they have a son.

The table also revealed that among the total participants, 134 representing 68% agreed that their spouse respects the opinion of their extended family members on issues relating to dispute resolution, 56 representing 28.4% of the participants disagreed that their spouse respects the opinion of their family members on an issue relating to the marital dispute while 7 representing 3.6% of the total participants were undecided. This suggests that the majority of the participant agreed that their spouse respects the opinion of the extended.

Data in Table 4, answers the research question on the role of the extended family system on marital stability in Egor Local Government Area. Data revealed that among the total 134 representing 68% of the participants agreed that the presence of the extended family member reduces conflict among couples in Egor local government area, 3 representing 1.5% disagreed the presence of the extended family member reduce conflict among couples in the study area while 60 representing 30.5% of the participants were undecided if members if the presence of the extended family member can reduce conflict among couples in Egor Local government area.

**Table 4: The role of the extended family system on marital stability in Egor Local Government Area**

| | **Responses** | **Frequency** | **Percentage (%)** |
|---|---|---|---|
| Are there roles the extended family member play in marriage? | YES | 150 | 96.1 |
| | NO | 14 | 7.1 |
| | Undecided | 33 | 16.8 |
| | **TOTAL** | **197** | **100** |
| Does the presence of extended family member reduce conflict among couples in Egor local government area? | YES | 134 | 68 |
| | NO | 3 | 1.5 |
| | Undecided | 60 | 30.5 |
| | **TOTAL** | **197** | **100** |
| What are the roles you think the extended family member can play in marriage? | The extended family provides welfare, assistance and training | 49 | 24.9 |
| | Educational function | 46 | 23.4 |
| | Help in child training | 19 | 9.6 |
| | it helps reduce the level of social conflict | 83 | 42.1 |
| | **TOTAL** | **197** | **100** |
| Marriages without the interference of the extended family member stay better and stronger? | YES | 89 | 45.2 |
| | NO | 108 | 54.8 |
| | **TOTAL** | **197** | **100** |

The data also revealed the roles extended family member plays. Among the total participants, it was revealed or deduced that 49 representing 24.9% of the participants said the extended family members provide welfare, assistance and training to marriages, 46 representing 23.4% aid the extended family member provided educational functions. 19 representing 9.6% revealed that a member of the extended family members helps in training children particularly when the couples are not around. The table further revealed that among the total participants, 82 representing 42.1% of the participants said family members help to reduce social conflict among disputing families.

Data in Table 4, also answer the research question four. The table reveals that amongst the participants, 89 representing 45.2% agreed that marriages without the interference of the extended family member stay better and stronger. 108 of the participants, however, disagreed with marital autonomy among the extended family members while 65 representing 33% of the total participants are undecided if marriages without the interference of the extended family member stay better and stronger. This could be because they have not experienced a situation where extended family members intrude into their marital affairs. Mr S said:

> The extended family members have good roles they play in family members' lives but those who are already married should be left alone to handle their affairs as matured individuals not to be baby-fed now and then. I have seen a lot of marriages that crashed due to the intrusion of the family members. (45 years Old Male Ugbowo IDI 2018)

## Conclusion

The findings from this study demand urgent attention from all concerned, including the government, extended family members, marriage counsellors, religious leaders, married couples and the entire public. This is because the study has revealed and confirmed the reality of marriage instability and the role the extended family members play in dispute resolution. Little wonders Animasahun and Fatile (2011) noted that prevention is better than cure. Therefore, the results from this study should be of paramount interest and concern to marriage counsellors. Success in preventing and managing the crisis in marriage depends largely on the mutual understanding of the couples involved. The extended family members in Africa are part and parcel of the marriages of a member of the family either directly or indirectly. The roles played by the extended family member in the marital union also impacts the level to which marital dispute is settled.

## Recommendations

Based on the finding of the study the following recommendations have been made;

- Adequate provision should be made for preventive, remedial and rehabilitative counselling, interventions through different bodies such as government and non-governmental organizations {NGO's} for the married and prospective couples to enhance marital stability in the society.
- Extended family members, including parents, should work at ensuring that their children are properly brought up such that they acquire the desired behaviour and virtues that will

sustain them when they grow up and eventually get married so middle well in time of dispute to arrest it from the beginning.

- The existence of mutual understanding should be emphatically stressed as spouses should seek to give their best to keep the wedlock.
- There should be openness and trust among couples, effective communication and the enhancement of friendliness should be worked out.
- Husbands should learn to take their wives out weekly especially for leisure at weekends. This would help instil true unity against the backdrop of disunity and failure.
- From the study and conclusion, it can be observed that the need for additional research on the social background and the role extended family member plays in the marital union should further be carried out. This will help prevent marital instability.

**References**

Addai, I., Opoku-Agyeman, C., & Amanfu, S. K. (2015). Marriage and subjective well-being in Ghana. *African Review of Economics & Finance, 7*(1), 53–79.

Animasahun, R. A. (2014). Marital Conflict, Divorce and Single Parenthood as Predictors of Adolescents' Antisocial Behaviour in Ibadan. *British Journal of Education, Society & Behavioural Science, 4*(5), 592-602.

Animasahun, R. A. (2011). Influence of Marital discord, separation and divorce on poor academic performance of undergraduate students of University of Ibadan. *Nigerian School Health Journal, 23*(1)79-90.

Anima, R. N. (2008) Marital Instability and its Impact on Women and Children of Bangladesh. Shahid Sharawardi College Laxmibazar, Dhaka, Bangladesh

Barton, A. W., & Bryant, C. M. (2016). Financial strain, trajectories of marital processes, and African American newlyweds' marital instability. *Journal of Family Psychology, 30*(6), 657–664. doi:10.1037/fam0000190

Dada, M. F., & Idowu, A. J. (2006). Factors Enhancing Marital Stability as perceived by Educated Spouses in Ilorin Metropolis. *The counsellor, 22*(I) 127-138.

Edinyang, S. D. (2012). "Peace Education". *In Contemporary Issues in Social Studies Education in Nigeria* (ed.) Meziobi, K. A. 235-244

Ezeh, C. A (2002) Marital Problems and their Social Consequences in Nigeria. The Intervention Rate of Social Work Profession, Enugu; Otuson Press.

Ibeanu, O. (2011). "Conceptualizing Peace". *In Introduction to Peace and Conflict Studies in West Africa*. (Ed.) Best, S. G. Ibadan: Spectrum Books Limited, Nigeria.

Kalmijn, M. (2013). "Adult Children's Relationships With Married Parents, Divorced Parents, and Stepparents: Biology, Marriage, or Residence?," *Journal Of Marriage & Family* 75, no. 5, 1187.

National Population Commission (2010) Population Distribution by Sex, State, LGA, and Senatorial District. Volume III Abuja Nigeria

Negiobi, K. A. and Opara, J. M. (2007). *Principles of Family Living.* Owerri: Academic Publishers.

Nwadinigwe. I.P. and Anyama, S.C. (2010) Marital Adjustment and Family Stability Among Couples: Implications for Counselling. *The Lagos Counsellor* 3(1). 62-69

Olarinmoye E. A (2008). Psychological and Social Consequences of Divorce in Ibadan, With Special Reference To Yoruba Customary Law Marriage. PhD. Thesis Unibadan.

Onyia P.C & Aniche A (2002), Sociology & Society, Enugu Five Sense of Production

Osaigbovo, J. E (2012) Influence of Family life Education on Students' Attitude toward divorce and its implications for Social Studies Education. Benin City Edo State.

Payne, J. Q. C. (2015). Family conflict management and family dispute resolution on marriage breakdown and divorce: *Diverse Options, Vol 2*(3)12-16.

Reher, D.S., (2008), Family ties in Western Europe: persistent contrasts, Population and

Development Review, 24: 203-234.

Rodgers, B., & Pryor, C. (2015). Parental divorce and adult psychological distress: Evidence from a National Birth Cohort: A Research Note. *Journal of Child Psychology and Psychiatand Allied Disciplines*, (*38*)867-872.

Tolorunleke, C. A. (2014). Causes of marital conflicts amongst couples in Nigeria: implication for counselling psychologists. *Procedia - Social and Behavioural Sciences 140,* 21 – 26

Sotonade O.A (2008). Comparative Effective of Two Therapeutic Skills in The Resolution of Marital Conflict Among Selected Couples in Ijebu Ode, Ogun State. PhD. Thesis. Unibadan. *The Nigerian Journal of Guidance and Counselling* Vol. 11 (1) 2006: pp. 14-24

Umezulike, R. E. (2011). Family Configuration and Leadership Styles of Household Heads as Predictors of Family Stability in Anambra State of Nigeria. *Unpublished. Ph.D Thesis.* Department of Educational Foundations University of Nigeria, Nsukka.

**Authors' Profiles**

**Mr. Osagie Joseph Egharevba** is a Lecturer in the Department of Social Work and a PhD Student in the same Department, Faculty of Social Sciences, University of Benin, Benin City, Edo State, Nigeria. His areas of interest are School Social Work, Gerontology, Family Social Work, Child's welfare, Social Research and Occupational Social Work. He has various articles in these areas in learned journals both in International, National and local journals, all are university-based outlets. He can be contacted through joseph.egharevba@uniben.edu

**Mrs**. **Joy Iziegbuwa Omosuvbe** is an Assistant Lecturer in the Department of Social Work University of Benin, Benin City. Nigeria her area of speciality is Child and Family welfare. She can be reached via jomosuvbe@gmail.com

# Conjugal Brutality and Women's Productivity in Formal Organizations in Nigeria

**[1]Woyengitari Imbazi**
[1]Department of Sociology, Niger Delta University, Wilberforce Island, Nigeria
***Correspondence:*** imbaziwoyengitari@gmail.com

## Abstract
The frequency of conjugal cruelty against women sweeping across Nigerian society is disturbing and has indeed become a frightening reality. Following this, this study examines conjugal brutality and women's productivity in some selected formal organizations in Obio Akpor local government area of Rivers State. The survey design was employed and a multi-sampling technique was employed to select 200 respondents for the study. The socio-cultural theory of women's oppression was adopted for the study. The structured questionnaire and in-depth Interview (IDI) were used to elicit data from the respondents. Pearson moment correlation coefficient statistical analysis was used to test the formulated hypotheses as well as analysed the data from the field @ .05 levels of significance. Among the findings, the study revealed that out of fear or shame or a combination of both, victims live with psychological scar-traumatized lives due to the injuries inflicted on them by their spouses. In addition, the study also shows that victims exhibit high rates of persistent post-traumatic stress disorder. The study concludes that since education is an indispensable tool for change, all hands must be on deck, including the media to re-educate the average Nigerian man as well as to recognize women as partners in building a new Nigerian society. Based on this, the study recommends that premarital counsel must be planned for intending couples to help them manage their conjugal relationships. Finally, sustainable measures must be put in place to ensure women in formal organisations are protected from conjugal brutality.

Keywords: Conjugal brutality; Formal organizations; Women's productivity; Employers; Female employees

## Introduction
In present-day Nigerian society, conjugal brutality against women has become disturbing, andalso a threat to the peace and safety of women as it undermines their health, emotions, basic rights, freedoms, and welfare. Succinctly put, the verbal, bodily injuries, rape and mental cruelty heard and seen in the reproach against female employees are some of the heart-rending experiences which have crippled womanhood in Nigerian society. It was because of this that Adeyemo & Bamidele (2016) maintained that the scourges of conjugal brutality, as well as other forms of violence against women, have created an uneven gender balance with the female gender being the greatest victim. Sustaining this discourse, it has been observed that one in every three women suffered conjugal violence at the hands of their spouses. From this perspective, Chukwu (2015) upholds that nothing has changed as women are still daily being traumatized and brutalized to the extent that the increasing rate of conjugal brutality has indeed become a frightening reality.

Lamenting on the plight of women, Amnesty International (2005) submitted that women suffer untold pains and are also harmed for imaginary wrongdoings, including being assassinated by family members. The pain and discomfort experienced by most women are atrocious; they have had more pregnancies than they desired to maintain peace and warmth with their partners as denying them sex as often as they desire is equivalent to inviting trouble. Undeniably, women experience emotional disturbance more than any other and are culturally forced to keep sealed lips against their wish; this is one of the features of the patriarchal inclination that is stomach-turning. It is even worse when they are accused of engaging in a sexual relationship outside marriage. They have become powerless in matters that affect them as their dignity is erroneously said to be a function of their marital status; they must keep their marriage no matter the sordid ordeals as quitting makes their dignity worthless. Consequent to this, women victims have been emotionally and psychologically distressed (Abayomi & Kolawole, 2013; Aihie, 2009).

While scholars have denounced this unwholesome treatment against women, it is still disheartening to observe that the insincerity inherent in conjugal brutality against women is heart-breaking. As a signatory to most of the treaties of violence against women, one had expected Nigeria to ensure compliance, but the reverse has been the case as brutality against women is unrelenting in every nook and cranny of Nigerian society. Most worrisome of the double standards was the fact that Nigeria knew of the strong control of patriarchy in the society, yet ahead to endorse all treaties designed to emancipate women. One can hardly understand the essence of this manner of hypocrisy and what it tends to accomplish. As earlier observed, many victims have been unwilling to let anyone know about their hurts and frustrations, and even when the ordeals are heart-breaking with noticeable injuries everywhere, they still disguise and give false explanations to the sustained injuries in an attempt to cover up their bitter and heart-rending experiences. Under this deception, coupled with the fear of being scandalized and stigmatized, many women had been killed, seriously injured or permanently disabled. Despite this, Okolo (2004) contended it is still difficult to have reliable and quantifiable information about conjugal brutality due to its hidden nature. Supporting this declaration, studies have argued among others that women hardly ever report conjugal brutality for fear of more brutalization from spouses. With this, conjugal brutality against women has continued to undermine women's self-confidence thereby pushing them to live traumatized lives – not been able to trust anyone (DEVAW,1993; Haaga et al., 2015).

Since labour productivity is the outcome of workers' ability to boost yield in a friendly environment. It, therefore, implies that conjugal brutality against women is a threat to the overall productivity of women employees in formal organisations. Put differently, there is no denying the fact that conjugal brutality against women is a danger to economic productivity which is measured as a ratio of outputs to inputs. In as much as there is no exceptional method for determining productivity output to determine the level of performance in organizations, nonviolent surroundings improve performance and increases production output considerably. From this perspective, conjugal brutality is, therefore, an aberration in any organizational productivity.

Indeed, since serenity and security are sustainable and veritable values every organization desires to cultivate to increase productivity.

From the foregoing, this study examines the extent to which conjugal brutality has impacted negatively on the overall productivity of women, particularly in the areas of health, emotional instability and attitude of women employees towards productivity output in formal organisations.

**Theoretical Framework**

Undeniably, sociological theory makes research empirically meaningful and the need, therefore, for an appropriate theoretical framework for this academic research cannot be over-emphasized. It is in this vein that the Socio-cultural theory of women's oppression is employed to critically analyse the study because it matches the thinking of contemporary times.

**Socio-Cultural Theory of Women's Oppression**

The socio-cultural theory of women's oppression is premised on the assumption that societal norms, values and roles are culturally determined. The promoters of the theory, particularly Oakley (1974) holds that social life is a reflection of whatever cultural forces are in existence, and therefore has no biological basis. According to her, it is indeed a consequence of both cultural specifications and the social definition of the biology of women. Other scholars submit that the inferior status women assume that the discrimination women face is created by society and perpetuated through the process of gender socialization.

However, it is worthy to observe that gender socialization begins at birth. As Individuals grow from infancy to become aware of their environments, they are socialized to internalize society's expectations. Male children are indoctrinated to be more aggressive and domineering in their behaviour, while girls are socialized to take on quiet, gentle and passive lifestyles. As a result of this, women end up, in the long run, presenting as well as displaying behaviours that give room for their oppression. As earlier noted, there is nothing in the biology of women that make them inferior or rather that warrant their oppression and discrimination. Accordingly, the inferior status of women gives room for their oppression because society defines them and their biology as inferior. Furthermore, society strongly holds that the roles women play and the behaviours they display are assigned to them by society. Sequel to this, women‘s oppression finds root in the way society defines them including their biology.

From the above, it is obvious that in employing this theory, certain fundamental facts were aptly taken into consideration. Among them:

- That discrimination against women is a result of a specific type of cross-gender relation
- That the relationship is centred on the dominant ideology that defines the nature, character and even content of how a men and women should interact
- That the creed views women as lower to men and therefore should be subjected to their control. Regrettably, the ideology defines the status of the men and the women, what their dreams and aspirations should or should not be in society.

- That men socio-cultural command and practice support and or rationalize discrimination against women.

From the foregoing, it is clear that the low status of women is a result of the societal definitions of who a woman is. Since the Nigerian society defines women's biology as being closer to nature and inferior to that of men whose biology is distant from culture, and therefore superior, it implies that culture is superior to nature, and by implication, man can subdue nature, and then oppresses women. In a nutshell, the oppression of women is rooted in the cultural system of the society as the theory further contended that the perpetuation of discrimination against women finds justification in cultural norms and values of the moment. What this declaration implies is simply that the socio-cultural perspective of discrimination against women sees culture as the bane for its existence and prevalence. Since culture is the totality of the way of life of a people in terms of what they do, why they do, what they do, their belief system as well as their norms and values, it is, therefore, an important variable for the understanding of the phenomenon of discrimination against women on the one hand and its prevalence on the other (Ortner, 1974).

## Materials and Methods

The study was conducted in Obio-Akpor local government area in the metropolis of Port Harcourt, Rivers State. Obio-Akpor is one of the major centres of economic activities in Nigeria, and one of the major cities of the Niger Delta, located in Rivers State. Going by the 2006 Census, Obio-Akpor has a population of 464,789, made up mostly of Christians. The choice of Obio-Akpor for this study was due to the increasing number of both big and small formal organizations in the area.

### *Study Design*

The study adopted the descriptive survey design, defined by Orodho (2009) as a systematic empirical method of collecting information by interviewing a sample of respondents and it is the most frequently used method for collecting information about people's habits in a variety of social issues.

### *Sample and Sampling Techniques*

The study adopted the multi-stage sampling technique which was chosen as both the probability and the non-probability sampling techniques in the selection of the sample elements. By the application of the stratified sampling technique, the population was categorized into five groups, namely, tertiary institutions, secondary schools, media houses, Clinic and other related establishments and privately owned formal organisations (hospitality industry, and business enterprises). Thereafter, from each of the stratified groups, the quota sampling technique was adopted to choose 120 respondents as sample elements for the study. In essence, six hundred respondents (600) were selected for the study. But with the use of simple random sampling (pick without replacement), sixty respondents (60) were selected from each of the five stratified named formal organization. From this exercise, three hundred respondents were chosen as sample elements for the study. Out of the three hundred respondents now selected, the researcher purposively selected two hundred respondents (200) as a sample for the study. The choice of

purposive sampling at this point was because the researcher wanted to work with a sample, he could conveniently manage due to financial constraints. By this, the target population in the study consisted of 175 (87.5%) respondents as females, while 25 (12.5%) respondents were male.

### *Methods of Data Collection*

Two main instruments were adopted in the collection of data for the study. The first was a well-structured questionnaire and the second, an in-depth-Interview (IDI). The questionnaire was divided into two sections; Sections A and B. Section A has information on the demographics of respondents such as sex, age, educational qualification, and marital status. Section B comprises contains close-ended questions that focussed on respondents' awareness of conjugal brutality against women and women's productivity in formal organizations.

The second instrument employed in gathering data for the study was the in-depth-Interview (IDI). In-depth-Interview (IDI) is a type of data collection technique that involves oral questioning of respondents individually to obtain in-depth information on conjugal brutality against women, and women's productivity in formal organizations. This method was employed to gather data from respondents because it offered face-to-face interviews with respondents through the assistance of two research assistants in the three designated areas of the study in Obio-Akpor local government area of Rivers State. An interview guide that included a list of questions meant to be explored and suggested probes for follow-ups, using cues from study objectives was provided.

### *Methods of Data Analysis*

The data were edited and coded according to themes which emanated from the research objectives and hypotheses. Quantitative data was derived from closed-ended questions and analysed. In other words, data collected for the study were presented, analysed and interpreted using the simple percentage for demographic characteristics of the respondents. The Pearson moment correlation coefficient statistical analysis was employed to test the significant relationship between the observed frequencies and the expected frequencies on the basis of the hypotheses postulated @ .05 levels of significance.

## Results

### *Socio-Demographic Characteristics of the Respondents*

From the summary of data on the socio-demographic characteristics of the respondents, female respondents outnumbered male. This was because they were more females who participated inthe study; this could be as a result of the fact that the study concerned conjugal brutality and women productivity. As shown on the table, a total of 175 (87.5%) respondents were female while 25 (12.5%) respondents were male. In the distribution of respondents by marital status, married respondents were 120(60%) while those divorced and separated were 40(20%) and 15(2.5%) respectively. Finally, singles were 25(12.5%) of the respondents. From this, those married had the highest representation in the study. Furthermore, the distribution of respondents by religious affiliation revealed that those of Christian faith were 150(75%) and have the largest population of

the respondents while 40(20%) respondents were Muslims and lastly, those of the African traditional faith were 10(5%) of the respondents.

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

| Socio-Demographic Variables | Frequency | Percentages |
|---|---|---|
| **Sex** | | |
| Male | 25 | 12.5% |
| Female | 175 | 87.5% |
| Total | 200 | 100 |
| **Marital Status** | | |
| Married | 120 | 60 |
| Divorced | 40 | 20 |
| Separated | 15 | 7.5 |
| Single | 25 | 12.5 |
| Total | 200 | 100 |
| **Religious Affiliation** | | |
| Christianity | 150 | 75 |
| Islam | 40 | 20 |
| African Traditional Religion | 10 | 5 |
| Total | 200 | 100 |
| **Age categories** | | |
| 25-29 | 35 | 17.5 |
| 30-34 | 75 | 37.5 |
| 35- 39 | 55 | 27.5 |
| 40-44 | 30 | 15.5 |
| 45- Above | 05 | 2.5 |
| Total | 200 | 100 |
| **Level of educational Attainment** | | |
| M.Sc and above | 60 | 30 |
| B.Sc/HND/NCE | 120 | 60 |
| OND/SSCE | 20 | 10 |
| Total | 200 | 100 |

Again, the distribution of respondents by age category showed that those who were in age category of 25-29 were 35 representing 17.5% while who were of 34—39 were 75 representing 37.5%. Respondents numbering 55(27.5%) were in the category of 35-39, while those who were in the category of 40-44 were 30(15.5%), while those who were 45 and above were 5 representing 2.5%**.** Going by this, it is obvious that the distribution of respondents by educational qualification revealed that those with HND/B.Sc. have the largest population of 120 (60%) while 60(30%) respondents represented possessed M.Sc. and above. In a similar vein, those with Ordinary NationalDiploma and Senior Secondary Certificate were 20 (10%) of the respondents.

Since the objective of the study was to examine conjugal brutality and women's productivity in formal organizations, three hypotheses formulated to guide the study were tested using Pearson moment correlation coefficient statistical analysis.

***Relationship between conjugal brutality and poor health status of women***

The result of the analysis revealed that the calculated r-value of 0.45 was higher than the critical r-value of .195 @ 05 level of significance with 98 degree of freedom. With this result the null hypothesis was rejected and the alternate accepted.

**Table 2:** Pearson Correlation statistical analysis of the relationship between conjugal brutality and health status of women in formal organizations (N=200)

| Variables | ΣX<br>ΣY | $\Sigma X^2$<br>$\Sigma Y^2$ | ΣXY | r-value |
|---|---|---|---|---|
| Conjugal brutality | 1808 | 6493 | 39973 | 0.45 |
| Health status of women in formal organizations | 1536 | 4978 | | |

Significant at .05 level, critical r= .195, d.f 98

From this decision, there was a significant relationship between conjugal brutality and health status of women in formal organizations

***Relationship between Conjugal Brutality and Emotional Instability of Women***

From the statistical analysis as presented in table 2, the calculated r-value of 0.74 is greater than the critical r-value of .195 @ 05 levels of significance with 318 degree of freedom. By this, the analysis was statistically significant since the calculated value was higher than the critical value.

**Table 3:** Pearson Correlation statistical analysis of the relationship between conjugal brutality and emotional instability of women in formal organizations N= 200

| Variables | ΣX<br>ΣY | $\Sigma X^2$<br>$\Sigma Y^2$ | ΣXY | r-value |
|---|---|---|---|---|
| Conjugal brutality | 1044 | 14,463 | 4868 | 0.74 |
| Emotional instability of women in formal organizations | 692 | 2636 | | |

Significant @.05 level, critical r= .195, d.f 318

With this result, the null hypothesis was rejected and the alternate hypothesis accepted. This implied that, there was a significant relationship between conjugal brutality and emotional instability of women in formal organizations.

***Relationship between Conjugal Brutality and Attitude of Women towards Productivity Output***

From the table, the calculated r-value of 0.50 is higher than the critical r-value of .195 @ 05 levels of significance with 98 degree of freedom. By this computation, the null hypothesis is rejected, and the alternate hypothesis accepted.

**Table 4:** Pearson Correlation statistical analysis of the relationship between conjugal brutality and the attitude of women towards productivity output in formal organizations (N=200)

| Variables | ΣX<br>ΣY | $\Sigma X^2$<br>$\Sigma Y^2$ | ΣXY | r-value |
|---|---|---|---|---|
| Conjugal brutality | 1721 | 4978 | 36745 | 0.50* |
| Attitude of women's productivity towards productivity | 1536 | 4978 | | |

Significant @ .05 level, critical r= .195, d.f 98

In other words, there was a significant relationship between conjugal brutality and the attitude of women towards productivity output in formal organizations.

***Causes of Emotional Brutality among Women***

In an in-depth interview, a female interviewee calmly responded to the causes of emotional trauma women experience:

> We should learn to surrender our body to our husbands freely at all times, but then we must at the same time understand that men are not satisfied with one woman. We should get used to them. For me, as long as he provides food, money and pays the school fees, I can only beg him to stop because he may contact venereal disease and spread it to you. If he is confronted, he may spring a surprise by marrying the woman as a second wife or, worse still, keep late nights. Instead brooding and crying all nights and getting beaten again, I cuddled him one night and ask him to do what he does outside, he smiled …. And since then, we have been living peacefully (In-depth interview with a 37-yearold woman leader).

Explaining also, one of the male respondents/ interviewees explained that:

> Reporting me to the police is an affront and disrespectful. For one reason, reporting to the police is a way to create unnecessary conduit for wastage of my hard-earned resources, as police officers will only get some money from me and that ends it (In-depth interview with a 38-year-old woman leader).

From this, it can be deduced that because of these emotional problems, the productivity of victims experiences a shortfall. Individuals can only function effectively when they are emotionally stable. Put differently, conjugal brutality affects the emotional state of women, and this turn affects productivity negatively in two opposite directions - when one is increasing the other is decreasing and vice versa. This means that when exposure to conjugal brutality increases, the emotional disorder of victims deteriorates and when their exposure is reduced their emotional state improves.

***Factors that Make Women Remain in Abusive Relationships***

Findings from the study indicated that women in abusive relationship generally stay because of their children and stigmatization that may occur if they return to their father's house. In one of the in-depth interviews conducted, a respondent said:

> Exiting the marriage as many have advocated over time is not that easy; it is very difficult. Some of the complexities revolve around the welfare of the children who might be left in the custody of their father. Leaving them to start another home is tough; the father will concoct stories against me that would make the children hate me forever, and by the way which sane mother would want to leave her children for another woman to be treated as slaves in their father's house. Never, I will not. Now, suppose I exit my marriage because of beatings and other forms of cruelty, re-marry, but unable to have children for my new husband, what becomes of me? Besides, am I ready to crash my marriage, and get further traumatized for eternity? (In-depth interview with a 45-yearold woman leader).

Another interviewee in the in-depth interviews observed:

> If I return to my father's house, people who didn't know what happened will blame, and accuse me of one thing or the other. If I decide to ignore them, my brother's wives will begin to see me as a burden and an intruder. Unfortunately, if I rent a room to live far fromthem and engage in some businesses to earn a living, I will be called a prostitute. What really do I do? (In-depth interview with a 36-yearold woman leader).

Judging from this, it is obvious that women generally condone and are complacent with conjugal brutality, perceiving it as cultural and religious norms. The women respondents felt that reprimands, beating and forced sex affect their physical, mental and productivity in their formal organizations. They dare not report their ordeals to the police or divorcing the man; exiting the marriage would not gain the support of family members, and above all, they expressed fear of re-marrying, social stigmatization, and concern for their children. From these, physical injuries sustained negatively affect their labour productivity output. Unfortunately, the prevailing culture of silence over the plight of victims of conjugal brutality hinders public acknowledgement of the problem. Still, issues bordering on finances was also found to be a cause of conjugal brutality.

A woman interviewee during an in-depth interaction with her observed strongly thus:

> I work and earn a good salary and even pay a good part of the children's school fees, but my husband still beats me mercilessly because he wants me to hand-over my salary to him every month for him to plan for the family. In fact, I get beaten, I mean real beaten every month. My husband is not comfortable with the fact that I call the shots some of the time. To this, I implore men, our husbands, not to insist on controlling their wives' finances. It was feasible in the olden days when every wife was a housewife. Now, women work and earn and contribute to the family income, and cannot surrender their salaries just like that to their husbands (In-depth interview with a 35-year-old mother)

**Discussion of Findings**

Finding from the statistical analysis obtained from hypothesis one revealed that conjugal brutality is traditionally tolerable, and as a result, women employees suffer in silence and even accept the act of brutality as a way of life. In fact, there was unanimous agreement among the respondents (allwomen) that conjugal brutality was pervasive in the area, which had affected their health,

mental and labour productivity. Most of the respondents in the IDIs admitted that their marriages were characterized by fights, bullying and intimidation. They ascribed the pervasiveness to the man's wanting to assert authority and ownership right on everything. For most Nigerian society, particularly the patriarchal ones, conjugal brutality is considered as a mode of discipline and in most cases, evidence of affection and devotion. In addition, the finding is following the work of Barnett and Lavioette (1993) that women make about 1,453,437 medical visits every year to treat injuries resulting from conjugal brutality. Other researchers have also stated that exposure to conjugal brutality significantly led to the poor health status of women in the formal labour sector thereby leading to low productivity. Supporting this declaration, Robert (1996) argues that 39,000 visits were made to physicians' office, while 21,000 inpatient hospitalization and 99,800 days of hospitalization were recorded respectively. These unusual visits to the hospital by these victims were to treat physical injuries like bruises, broken bones, black eyes, swollen faces and psychological and physiological health problems resulting from conjugal cruelty.

The statistical analysis of hypothesis two revealed that exposure to conjugal brutality causes emotional disorder among employed women in formal organizations. The findings of this hypothesis are in accordance with the report of Gberevbie, et al (2014) that in organisations, women who suffer conjugal brutality have significantly higher level of anxiety, depression and somatic complaints than women who have not suffered such abuse. It disrupted women's lives, destroys their health, undermines their confidence, as well as their psychological sense of esteem.

From hypothesis three, the finding showed that there was a significant relationship between conjugal brutality and the attitude of women employees towards productivity output in formal organizations. For example, when a woman says, she doesn't like her job", or that her attitude towards her job is upsetting, and it is evident that this attitude in turn reflects in how she performs the job assigned to her. This is substantiated by CEDAW (1997) that 75% of women experiencing conjugal brutality are targeted at work and, and this has resulted in significant loss of paid and unpaid work time, lost work productivity, poor interpersonal relationships, decreased concentration on job performance, and the trauma of being a victim.

Since conjugal brutality is a performance and productivity concern, 44% to 60% of brutalized victims were reprimanded for poor work attitude (Eze, 2010). Substantiating further, Eze (2010) stated that more than 20% of employed women take time off work because of conjugal violence, and 2% lose their jobs as a direct result of the brutality. Essentially, the cumulative effects of these impacts result in significant costs for employers through lost productivity and hiring new employees.

**Conclusion and Recommendations**

This study attempted a clear analysis of conjugal brutality on women's productivity in formal organizations. The dominance of conjugal cruelty negatively reduces women productivity in formal organizations. Thus, conjugal brutality is a concern that must be tackled headlong in order

to halt the menace because it has plagued women's emotional and psychological well-being for too long without any recourse to changing the narratives.

From the findings and analysis therefore, certain recommendations have been put forward to bring to an end conjugal brutality and guarantee higher productivity for women in formal organizations.

1. The Nigerian Constitution of the Federal Republic of Nigeria (1999) recognizes the essence for equality of women despite the influence of patriarchy, and therefore, the rights and protection of the interest of women must be and all prejudices against women must stopped forthwith to halt women from increasingly becoming endangered in society.
2. Since conjugal violence against women significantly affects employed women in formal organizations, particularly their emotions and attitude towards work, all hands must therefore be on deck to ensure that women are protected from conjugal violence to enable them become productive in their formal setting.
3. The Nigerian society is predominantly patriarchal where women are seen rather than heard. A result, every effort must be made to confront stereotypes that have put womenfolk on this ugly trend. Therefore, awareness creation, education and consultation with stakeholders in the society must be ensured as it will go a long way to help change how society views and understands power relations between men and women.
4. Since it is observed that women keep sealed lips despite being violently assaulted, there should be stringent enforcement of laws to protect women's rights, as well as deter their partners from subjecting them to conjugal violence at the slightest provocation. Henceforth, all cases of conjugal violence against women must be painstakingly probed, and appropriate punishment meted out to perpetrators to discourage other spouses from assaulting their partners.
5. Education is an indispensable tool for change; therefore, government should abolish all statutory, religious and customary laws that promote conjugal violence against women. Above all, there must be a unity of purpose among all non-governmental organizations, including human rights groups, women organizations and the media to re-educate the average Nigerian man to begin to recognize women as partners in development rather than as preys to be devoured.

**References**

Abayomi, A. & Kolawole, T. (2013). Domestic violence and death: women as endangered gender in Nigeria. American Journal of Sociological Research 3(3), pp. 53-60.

Adeyemo, O., & Bamidele, I. (2016). The menace of domestic violence: Improving the lives of women in Nigeria. African Journal of Legal Studies (9), 177–198

Aihie, O. N (2009). Prevalence of domestic violence in Nigeria: Implications for counselling. Edo Journal of Counselling; 2(1).

Amnesty International, Nigeria. (2005). Unheard Voices, Accessed on 12th February 2021 from: *http://web.amnesty.org/ library/index/engafr440042005*

Barnett, O. W. & Laviolette, A. D (1993). It could happen to anyone: Why battered women stay. London: Sage Publication.

Chukwu, C. C. (2015). Castration: As panacea for rape victims in Nigeria. International Journal of Humanities and Social Studies. I (5):1-12

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1997). Consideration of Reports Submitted by States Parties Under Article 18, *2nd and 3rd Periodic Reports of States Parties: Nigeria.* Retrieved from: *http://documentsddsny.un.org/doc/UNDOC/GEN/N97/267/73/img/N9726773.pdf.*

Declaration on the Elimination of Violence against Women (DEVAW) (1993).New York, NY: United Nations General Assembly resolution document. RES/48/104; 1993.

Eze, A. I. (2010). "Domestic violence and Legal Reforms in Nigeria: Prospects and Challenges". Cardozo Journal of Law & Gender Vol. 14, (21).

Gberevbie, D. E.; Osibanjo, A. O.; Adeniji, A. A. & Oludayo, A. O. (2014). An empirical study of gender discrimination and employee performance among Academic Staff of Government Universities in Lagos State, Nigeria. International Journal of Social, Human Science and Engineering.8 (1): 101-108

Haaga, P. T.; Aja, E. F& Chukwuemeka, O. A (2015). Violence against women and its implications on peace and security in Nigeria. International Journal of Peace and Conflict Studies, 2(3): 27-40

Oakley, A. (1974). House wife. London: Allen Lane.

Okolo G.U (2004). Violence against women. Calabar: Baye Communications

Orodho, J. (2009) Elements of Education and Social Science Research Methods. Kenezja Publisher, Maseno, Kenya

Ortner, S. B. (1974). 'Is female to male as nature is to culture? In M. Z. Rosaldo and Lamphere (ed.) women, culture and society. Stanford University Press.

**Author's Profile**

**Mr. Woyengitari Imbazi** Teaches at the Department of Sociology, Faculty of Social Sciences, Niger Delta University, where he is specializing in Industrial Sociology. His areas of interest include: industrial relations, collective bargaining, and industrial conflict. He could be contacted via; imbaziwoyengitari@gmail.com

# A Reflective Review on the Sociology of Deviant Behaviour

**[1]Erebagha T. Ingiabuna, PhD**
[1]Department of Sociology, Niger Delta University, Wilberforce Island, Nigeria
***Correspondence:*** erebaghaingiabuna@gmail.com

**Abstract**
There are rules and regulations in every society that function as people's control mechanisms. People usually want to amass enough money to live a comfortable life. Individuals are required to achieve their goals in a positive atmosphere created by society. If society fails to do so, certain members of society seek out alternate methods of achieving what they want. They go against the grain. They devolve into deviants. They indulge in antisocial or deviant behaviour. Their actions occasionally create hardship for other members of society. Deviant behaviour offenders and victims are, in general, in the minority. The majority of people support the status quo and goes about their daily lives. Thus, this conceptual review explores the fundamental principles of deviance and deviant behaviour, the dimensions, definitions, and forms of deviant behaviour, the causes and consequences of deviant behaviour, as well as some strategies for coping with deviant behaviour in the workplace.

**Keywords:** Deviance, Anomie, Differential association, Labelling, Functionalism

## Introduction

Sociology is the scientific study of society; it is the study of how people behave or misbehave, in a society; it is the study of social interactions or relationships between individuals and groups. Sociology is defined as "the scientific study of the nature, structure, and workings of human society" (Sinclair 1998: 1457); it is "the study of the development, organization, functioning, and classification of human society" (Robinson & Davidson, 2007: 1330). Sociology is the study of social behaviour, or the behaviour of a group of people living in a community, just as Psychology is the study of individual behaviour. Understanding how human action and consciousness shape and are shaped by surrounding cultural and social structures is a major goal of sociology (University of North Carolina, 2020). Sociology of Education is a sub-discipline of sociology. It is a study of the educational consequences of how people act in groups, a study of social behaviour using the educational dimension. In sociology, deviance, or deviant behaviour, is a major theme. Deviance, according to Sinclair (1998: 478), is "the act or state of being deviant," that is, deviating from societal norms, breaking the rules and regulations that bind people together in groups. Deviance is defined as "a departure from standards or methods" (Robinson & Davidson, 2007: 118), i.e., a departure from a group's established way of life or methods of doing things. It has also been defined as "behaviour that violates a group's norm to the point where a sanction could be applied to the violator" (Meier, 2014:1). Deviance, as described in this paper, is behaviour that violates or contradicts society's normative rules, regulations, laws, understandings, or expectations.

Crime, smoking of prohibited substance (e.g Indian hemp), excessive alcoholism, drug addiction, suicide attempts, murder, bullying, electoral malpractice, examination malpractice, raping, kidnapping, etc are all examples of deviance.

Generally, it is just an insignificant minority population that perpetuates criminal behaviour, while the majority are the victims of the effect of these crimes. In other words, in most society, the vast majority of people follow the law and adhere to cultural norms and social values (Boxford, 2006; Free, 2008; Haralambos, Holborn & Heald, 2008:331). However, this notion seems to be fast-changing as recent statistics have started showing the high rate of deviant behaviours especially from youths in most countries. This could be attributed to the breakdown of traditional bond and morals that held traditional societies together. In effect, a deviant is someone who does not behave in a way that society considers normal, appropriate, or acceptable; someone whose behaviour deviates differs, or diverges from what is considered socially acceptable; someone whose actions in society are always wrong, improper, and generally antisocial. Nobody is born with an abnormal personality or a tendency to become a deviant. In essence, to some extent society makes people become deviants when it fails to provide the enabling environment and opportunity for a person to realise his or her aspirations through legitimate means. Nevertheless, it should be noted that this is not always the case, as some born with silver spoon still engage in deviant behaviour. Hence, other factors such as peer influence, excessive greed, and some other socio-psychological and biological factors could also perpetuate deviant behaviours in people.

**Deviance: Place and Time Bound**

Promiscuity or deviant behaviour is location and time-dependent; behaviour that is considered deviant in one location or at one time may not be considered so in another location or at another time. While making noise, skipping lines at bus stops, banks, or utility pay-points may be considered deviant behaviour in Western Europe, Canada, and the United States, it may not be so in Nigeria, Lesotho, or Uganda, where it is often seen as normal in certain situations. While pre-marriage sex and loss of virginity are tolerated in today's society, and the majority of bachelors marry non-virgins, this was not the case in pre-literate societies. For example, in traditional African society, a girl losing her virginity before marriage was a taboo, an abomination. A girl who did so would face shame and ridicule, as well as sanctions and public rejection (Adeyinka, 2013). Similarly, while nudity and homosexualism are now legal in some Western societies (particularly in the United Kingdom and the United States of America), they were once considered abominable acts and anti-social behaviours. Sexual activities between men in the United Kingdom, for example, were once considered anti-social and illegal until 1969, when a law was passed legalizing sexual relationships between two consenting adults over the age of 21. The age of consent was reduced to eighteen (18) years in 1994, and sixteen (16) years in 1998 (Haralambos et al, 2008: 322). Possible reasons or justifications for deviance are implicit in deviance theories.

**Theoretical Perspective**

When it comes to theoretical explanations of deviant behaviours, there are no lack of theories. Notable sociological theories that are used to explain deviant behaviours are the functionalist theory which posit that deviant behaviours play a functional role in society by ultimately helping tocohere different populations within a particular society. From the functionalist perspective, it alsohelps to differentiate between acceptable and unacceptable behaviours in society. The culture is at the heart of a functional theory of deviance. Rather than looking for the root of deviance in people,it searches for it in the essence of culture. Some functionalists, such as Durkheim, believe that crime is an "inescapable part of social life" (Haralambos et al 2008: 322). Many functionalists claim that deviance is "an intrinsic part of all stable cultures" when it comes to deviance. Deviance is a violation of social expectations and principles. Deviance seems to be a challenge to society, given the functionalist focus on common norms and values as the foundation of social order. To hold deviance in check, both functionalists accept that social control structures such as the police and the courts are important. Many functionalists, on the other hand, assume that a certain degree of deviance has beneficial functions that contribute to society's well-being (Haralambos et al, 2008: 322). Industrial strikes, such as the latest strike by resident doctors in Lagos State Hospitals and the long-running strike by the Academic Staff Union of Universities (ASUU), are examples of the only language that Nigerian governments at all levels understand. Every strike is expected to improve the working conditions of workers (especially in developed climes), however, most strikes in Nigeria embarked upon by Unions such as ASUU, JUSUN, NLC and Medical workers associations only result in an insignificant improvement in the form of a slight improvement in welfare and infrastructure development ( e.g revitalisation of infrastructures, provision of equipment and other necessary teaching facilities), as well as paying greater attention to employee welfare and received allowances.

Another notable theory is the Conflict theory whose position is that deviant behaviour emanates structural inequalities emanating mainly from the economic structure of different groups in society. To balance, these inequalities, those who are mainly disadvantaged, will resort to deviant behaviours in order to change their circumstances, change the social structure that engendered their circumstances, or just to “act out” against their oppressors. However, for this conceptual paper, we are adopting the social strain theory as our theoretical framework.

**Social Strain Theory**

One of the most important sociological theories in analysing deviant behaviour in society is the social strain theory developed by the American Sociologist, Robert K. Merton. Merton proposed the classificatory scheme of deviant behaviour based on two criteria: (1) a person’s motivations or adherence to cultural goals; (2) a person’s belief in how to attain her goals. On this note, he proposed five means of by which people achieve their set goals; namely, conformity, innovation, ritualism, retreatism and rebellion. In this study, this theory shall be applied to the Nigerian situation.

1. ***Conformity:*** Those who conform in society seek culturally approved goals using culturally approve means despite differences between expectations and opportunities. For instance, despite the expectations of most honest youths in Nigeria to become wealthy, they still adopt culturally approved means of working hard in low occupations to meet their daily needs. People in these categories are not deviants.
2. ***Innovation***: People who innovate pursue culturally approved goals by adopting socially disapproved means. In Nigeria, Yahoo boys, Kidnappers, 419 practice, embezzlements are all socially disapproved means of making wealth which is a culturally approved goal for people in society. Innovators within the context of this study are usually deviants (Ifeanacho, 2012).
3. ***Ritualism***: In this situation, individuals accept socially approved means, but have no real intention of achieving socially approved goals. Thus, such categories of people just want to work and fulfil all righteousness. In other words, they work hard without really desiring to be rich Clark, 2012). Examples are honest bureaucrats in public and civil service offices and private organisations e.g., Headmasters and Principals in rural areas in Nigeria, clerks in government offices, etc. Though these sets of persons are overzealous with their duties, they are not deviants, unless they engage in sharp practices using their positions.
4. ***Retreatism***: These groups of persons reject both culturally approved means and goals of society. These sets of people have simple resign to fate, while apathetically living their lives (Okonkon, 2005). Examples of people who fall into this category include; some drug addicts, alcoholics, hobos, people living in deviant communes, counter-culture people etc. (Clark, 2012).
5. ***Rebellion***: Those in this category, rejects both the socially approved goals and means prescribed by society and seek to establish new means and goals which is disapproved by society (Okonkon, 2005; Clark, 2012; Ifeanacho, 2012). For example, IPOB members in the South-Eastern part of the country have rejected the means and goals of the Nigerian society which they perceived as not being beneficial to members of their ethnic extraction, hence they have resorted to rebelling against the state. Whether this group of people could be regarded as deviant is a subject of debate. While those that subscribe to their struggle might hail them as freedom fighters, the larger state might perceive them as deviants. The Niger Delta Militants are also good examples of those who fall into this category.

From the above, it can be deduced that only three sets of persons in Merton's categories namely; innovation, retreatism and rebellion could be considered deviants. Merton posited that society set up certain ideals of individual success, but fail to ensure that society was structured so that were equal opportunities for each member to achieve these ideal goals. Hence, people internalize ideas from their society by adopting norms that govern legitimate behaviour to attain specific goals. However, when legitimate ways to achieve their goals or they may abandon the goals altogether (Calhoun, Light, & Kkeller, 1997:155).

**Deviance Dimensions**

Deviant behaviour can take on a variety of social dimensions that help to differentiate it from other types of behaviour. The majority of types of deviance include actions that are patterned and predictable. Judicial murder, armed robbery, rape, abduction, and other offences, for example, include perpetrators and victims in a particular social setting. Many styles of deviant activity are distinguished by traditional patterns of contact between perpetrators and victims, as well as common social circumstances. Other styles of deviant behaviour are more idiosyncratic or peculiar to particular individuals, and therefore do not form repeatable patterns of interaction or are not established by traditional social contexts.

Other features of deviant behaviour include whether it is positive or negative, novel or routine, person or group, episodic or chronic. The dynamic, multidimensional essence of deviant behaviour is due to the overlap of all of these aspects of deviance (Jones & Barlett, 2012: 7).

**Idiosyncratic vs. Patterned**

Deviant behaviours, for the most part, shape patterns of social interactions; that is, individuals in different locations carry out deviant behaviours in similar ways. Date rape, for example, could occur in social events around the country (Lagos, Abuja, Port Harcourt) and follow similar trends. Social isolation, excessive drinking, and drug use, as well as socio-cultural and sub-cultural effects on male-female relationships, distorted behavioural and verbal cues, and social conditions characterized by social isolation, excessive drinking, and drug use, all contribute to an increased risk of violent behaviours or influences. Forced sexual activities are the product of young men's need to dominate and manipulate their female friends or dates. Idiosyncratic types of deviant behaviour are much less common. Idiosyncratic deviance is peculiar to a single person, is generally less socially noticeable, and is often dismissed as "weird" (Jones & Barlett, 2012: 7).

**Negative vs. Positive**

Actions that are illegal, morally, or ethically forbidden, or at the very least irritating to others, are generally considered to be deviant behaviours. Deviant behaviour is believed to have detrimental implications for specific people as well as society as a whole. An individual may be the victim of a violent act, robbery or destruction of property, slander or false rumour, loud noises, or graffiti, for example. Deviant conduct, on the other hand, does not have to be viewed solely in a negative light. Deviations from normative modes of thought and acting are needed for innovative problem solving as well as social and political change. Strikes and nonviolent marches, for example, are meant to draw the government's attention to lapses in the social order, ostensibly as a result of the government's inability to resolve crucial issues such as the economy and protection (Jones & Barlett, 2012: 7-8).

**Routine vs. Innovation**

Inherently deviant, the creative method is a deviation from an established mode of thinking, mode of production, or perception of the physical or social environment. The combination of two or

more scientific ideas or material objects in a novel way is referred to as innovation. Discoveries, inventions, and problem-solving are all made possible by rearranging concepts or physical phenomena. The effects of novel types of deviance may be either positive or negative. Positive examples of creative deviance include scientific breakthroughs and breakthroughs in our understanding of the physical world, uniquely perceptive literary and artistic achievements, and philosophical insights. Deviance in new ways can have negative effects as well. Innovative methods of gaining access to sensitive computer networks or manipulating the flow of knowledge around the world can be used in cybercrime and terrorism. Deviance in the form of routine is much more common than deviance in the form of creativity. Typical deviant behaviours do not necessitate high levels of cognitive capacity or concentrated effort. Acts of terror, drug and alcohol abuse, and most property crimes can be committed with little initiative or forethought (Jones & Barlett, 2012:7).

**Deviance in Individuals vs. Deviance in Groups**

Deviant behaviour can be perpetrated by a single person, a small group, or a large group. Lone offenders or a small group of trusted companions or accomplices engage in the majority of deviant behaviours. Acts of violence, such as murder, rape, and armed robbery, are usually carried out by asingle perpetrator. Individual forms of deviance include cybercrime and terrorism, sex offenses, mental illness, suicide, and substance abuse. Unplanned, spontaneous acts of persons who are largely unknown to one another and are drawn together for a common purpose can be considered group deviance (Jones & Barlett, 2012:7). The ENDSARS protest; disappointed soccer fans' violent outbursts; group outrage and acts of destruction sparked by minority residents of a local community, village, or city following a police shooting of one of their members; and cybercafé criminal networks (*Yahoo Yahoo boys*!).

**When it comes to deviance, there are two types: episodic and chronic**

Deviant behaviour can be limited to specific situations and thus appear episodic, or it can be persistent and extend beyond the immediate social context. Extreme circumstances may cause people to engage in behaviours they would not normally engage in. Most people despise cannibalism; however, when facing certain starvation, an individual may well eat the remains of a deceased occupant of a lost lifeboat at sea. Similarly, inebriated partygoers may act in ways that are contrary to their morality, ethical principles, or social norms (Jones & Barlett, 2012:9).

**Deviant Behaviour**

**Categories and Types**

When parents fail to meet their children's needs, children turn to deviant behaviours at home, such as stealing meat from the soup, stealing money from parents and siblings, bullying siblings and domestic help, failing to go to school, failing to do homework, staying up late, committing incest, smoking cigarettes, and taking drugs. When parents over- indulge their children, they refuse to do housework and instead spend their time playing games and attracting the attention and love of less fortunate children, usually of the opposite gender.

Adolescent behaviour at home is heavily influenced by parental influence. What parents are like, what they do or do not do, has a significant impact on their children's behaviour at home and in othersettings (Bandura, 2000; Cernkovich & Giordano, 1987; David, Tang & Janet, 2004; Johnson, Su,Gerstein, Shinm & Hoffmann, 1995).

**Deviant School Behaviour**: Children's school behaviour is largely influenced by their upbringing. Truancy, smoking, alcohol use, consumption of other illegal substances hidden in their school bags, noisemaking in class, not paying attention to teaching, cheating, bullying, punishing juniors, disrespecting teachers, and avoiding school work like grass cutting are all indicators of deviant conduct among pampered children from affluent homes and neglected children in general (Adeyinka, 2012).

**Deviant Behaviour in the Local Community:** Children and youths in the local community engage in deviant behaviour similar to that which they engage in at home and in school (Brenda, 1983; Diem, 1984). They steal, bully the weak, avoid communal work, smoke, consume alcohol, destroyor deface community or individual property, use hard drugs, and occasionally disrupt society's peace through fighting and violent acts, such as the ENDSARS protests in state capitals and Abuja,Nigeria.

**Peer Group Deviant Behaviour:** In peer groups, everyone wants to be the leader. As a result, the most common deviant behaviour is a struggle for group leadership. Apart from that, members bring to the group the types of actions they participate in at home, school, and in the community, the most prominent of which are smoking, drinking, and using hard drugs, cultism, indecent dressing, and indecent assault on other members, especially women (Adeyinka, 2012, Bandura, 2000; Miller, Loeber, & Hipwell, 2009).

At the state and national levels, deviants are mostly civil servants and members of the political class, particularly those in positions of power or serving in the state or national legislature. The most common deviant activity here is referred to as "white-collar crime," in which wealthy people use their brains and pen to entice money to them (Haralambos et al, 2008: 331). Members of Parliament, for example, may obtain funds for constituency construction and compensation for non-existent constituency offices/staff, but they may use the funds for personal gain. Tax evaders, smugglers, security officials who betray their conscience, Ministers who grant themselves inflated contracts that they never executed but get paid for, and a lot of other people involved in shady businesses are among the deviants in this category. The majority of people are familiar with the nuances of what they do.

**Worship Centre Deviant Behaviour**: Worship centres (churches and mosques) are not immune to deviant behaviours. Power struggles, nepotism, embezzlement, and lust are all normal in these areas,according to newspaper reports.

**Professional Associations' Deviant Behaviour:** It is also common knowledge that there are deviantsamong the leadership and members of professional associations. Struggle for leadership, as a formof deviant conduct, is a popular feature of professional organizations in Nigeria, just as it is in worship centres. Accountants, for example, take an oath to always conduct their duties faithfully and creditably, but often act otherwise.

**Corruption as a Form of Deviant Behaviour:** Corruption is a serious fraud or misuse of power, such as attracting or converting money or property belonging to a corporation, a local community, a professional association, a religious institution, a state, or a nation to one's use. Corruption exists in Nigeria at all levels of socio-political institutions, among the wealthy and the poor, in both public and private sector organizations. Former British Prime Minister, David Cameron once described Nigeria as "fantastically corrupt." Donald Trump, the immediate past President of the United States, made a similar remark. Is it possible that these world leaders are mistaken? Insiders also know that one of Nigeria's biggest issues is corruption, which Buhari vowed to fix when he tookoffice in May, 2015. Nigeria is currently in recession as a result of the leaders' and followers' corrupt practices. Corruption is a type of antisocial behaviours.

Most Nigerians are aware of the prevalence and forms of examination malpractices in the country's educational institutions. Students commit a range of test malpractice in both internal and external tests in order to pass with good grades despite their limited training. The numerous forms of examination malpractice that students indulge in are well-known. It is sufficient to state that examination malpractice is a form of deviant conduct. It includes teachers, pupils, officials from the examination body, and, on occasion, parents.

**Causes of Teenage Deviance Behaviour**

The hypotheses discussed above include some causes of deviant behaviours. People engage in deviant behaviours when society fails to provide them with an encouraging atmosphere and opportunities to achieve their life goals. When this occurs, they take a shortcut to achieve their objectives. Deviance is the short cut. Deviant behaviours in the home can be triggered by parents' inability to educate or care for their children's needs. To put it another way, poor parenting can lead to deviant behaviours in children. Poor parental upbringing, family instability, over-pamperingof children (especially children whose parents are wealthy or in high social positions), poor leadership style of school head, uncommitted teachers, poor learning environment, negative peer group influence, psychological problems, non-assertiveness of students, and exposing students tonegative influences can all contribute to deviant behaviours at school (Adegoke, 2003; Adeyinka, 2012; Asiyai, 2019, Bolu-steve & Esere, 2017; Idrisi, 2016; Suliman, 2011; White, 2016). Generalfrustration, resentment, power struggles, and greed can all contribute to deviance in other settings.

**The Effect of Deviant Conduct on Academic Performance in Students**

At the high school level, for example, deviant behaviours has a negative impact on student retention,

completion, and academic success (Adeyinka, 2012). This is due to the fact that deviant students use their study time to engage in a variety of deviant activities such as truancy, irregular attendance, cheating, intimidation, and performing menial jobs in exchange for small tokens that are usually spent on smoking, drinking, and using hard drugs. The majority of deviants drop out of high school. Others finish their college programmes late, losing one, two, or even three years. Most student deviants do not graduate with good grades, making it difficult for them to progress to a higher education institution. Obtaining good employment is also difficult, particularly when they must compete with non-deviants who have higher grades (Adegoke, 2003; Asiyai, 2019; Chikawture, Oyedele, & Ganyani, 2016).

**Treatment for Adolescent Deviant Behaviour**

Parents use food denial, household tasks, and compound cleaning at home to prevent their children from engaging in more deviant behaviours or acts. Fines and exclusions are often used in the community and among peer groups. The majority of teachers in schools use corporal punishment to handle deviant conduct. Rebuking and verbal reprimand, imprisonment and confinement, exclusion, and referring criminals to higher authorities are some of the other approaches. To minimize deviant activity in schools and universities, collective, reprimand, and reinforcement approaches may be used (Adeyinka, 2012; Bear, 2010; Bolu-Steve & Esere, 2007; Grayson, 2006; Hambara, Nonnemacher & Kern, 2009). Deviant behaviours among peers may result in fines or expulsion from the community (Kelly, 1986; Kelly, Vuolo & Marin, 2017). Severe deviant conduct that leads to crimes is disciplined at the state and national levels with fines and, in some cases, brief detention in police custody or lengthy detention in correctional facilities (a new term for imprisonment). Deviants are routinely brought before legally appointed panels whose rulings are binding on the offenders at the level of worship centres and professional organizations (Ali, Dada, Isiaka & Salmon, 2002).

**Final Thoughts**

Deviance, also known as deviant behaviours, is a deviation from social norms or values, or a behaviour that goes against societal expectations. Deviant behaviour is location and time specific; a behaviour that is considered deviant in one location or time might not be considered so in another. No one isborn with a deviant personality. Circumstances beyond one's control, greed or a desire for power and wealth which lead an individual to reject or disobey the rules, regulations, or laws that tie people together in a local community, state, or country. At home, in the classroom, in the local community, state, in peer groups and within professional and religious organizations, a variety of deviant behaviours are perpetrated. To control different types of deviant behaviour in society, a number of social control systems or techniques are used. The perpetrators and victims of most crimes, such as rape and theft, are in the minority; but, in other situations, such as corruption and a bad attitude toward work, the majority of people are involved, with detrimental effects for everyone. After obtaining the requisite education and training that educational institutions are required to offer, everybody wants to be gainfully employed. With good jobs, everybody wants to live a happier life, raise a family, and fulfil their family's needs. When society

fails to provide an enabling atmosphere or incentive for a person to achieve his goals by ethical means, he may take a shortcut, breaks societal norms, and engages in anti-social behaviour. Corruption, budget padding, overspending on governance, and a negative attitude toward work are examples of deviant behaviour that must be tackled if Nigeria is to progress.

**Ideas for Change**

To achieve a more equal distribution of the nation's resources, governments at all levels should spend less on governance and more on effective education and training of tomorrow's leaders, as well as the provision of effective social services and amenities, basic utilities, facilities and infrastructures, good highways, pipe-borne water, and reliable power supply. With these in place, educational institution products will be employable and will be able to find good jobs in the public or private sector, or they will be able to start their medium, small, or micro enterprises (MSMEs), enabling them to be self-employed and even employing others. Deviant behaviour at all levels would vanish, or at least be reduced when youths are gainfully employed and live in a healthy and stable atmosphere, and the country will emerge from the current recession and national insecurity.

**References**

Adegoke, A. A. (2003). *Adolescents in Africa: Revealing of teenagers in a contemporary African society*. Ibadan: Haddasah Publishing.

Adeyinka, A. A. (2012). *Deviant behaviour in school.* Mimeographed Paper, Department of Educational Foundations, Niger Delta University, Bayelsa State, Nigeria.

Adeyinka, A. A. (2013). 'Pre-Colonial Education in Africa and the Impact of Western Culture.' In A. A Adeyinka., E. E. Osiji, T. T. Asuka, A. O. Orubu & A. A. Allen (Eds). *Integrated foundations of education, volume 1.* Chapter 4, pp. 37-65.

Agew, R. (1985). Social control theory and delinquency: A longitudinal test. *Criminology*, 23: 47-61.

Agnew, R. (1991). A longitudinal test of social control theory and delinquency. *J. Res. Crime Deling*. 28: 126-156

Ali, A. A., Dada, I. T., Isiaka, G. A. & Salmon, S. A. (2002). Management of indiscipline Acts among secondary school students in Shomolu Local Govt. *Journal of Studies in Social Sciences.* 8(2), 254 – 287.

Asiyai, R. I. (2019). Deviant behaviour in secondary school and its impact on students' learning. *Journal of Educational and Social Research, 9(3), 170-177*

Bandura, a. (2000). *Teenage aggression: Study of the influence of education and family relations*. Moscow: Eksmo Press.

Bear, G. G. (2010). *From school discipline to self-discipline*. New York: Guilford Press.

Bolu-Steve, F. N. & Esere, M. O. (2017). Strategies for managing deviant behaviour among in-school adolescents as expressed by secondary school counsellors in Kwara State, Nigeria. *Journal of Human and Social Science*, 9(1), 87-98.

Boxford, S. (2006). *Schools and the problem of crime*. Cullumpton/Devon: Willan Publishing.

Braihy, B. (2003). *The social psychology of aggression.* St. Petersburg: Peter Publishing.

Brender, S. W. (1983). Disobedience and Juvenile justice: Constitutional ramification of childhood as a moral concept. *Journal of Family Law*, 21(3), 457 – 496

Calhoun, C., Light, D., & Keller, S. (1997). *Sociology*, 7th ed. McGraw-Hill Company Inc.

Cernkovich, S., & Giordano, P. (1987). Family relationships and delinquency. Criminology15: coercive family process, and developmental problems of adolescents. *Child Development*. 65: 541-561.

Chikawture, W., Oyedele, V. & Ganyani, I. (2016), Effects of deviant behaviour on academic performance in Matare Urban Primary Schools in Muture District. *European Journal of Psychological Research*. 3(1), 2016

Clark, C.I.D. (2012). *Scientific Sociological Theories.* Fourth Dimension Publishers.

Clinard, M. B. & Meier, R. F. (2012). *Sociology of deviant behaviour.* Australia: Wadsworth Cengage Learning.

David, C, Tang, C & Janet, K. (2004). The impact of pee, family and school on delinquency. *International Social Work*, 47(4), 489-502.

Diem, R. A. (1984). D*isruptive behaviour in schools: A response model.* Published by University of North Caroline Press, 67(3), 141 – 145.

Dienye, V. U. (2004). *Deviant behaviour is schools and society*: *A sociological approach*. Ughelli: Eddy-Joe Publishers.

Free, M. D. (2008). Minorities as Perpetrators and Victims of Crime. In *Encyclopaedia of violence, peace and conflict* (2nd Ed). Available online @ https://www.sciencedirect.com/topics/social-science/deviant behaviour

Grayson, J. (2006). Corporal punishment in schools. *Virginia Child Child Protection Newsletter*, 76, 12-16

Hambara, I. M., Nonnemacher, S., & Kern, I. (2009). Sustaining school-based individualized positive behaviour support. *Journal of Positive Behavioural Intervention*, 11, 161176.

Haralambos, Holborn. M. & Heald, R. (2008). *Sociology themes and perspectives.* London: HarperCollins Publishers Ltd.

Ifeanacho, M. (2012). *Fundamentals of Sociology*. University of Port Harcourt Press.

Idrisi, O. (2016). Causes of deviant behavior among in-school adolescent in Lagos. Unpulished M.Ed Project Submitted to the Department of Educational Foundations, Lagos State University.

Johnson, R. A., Su, S. S., Gerstein, D. R., Shinm, H. C. & Hoffmann, J. P. (1995). Parental influences on deviant behaviour in early adolescence. *Journal of Quantitative Criminology*, 11(2), 167-193.

Jones & Barlett(2012). *An overview of deviant behaviour*. New York: Jones and Barlett Learning LLC, http://bpub.com/9780763797737/97737 ch01-humphreys.pdf

Kelly, H. H. (1986). *The social psychology of groups*. New Jersey: Transaction Publishers.

Kelly, B. C., Vuolo, m., Marin, A. (2017). Multiple dimensions of peer effects and Deviance: drug misuse amomg young adults. *Sociological Research for a Dynamic World*, 3, 1-18.

Meier, R. F. (2014). *The encycloedia of theoretical criminology*: *Deviance.* Available online at https://doi.org/10.1002/9781118517390

Miller, S., Loeber, R. & and Hipwell, A. (2009). Peer deviance, parenting and disruptive behavior among young girls. *J. Abnorm Child Psychol*, 37(2); 139 – 152

Okokon, C.J. (2005). *Sociological Theory: A Historical Analytical Approach on Man and Society.* Serenity Printing and Publishing.

Robinson, R. & Davidson, G. (2001). *Chambers 21st century dictionary.* New Delhi: Allied Chambers

Sinclair, J. M. (Ed) (1998). *Collins English dictionary millennium edition.* Glasgow: Harper Collins Publisher.

Suliman, J. M. (2011). Causes and remedies of deviant behaviour among adolescent as expressed by teachers in Kwara State. Unpublished M.Ed thesis, Department of Counsellor Education, University of Ilorin.

University of Northern Carolina (UNC) (2020). Online material, Department of Sociology, College of Arts and Sciences, available at https//sociology/unc/edu/undergraduateprogram

White, R. (2016). *Youth gangs, violence and social respect: Exploring the nature of provocations and punch-up*. Palgrave: MacMillan.

**Author's Profile**

**Dr. E.T Ingiabuna** is the current Ag. Head of the Department of Sociology, Niger Delta University. He Obtained, his B.Sc., M.Sc. and PhD degree from the University of Port Harcourt. His areas of research include:urban sociology, sociology of the family and social anthropology. He is member of several learned societies including: the Nigerian Anthropological and Sociological Practitioners Association (NASA), Nigerian Society for Urban Studies, Society for Peace Studies and Practice etc. He has presented papers in conferences and has several journal article publications in these areas of specialisations. He can be reached via; erebaghaingiabuna@gmail.com

# Assessment of the Marital Conflicts Resolution Services of the Ministry of Women Affairs, Ilorin, Kwara State

[1]Abdussalam Abdulhameed, [2]Mohammed S. Yusuf; [3]Karamat A. Kelani,
[4]Abdulganiyu H. Mohammed, [5]Titilayo O. Arinde-Simeon & [6]Abdullateef A. Atiku

[1-6]Department of Social Work, University of Ilorin, Nigeria
Correspondence: abdulhameed.a@unilorin.edu.ng

**Abstract**

This study assessed the marital conflict resolution services of the Ministry of Women Affairs, Ilorin, Kwara State, to appraise the extent and level of effectiveness of services to the clients '/service users' of the Ministry. The study adopted a correlational survey research design. The purposive sampling technique was used to select 334 research participants, but 310 questionnaires were recovered from the participants. A self-structured questionnaire titled "Marital Conflicts Resolution Services Questionnaire" (MCRSQ) was used for gathering data for the study. Three hypotheses were tested using Pearson Product Moment Correlation Coefficient (PPMCC) statistics with a pre-set alpha of 0.05 level of significance. The findings revealed a significant relationship between marital conflict resolution strategies and the level/extent of effectiveness of resolution services, and there is a significant relationship between marital conflict resolution strategies and marital quality. However, the third hypothesis was accepted based on the result that there is no significant relationship between marital conflict resolution strategies and utilization of services of the Ministry. Based on the findings of the study, it recommended that government should employ more qualified and competent staff to enhance effective marital resolution services of the Ministry; the welfare of the staff of the Ministry should be improved in order to enhance effective service provision to service users, and the Ministry should intensify efforts to adopt the new best practices in the service provided to the clients.

**Keywords**: Assessment, Conflict Resolution Services, Marital Conflicts, Marital Resolution, Marital Quality, Marriage, Utilization,

## Introduction

Marriage is a social institution in which a man and a woman (or men/women) willingly decided to live as husband and wife (or wives) by social and legal commitment (Adeyemi, 2013). Marriage is a ubiquitous institution found in all cultures, races, ethnic or religious groups, and nations of the world (Vincent, 2007). Mahuta (2007) sees marriage as a publicly recognized, legally approved, and culturally sanctioned union between a male and one or more females and vice versa which is intended to be enduring, to give sexual rights to each other (the couples), and to fulfil other social functions like procreation, social status, economic roles amongst others. It is a unique institution that affirms and supports a diverse human culture coming together as a spouse, which ensures continuous human generation and existence through procreation and fosters the conjugal

relationship between the couples (Papeboes & Whitehead, 2011).

Marital conflicts often constitute a subject of discourse all over the world because of the side effect of broken marriages. Globally, divorce has become a serious problem as many are affected by the effects of marital conflicts and separation. Every marriage is constantly under the influence of some external and internal pressures, a condition that is sometimes inevitable; hence every marital union faces the dynamics of marital crises (Amadi & Amadi, 2014). Research has shown that marital conflicts in Nigeria manifest as a result of lack of meaningful courtship, incompatibility, childlessness, poverty, background differences, and unemployment, amongst others (Kreider & Fielders, 2012). It has been observed that in Nigeria, the rate at which couples experience conflicts, divorce, and re-marriage is quite alarming (Dada & Idowu, 2006). Adeniyi (2011) noted that the problems of the marriage institution in Nigeria had become a significant challenge to the society partly because of a situation where the economy is not stable, there is bound to be problems in the homes. According to Adeniyi (2011), women are the ones responsible for about 80% of the provisions in some homes as a home manager, and when the stress becomes too much, the woman could be lured into extra-marital affairs, which could cause a lot of problems to the marital relationships. Many married couples in Nigeria have been seriously in conflicts with themselves simply because of their inability to manage or resolve conflicting issues between themselves in their marriage.

The predisposing threat of divorce is inherent in marital conflicts, which pose a great concern to couples, children of the marriage, and significant others. Marital conflicts are inimical to a fulfilling and happy marriage, and efforts/attempts to consult experts such as Social Workers, Social Welfare officers, and other professionals for help by the affected couples for effective resolution in Nigeria are now standard. Killawi et al. (2014) conducted a study among the Muslim community, and it was discovered that most respondents did not seek professional intervention from the onset of their problem until their crisis had escalated. They pointed out that if the service was provided earlier, the issue could have been resolved amicably.

Similarly, some of the reasons militating against effective utilization of professional marital intervention services include unwillingness attitude, reluctance to share their private life, absence of effective intervention, the notion that it was already late to seek marital intervention from professionals, and interference by family members amongst others (Sullivan & Anderson, 2002). The roles of Social Workers in this context include Pre-marital counselling services, self-help organization, parents without partners (PWP), and divorce mediation (Zastrow, 2004). The Ministry of Women Affairs is one of the Agencies that are saddled with resolving marital conflicts at formal and official levels. In the Ministry of Women Affairs are seasoned social welfare officials and Social Workers whose duties, amongst others, are to bring about marital harmony and satisfaction. The choice of the study area was informed by the fact that most marital discord in the Ilorin metropolis, especially among those who originated from the areas and its environs, were usually settled at the family level. However, when all efforts by the family elders and other

significant others are futile**,** and the crisis degenerated. Ministry of Women Affairs (Social Welfare Unit), Ilorin, Kwara State is usually the next resolution centre where the aggrieved spouses of the areas usually approach for necessary resolution because of their great record in mediating marital disharmony over the years.

A lot of studies have been carried out on the issue of marital conflicts in Nigeria and other societies of the world, but none of these has focused on the activities of the Ministry of Women Affairs of the Kwara State Government of Nigeria. This lack of empirical study by researchers on marital conflicts resolution services of the Ministry of Women Affairs Ilorin, Kwara State, creates a knowledge gap in marital conflicts discourse in Nigeria. The goal of this study is, therefore, to fill this existing gap. It specifically explores the nature and impact of marital resolution intervention in Ilorin and environs and evaluates the roles/activities of the Ministry of Women Affairs in the context of proffering feasible panacea to the problems of marital conflicts in the study area. In view of this, the present study examines the marital conflict resolution services of the Ministry of Women Affairs (Social Welfare Unit), Ilorin, Kwara State.

**Materials and Methods**

The study adopted the correlational survey research design. The study used this method to survey the opinions, preferences, and perceptions of the services of the Ministry of Women Affairs, Ilorin, in one short survey contact with the participants. The population of this study included Social Workers and Social Welfare Officials in the Ministry of Women Affairs who have been in service for at least five years and have been involved in marital conflict resolution services. However, the study excluded the members of staff who are recently employed i.e., who have spent less than five years in the Ministry. In the same vein, other participants were the service users (clients) of the Ministry who were accessing the Ministry services and those that have assessed the services for one marital problem or the other.

The total number of service users (clients) from 2016 to 2020 was collected as the population for this study. According to the records in the Ministry, a total number of one thousand and thirty-three (1033) service users have assessed the services since 2016. The breakdown of the figures is: 2016 had 254 cases, 2017 had 217 cases, 2018 had 249 cases, and 2019 to 2020 had 314 cases. The population of Social Workers and Social Welfare Officials was 80. The total population for this study, therefore, was one thousand one hundred and thirteen (N=1113). The study adopted the purposive sampling technique because it allows the selection of desired elements in the sample. The selected participants are based on the researcher's sound judgment of a better representative sample among the target population. Researchers used some parameters, experience, and availability in picking the sample size from the population because some of them cannot render the needed data due to experience and willingness to respond. The sample size of this study was three hundred and thirty-four, which is equivalent to 30% of the total population of the study. Twenty-four service providers (Social Welfare officials and Social Workers) who have fiveyears of working experience and available to respond to the questionnaire were purposively selected

from the Ministry and three hundred and ten service users were also purposively selected or the administration of the questionnaire. With the assistance of the service providers, the researchers purposively selected the participants that consented to be included in the study.

The researchers sought for assistance of the workers at the Ministry in the administration of the questionnaire to their clients. The method was devised in order to gain the confidence and cooperation of the clients in order to respond to it properly. More so, workers have better knowledge and record of them, which helped in easy administration and retrieval of the research instrument. Similarly, the Ministry also served as a meeting point for service users who were currently accessing the services of the Ministry on marital conflict issues. But the in-depth interview was organised for seven service providers of the Ministry. A Self-developed Scale tagged Marital Conflict Resolution Services Questionnaire (MCRSQ) was used to measure the variables in the study. The scale contains two sets of questionnaire items. The first set of questions were directed to service users (clients) and the second set of questions were meant for service providers. The scale consists of five sections, A-E. Section A focused on the personal data (demographic characteristics) of the participants, such as age, gender, religion, educational qualifications, amongst others, and section B focused on marital conflict resolution strategies, and section C focused on the marital conflict resolution outcomes. Section D focused on marital quality among the service users, and section E was developed to measure the service users' utilization of the services of the Ministry. The second research instrument was an in-depth interview (IDI) used in eliciting data from the service providers.

Based on the formulated hypotheses, the Pearson Product Moment Correlation Coefficient (PPMCC) Statistical analysis was used to analyse the data. This was used to establish the relationship between the independent and dependent variables. The Statistical Package for Social Sciences (SPSS) 23.0 version was used for the coding of the collected data. On the other hand, after transcription, the thematic content analysis was used to analyse the qualitative data gathered with the in-depth interview. The study was conducted within the ethical approval and guidelines outlined by the Ministry of Women Affairs, Ilorin, Kwara State. The ethical consideration under this study included confidentiality, informed consent and anonymity of the research participants.

## Results

### Socio-Demographic Characteristics of Research Participants

Table 1 shows the socio-demographic distribution of the respondents. The distribution of the respondents by gender indicates that more than the average (55.58%) of the service users (clients) andservice providers (marriage counsellors) were males, while less than the average of the research participants were females. It can be inferred from the above information that males were the people who accessed the services of the Ministry of Women Affairs Ilorin, Kwara State than the females. Distribution of the respondents by age shows that 48.1 % (149) of the research participants were within the age bracket of 30 to 39 years, followed by 23.2 % (72) of the research participants who were between 20 and 29 years of age, while 16.5 % (51) of the research participants were within the age range of 20 to 29 years of age, followed by 7.7 % (24) of the research participants who

were within the age of 50 and above and 4.5 % (14) of the research participants were below20 years of age. This implies that the majority of the respondents were between 30 and 39 years of age.

**Table 1: Socio-Demographic Characteristics of Research Participants**

| Variable | Frequency | Percentage (%) |
|---|---|---|
| **Gender** | | |
| Male | 173 | 55.8 |
| Female | 137 | 44.2 |
| **Age** | | |
| 30-39 | 149 | 48.1 |
| 20-29 | 72 | 23.2 |
| 40-49 | 51 | 16.5 |
| 50 and above | 24 | 7.7 |
| 30-39 | 14 | 4.5 |
| **Religion** | | |
| Islam | 229 | 73.9 |
| Christianity | 73 | 23.5 |
| ATR | 5 | 1.6 |
| Others | 3 | 1.0 |
| **Education** | | |
| B.Sc. | 136 | 43.9 |
| NCE and equivalent | 70 | 22.6 |
| M.Sc. and above | 40 | 12.9 |
| Western education (Adult) | 18 | 5.8 |
| Post primary school | 18 | 5.8 |
| Primary school | 16 | 5.2 |
| No formal education | 12 | 3.9 |
| **Length of marriage** | | |
| 1-9 years | 195 | 62.9 |
| 10-19 years | 115 | 37.1 |
| **Number of Children** | | |
| 1-4 | 248 | 80.0 |
| 5 and above | 44 | 14.2 |
| None | 18 | 5.8 |
| **Occupation** | | |
| Working | 280 | 90.3 |
| Non-working | 30 | 9.7 |
| **Profession** | | |
| Civil servant | 154 | 49.7 |
| Artisan | 72 | 23.2 |
| Trading | 40 | 12.9 |
| Others | 44 | 14.2 |
| **Ethnic group** | | |
| Yoruba | 259 | 83.5 |
| Igbo | 29 | 9.4 |
| Hausa | 14 | 4.5 |
| Others | 8 | 2.6 |

Distribution of the respondents' by religion shows that 73.9 % (229) of the respondents were Muslims, followed by 23.5 % (73) of the respondents who were Christians, while 1.6 % (5) of the respondents were adherents of African Traditional Religion (A.T.R) and 1.0 % (3) of the respondents were adherent of other religions. Almost three-quarters of the respondents were Muslims. The reason for this was because the predominant inhabitants of Ilorin are Muslims. In other words, Islam is the dominant religion of the ancient city of Ilorin. Distribution of the respondents' by the level of education indicates that 12.0 % (40) of the respondents possess Master of Science or equivalent and above 43.9 % (136) of the respondents hold Bachelor of Science (B.Sc.),followed by 22.6 % (70) of the respondents who had National Certificate of Education (NCE) andits equivalent, while 5.8 % (18) of the respondents had Western Education (Adult), followed by 5.8 % (18) of the respondents with post-primary school certificate and 3.9 % (12) of therespondents who have no formal education.

Large proportions of the service users (clients) hold a Bachelor of Science or equivalent. The distribution of the respondents by the length of marriage reveals that more than half of the respondents, i.e., 62.9 % (195) of the research participants, have been married between 1 and 9 years, and 37.1% (115) of the research participantshave been married for 10 to 19 years. Therefore, from the above information, the majority of the clients who have accessed the services of the Ministry of Women Affairs Ilorin, Kwara State, have been married for about 1 to 9 years. Distribution of the respondents by the number of children posits that more than three-quarters of the respondents (80.0 %) had between 1 and 4 children, 14.2 % (44) of the respondents had between 5 and above children, and 5.8 % (18) of the respondents had no children.

The distribution of the respondents by occupation revealed that 90.3 % (280) of the respondents are engaged in one work or the others, and 9.7 % (30) of the respondents were not working. This implies that more than 75% of the service users (clients) are working class. The distribution of the respondents' by profession indicates that 49.7 % (154) of the research participants are civil servants, 14.2 % (44) engaged in other professions, followed by 23.2 % (72) of the research participants who are artisan, and 12.9 % (40) of the research participants are traders.Distribution of the respondents' by ethnic group shows that 83.5 % (259) of the respondents are Yoruba, followed by 9.4 % (29) of the respondents who are Igbo, while 4.5 % (14) of the respondents are Hausa and 2.6 % (8) of the respondents are members of other ethnic groups in Nigeria. The majority of the respondents are Yoruba since Ilorin metropolis politically belongs to North-central and geographically South-west. Based on this, the predominant inhabitants of Ilorin are speaking Yoruba people. However, many of the inhabitants of the area of study weredescendants of various ethnic groups in Nigeria.

**Relationship between Marital Conflict Resolution Strategies and the Extent/Level of Effectiveness of Resolution Services**

Table 2 shows a relationship between marital conflict resolution strategies and the extent/level of effectiveness of resolution services. The table shows an r-value (0.384), that is, a moderate positive

relationship between marital conflict resolution strategies and the extent/level of effectiveness of resolution services. Thus, it indicates there is a significant relationship between the variables ($p=0.382 < 0.05$ for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that there is no significant relationship between marital conflict resolution strategies and the extent/level of effectiveness of resolution services, is rejected.

**Table 2: Correlation between marital conflict strategies and extent/ level of effectiveness of resolution services.**

| Variables | Mean | SD | N | R | P-Value | Decision |
|---|---|---|---|---|---|---|
| Marital Conflict Resolution Strategies | 16.9029 | 1.98131 | 310 | 0.384 | 0.000 | Rejected |
| Effectiveness of resolution Services | 18.7516 | 3.58975 | | | | |

In addition to the above data, some of the data gathered from the in-depth interview of the service providers to check the response of the service users showed a connection and relationship between marital conflict resolution strategies and the level of effectiveness of resolution services.

A transcript of one of the participants reads:

> Approach and strategy in providing a solution to marital conflict go a long way in determining the level of effectiveness of resolution services. Some marital conflict cannot be solved with just mere counselling which is a form of resolution strategies; some requires more proactive intervention strategies. It can be seen in many cases brought to the Ministry as most of them have grown into more difficult marital conflict because they were being managed using counselling alone. However, with the use of more improved professional marital resolution strategies in the Ministry, the level of effectiveness of the resolution services is more positively felt by the couples.

**Relationship between Marital Conflict Resolution Strategies and Marital Quality of Service**

Table 3 shows a relationship between marital conflict resolution strategies and marital quality. The table shows an r-value (0.162), that is, a weak positive relationship between marital conflict resolution strategies and marital quality; thus, it indicates there is a significant relationship between the variables ($p=0.004 < 0.05$ for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that there is no significant relationship between marital conflict resolution strategies and marital quality, is rejected.

**Table 3: Correlation between marital conflict resolution strategies and marital quality**

| Variables | Mean | SD | N | R | P-Value | Decision |
|---|---|---|---|---|---|---|
| Marital Conflict Resolution Strategies | 16.9029 | 1.98131 | 310 | 0.162 | 0.004 | Rejected |
| Marital Quality | 28.2871 | 5.87283 | | | | |

In the interview, some participants reiterated the influence of the conflict resolution strategies on their marital quality. A participant reported:

> I have been in the Ministry for some years, and I can testify that most of the cases that have been solved here usually promote marital quality of the couples afterward. I have seen so many of our clients coming back to show gratitude based on the service rendered. They see different improvements in terms of their sex life, communication, and household upkeep and provisions. Most of them are wives who have seen tremendous change in their spouse attitudes

Another participant interviewed pointed out a great relationship between marital conflict resolution strategies and marital quality. She said:

> The lives of couples have always been influenced positively based on intervention strategies adopted here. We ensure that we do a follow-up after some weeks, months, or years depending on the case. So many service users have reported improvement in marital quality among them. Some have said it in a parable by showing gratitude and excessive greetings concerning the intervention strategies. Some will even come back to present gifts as a sign of gratitude to workers here.

Other participants reported a deal of improvement in the marital quality of the service users based on the kind of strategies being adopted. Some even believed that the individualism principle mostly adopts in the provision resolution service has a great deal of influence in the improvement of marital quality. No one has a contrary view regarding the relationship between marital conflict resolution strategies and marital quality. Some opined that when strategies are not fit for marital conflict, it is going to affect the marital quality indirectly.

**Relationship between Marital Conflict Resolution Strategies and Utilisation of Services**

Table 4 shows no relationship between marital conflict resolution strategies and utilization of services. The table shows an r-value (0.72), that is, a strong positive relationship between marital conflict resolution strategies and utilization of services; thus, it indicates there is no significant relationship between the variables ($p=0.203 > 0.05$ for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that there is no significant relationship between marital conflict resolution strategies and utilization of services, is accepted.

**Table 3: Correlation between marital conflict resolution strategies and utilisation of services.**

| Variables | Mean | SD | N | R | P-Value | Decision |
|---|---|---|---|---|---|---|
| Marital Conflict Resolution Strategies | 16.9029 | 1.98131 | 310 | 0.72 | 0.203 | Accepted |
| Utilisation of Services | 19.7710 | 4.95179 | | | | |

In the interview transcript, some service providers of the Ministry were interviewed on the challenges to the effective use of their marital resolution services.

One of the participants reported that:

> I have been handling marital conflicts for over fifteen years. The significant challenge for our effective services is that most of our service users usually resort to Ministry

> when they have explored and exhausted all the options at the family level and when their marriage is on the verge of total collapse and has deteriorated. This has made it difficult for us to easily find an immediate solution to their marital problems.

Another service provider submitted that:

> Our offices are not conducive enough for effective service delivery because we don't have a large hall that can accommodate a large number of service users, especially when there is a need for witnesses from the members of the family. Similarly, epileptic power supply, inadequately qualified staff, and lack of incentive are other barriers bedevilling our effective services.

Another service provider pointed out another area of challenges to the effective use of their services thus:

> Most of our invited spouses, especially the accused spouse, don't honour our invitation at the initial stage of their cases because of the fair that we are going to divulge their information to a third party which against the ethic of our service. Fear of stigmatization by the third party is another challenge facing our effective services. Similarly, the government has not been responsive enough to sponsor most of our members of staff to attend seminars and workshops in order to develop ourselves.

**Discussions of Findings**

The study indicated that effective marital resolution strategies moderately correlated with the extent and level of effectiveness of the marital resolution services of the Ministry. Therefore, the null hypothesis was not accepted because the result shows that effective marital resolution strategies have a significant relationship with the extent and level of effectiveness of the marital resolution services of the Ministry. It can be deduced from this finding that marital conflict resolution strategies such as the use of family/marriage therapists or social workers to mediate between couples, guided courtship, ruling by the court of law, legislating against forced/early marriage, amongst others, have a significant relationship in curbing the high rate of marital conflicts. The outcome of this finding corroborates with the earlier findings of Chandler (1972), whose study posits that individuals can have a crises state and they may lack the capacity to solve it by using their coping efforts, and it becomes imperative for such union to consult specialists for effective conflicts resolution services. It is also in line with Umar (2014), who found that there is a significant relationship between effective marital resolution and the level of effectiveness of resolution services. He noted that marital conflict resolutions are applied psychology which utilizes the psychological process of assisting couples in coping with marital conflicts.

The finding of this study is also in tandem with Samson (2016), which revealed that Social Work is a professional who is trained to help couples maintain a marital relationship where the service provider gave professional assistance to couples so that they can overcome their challenges. Similarly, the outcome of this study is subscribed to Templer (2008), who posited that an effective marital resolution has to do with a change of mind set about children and marriage. This implies that the spouse should not be substituted with children. Therefore, no matter how the level of

conflicts between couples, the partners should always hold each other in high esteem and regards without having the mind set of divorce or separation. The finding of Furlong and Cartmel (2006) supported the stance of the study that there is a relationship between marital conflict resolution strategies and the extent/ level of effectiveness of the resolution services. Though not all conflict is resolvable, the couple(s) must seek the services of a trained professional like seasoned social workers and trained social welfare officials to initiate peace moves towards a suitable end that is suitable for all concerned parties.

The study also revealed that there is a significant relationship between marital conflict resolution strategies and marital quality. The null hypothesis was rejected because the result shows that marital conflict resolution strategies have a significant relationship with marital quality among the participants. The result of this study is in line with the findings of Gladys (2019) that effective marital conflict resolution could help couples maintain marital quality. Thus, the intervention of family therapists goes a long way to enhance the quality of marital satisfaction.

The study also showed that there is no significant relationship between marital conflict resolution strategies and utilization of services of the Ministry. This implies that once the conflict is amicably resolved by the Ministry, the affected couples may seize to utilize their services. This finding is in tandem with Valiente, Belanger, and Estrada (2002), who posited that the majority of couples whose marital discord has been resolved at the resolution centres did not always utilize the services thereafter. Thus, this demonstrated that seeking post-marital conflict resolution remains a significant challenge for married people.

**Conclusion and Recommendations**

In view of the foregoing, the categorical state here that there is a significant relationship between marital conflict resolution strategies and the extent/level of effectiveness of resolution services; there is a significant relationship between marital conflict resolution strategies and marital quality, and there is no significant relationship between marital conflict resolution strategies and utilization of services of the Ministry The Social workers and Social Welfare officials employed the following strategies to ensure fairness and objectivity in their services; they try to negotiate and adopt a give-and-take approach to problem situation; they explore issues with others to find solutions that meet everyone's needs; try to accommodate the wishes of the service users (clients) and they try to figure out what needs to be done and always exhibit fairness and justice when dealing with service users (couples). The above-mentioned strategies have a significant relationship with the reconciliation of marital conflicts. Based on the findings of this study, the following recommendations were made:

1. Government should employ more qualified and competent staff to enhance effective marital resolution services of the ministry.
2. Conducive environment and the needed facilities should be provided for the ministry to discharge their duties effectively.

3. The staff of the ministry should always guarantee their clients/service users that the information given to them concerning their marital conflicts will be treated with utmost confidentiality as not part of the information will be divulged to the third party.
4. Welfare of the staff should be given utmost priority. Hence, it will boost the morale of the staff to discharge their duties without fair or favour

**References**

Adeniyi, B.D. (2011, November 11). Why many marriages fail? Pmnewsnigeria. https://www.pmnewsnigeria.com/2011/11/11/why-many-marriages-fail/

Adeyemi, A.O. (2013). Influence of religiosity and educational background on marital satisfaction of Couples. *Journal of Social Work education, 111928ix.*

Amadi, U. PN & Amadi F. NC (2014). Marital crisis in the Nigeria society: Causes, Consequences and Management strategies. *Mediterianean journal of Social Sciences, MCSER.(5 ) 26.* https://doi.org/10.5901/mjss.2014.v5n26p133

Chandler, H. M. (1972). Family crisis intervention. Point and counterpoint in the psychosocial revolution. *Journal of the National Medical Association,64*(3), 211.

Dada, M.F. & Idowu, A.J. (2006). Factors Enhancing Marital Stability as perceived by Educated Spouses in Ilorin Metropolis. The counselor, 22(I), 127-138. https://doi.org/10.1016/j.sbspro.2014.04.381

Furlong, A., & Cartmel, F. (2006). *Young people and social change*. McGraw-Hill Education.

Gladys, C. M. (2019). Role of marriage and family counselling in promoting marital satisfaction for married career individuals. Kabarak. http://ir.kabarak.ac.ke/bitstream/handle/123456789/295/GLADYS%20C.%20MUTAI.pdf?sequence=1&isAllowed=y

Killawi, A., Daneshpour, M., Elmi, A., Dadras, I., & Hamid, H. (2014). Recommendations for promoting healthy marriages & preventing divorce in the American muslim community. Institute for Social Policy and Understanding. https://www.ispu.org/.../ISPU_Promoting_Healthy_Marriages_and_Preventing_Divorce_in_the_ American_Muslim_Community.pdf.

Kreider, R.M. & Fields, J.M. (2012). Number, timing and duration of marriages and divorces :In current Population Reports (NO. p 70). Census. https://www.census.gov/prod/2002pubs/p70-80.pdf

Mahuta, M.G. (2007). *An Introduction to Sociological Foundation of Education*. Biga Educational Services.

Papeboes & Whitehead (2011).Social dysfunction and Mental illness in a community sample. *Canadian Journal of Psychiatry, 40(1), 15-20.*

Samson, O.A. (2016). Marital disharmony and family stability in Gboko Mettopolis: Counselling inter-Vention strategies. *Ajol Journal 3(2).* https://www.Ajol/journals/Jorind

Sullivan, K. T., & Anderson, C. (2002). Recruitment of engaged couples for pre-marital counselling: An empirical examination of the importance of program characteristics and topics to potential participants. *The Family Journal*, 10(4), 388–397. https://doi.org/10.1177/106648002236757

Templer, R. (2008). The rules of parenting. Prentice Hall Pearson Education Ltd.

Umar (2014). Marital violence as an umpidiment to stabilize counselling in Adegoke,A.A. and Aluede O.(Ed.) *Perspective in Guidance Counselling*.: Justice-jeco 185-194.

Valiente, C. E., Belanger, C. J., & Estrada, A. U. *(2002).* Helpful and harmful expectations of pre-marital interventions. *Journal of Sex and Marital Therapy, 28 (1), 71–77.* https://doi.org/10.1080/009262302317251034

Vincent,O.G. (2007). Marriage and the Nigeria Family in Nigeria Peoples and Culture, ed. Sunday Idahosa 366-378. GST. Unit.

Zastrow, C. (2004*). Introduction to social work and social welfare.* Brooks/Cole Thomson Learning. https://books.google.com.ng/books/about/Introduction_to_Social_Work_and_Social_W.html?id=IGJaAAAACAAJ&redir_esc=y

**Authors' Profile**

**Abdussalam Abdulhameed** a lecturer in the Department of Social Work, University of Ilorin, Nigeria. He holds a Master's of Science (M.Sc.) Degree in Sociology and Anthropology (Social Work) from the University of Benin, Nigeria. His research interests include Social Welfare, Family Social Work, Social Work and Services for Children, and Youth Development. He has attended several conferences, and published widely in both local and international reputable journals. He can be contacted via; abdulhameed.a@unilorin.edu.ng

**Mohammed Sanusi Yusuf** teaches in the Department of Social Work, University of Ilorin, Nigeria. He holds a Master of Science (M.Sc.) Degree in Sociology from the University of Ilorin, and MSW from the University of Ibadan. He is currently a PhD student at the University of Fort Hare, East London, South Africa. His research interests include Social Welfare, Medical Social Work and refugees. He has several publications in reputable local and international journals. He has also attended and presented papers at several conferences.

**Karamat Ayotola Kelani** is a lecturer in the Department of Social Work, University of Ilorin, Nigeria. She holds MSW from the University of Ibadan and currently a PhD student at the University of Manitoba, Canada. Herresearch interests include mental health, suicide, disability, and Social Work education. She has attended severalconferences, and published widely in both local and international reputable journals.

**Abdulganiyu Haruna Mohammed** holds a B.Sc. degree in Social Work from the University of Ilorin, Nigeria. He is currently at the advance stage of his M Sc. Degree in Sociology and Anthropology (Social Work) from the University of Benin, Nigeria. His research interests lie in, psychosocial problems, social problems and health related problems with vulnerable groups. He has attended several conferences, and published widely in both local and international journals.

**Titilayo Olamide Arinde-Simeon** is a lecturer in the Department of Social Work, University of Ilorin, Nigeria. She holds a Master of Science (M.Sc.) Degree in Sociology from the University of Ilorin. Her research interests include Social work of crimes and delinquent, family Social Work, and maternal and child welfare. She has attended several conferences, and published widely in journals.

**Abdullateef Abiodun Atiku** teaches in the Department of Social Work, University of Ilorin, Nigeria. He holds a Master of Science (M.Sc.) Degree in Sociology from the University of Ilorin. His research interests include gerontology, child welfare, and social policy. He has attended several conferences, and published widely in both local and international reputable journals.

# Perceived View of Police- Public Cooperation in Combating Child Trafficking in Ilorin Metropolis, Kwara State

[1]Titilayo Olamide Arinde-Simeon and [2]Sunday Evaristus Abonyi, PhD
[1-2]Department of Social Work, University of Ilorin, Nigeria
Correspondence: abonyi.se@unilorin.edu.ng

**Abstract**
Trafficking in persons has become a perennial problem in the contemporary world and also seems to have affected the sustainable development goals of many nations in Sub-Saharan Africa. This modern-day slavery is now a pandemic and a security threat to human existence. The study examined the overall perception of people in Ilorin metropolis of North Central Nigeria on the extent to which public-police cooperation had contributed to combating this heinous crime. The Procedural Justice Theory initiated by Thibaut and Walker in 1975 was used as the theoretical orientation. Equally the study adopted a cross-sectional survey research design with a structured questionnaire and an in-depth interview Guide using 132 respondents (for questionnaire) and 18 participants (for in-depth interview). Data collected were coded and analyzed using descriptive statistics and a chi-square test of significance. While In-depth Interview was transcribed and thematically done. Findings of the study reveal that there was a significant relationship between socioeconomic status and perceived view of people in police-public cooperation in combating child trafficking ($x2$= 16.69, df = 2, $p < 0.05$). Also, there was a significant relationship between place of residence and perceived view of people on police-public cooperation in combating child trafficking ($x^2$=22.15, df=2, $p<0.05$). Findings also reveal that educational attainment is a critical factor that provides the impetus for police-public cooperation in the fight against child trafficking in Ilorin ($x$= 9.25, df = 2, $p < 0.05$). In addition, corruption and institutional weaknesses in police organization and government were found to have posed a threat to effective police-public cooperation in the war against child trafficking in Ilorin metropolis. The study, therefore, made some recommendations which include the need for synergy among governmental agencies and stakeholders to provide a better quality of life for Nigerian citizens and total overhauling of the Criminal Justice System. Again, security studies should be incorporated into the curriculum of Nigerian primary and secondary schools and become a general study course in all tertiary institutions.
**Keywords:** Perceived view, Police, Public Cooperation, Trafficking, Child Trafficking

## Introduction

In the present age of rapid techno-industrial development, the emergence or aggravation of certain social problems has become a worrisome phenomenon, especially in a capitalist state like Nigeria. Child trafficking seems to be one of such problems confronting Nigeria and other Sub- Saharan African countries or the world in general. According to Babatunde (2014), trafficking in children (both boys and girls) have become a booming business in many parts of the world, including Africa, irrespective of all efforts put in place at both regional and global efforts to combat and

eradicate the scourge. It is likely that among countries in Africa, Nigeria seems to constitute the largest number of victims in the organized human trafficking networks. The International movement against all forms of discrimination and racism; IMAOR (2015) also noted that in the West Africa Sub- region, the phenomenon of trafficking in persons especially the under aged is widespread in Nigeria.

This implies that even though the United Nations Assembly in 1954 set aside a universal children's day to be observed as a day to celebrate children, many more children in different parts of the world are still being exploited and trafficked as slavery from one country to the other (Soeze, 2008). Although there are no reliable data to show the number of children trafficked out or within the country, not less than ten Nigerian children likely pass through the borders for slavery in other countries monthly since independence. This lack of data has also made it difficult for law enforcement agents and the general public to ascertain the enormity of the problem to proffer a lasting solution to these social vices.

The cooperation between the police and the citizens, therefore, becomes necessary as the vast majority of human or child trafficking cases become known to the police through being identified first by members of the public and then transmitting the information to the police (Bradford & Jackson, 2016). In other words, cooperation between the police and the public could be seen as an act of social control initiated at the informal level. According to Waddington (1999), such cooperation results from the way people react to the development and characteristics of events in their social environment making them invoke and hand over the problem to the police as soon as they arrive. People, therefore, tend to cooperate with the police when they witness transgressions in social norms, disorderly behaviours and other conducts regarded as undesirable from a normative viewpoint (Black, 1993). On the other hand, the absence of cooperation between the police and the general public may impair the efficiency of the police and other arms of the criminal justice system. (Goudriaan, Witterbrood & Nieuwbeeta, 2006).

Going by the fact that trafficking of children in Nigeria and other countries of the world have assumed a frightening dimension, the United Nations in 2015 emphasized that police, in particular, have a key role to play in working with the public/communities towards preventing child trafficking using such approaches that encourage collaborative arrangement between police and citizens (UN, 2015). This is necessary because the people are already abreast with the environment and can easily reach out to the vulnerable members of the group or others at risk. Amado (2018) also noted that both the police and the general public have a responsibility to stop child trafficking and protect the wellbeing of children in line with the United Nation's Sustainable Development Goals (SDGs).

However, the emergence of community-based associations in many countries seem to have contributed immensely in providing the necessary information and other services to the police with the aim of stemming down the rate of criminality and other social vices. In some cases, the police

may choose to partner with the business sector or market traders and non-governmental organizations within the community, ex-service personnel or retirees, civil servants, volunteer groups, neighbourhood groups, traditional rulers and town union presidents, women associations, the church and clergies or Imams, academia and the private sectors. According to Bradford and Jackson (2016), the police are held by the citizens as representative of law/ order and their only hope of safety from criminals.

Nevertheless, people's willingness and ability to contact the police in the event of child trafficking and other criminal activities may be related to such normative assessment of the individual's socioeconomic status, place of residence, age, educational level, religious affiliation, occupational status and others. The normative assessment may help in determining what should be done about a particular crime or what ought not to be done. In other words, it promotes fairness and encouragement on the ground that both the community members and the police have a shared set of goals and should work together to achieve them. It also leads to greater trust in the police serving as an evidence-based approach in crime reduction. The United Nations High Commission for Refugees; UNHCR (2000) observed that the increase in cases of child trafficking in many parts of the world could be as a result of the global economic crunch, gross poverty and absence of necessities of life, corruption, social and political conflicts.

Oden (2018) on the other hand noted that child trafficking had brought a negative image to Nigeria and expressed doubt of this social ill-being curative any longer. The 2018 Global Slavery Index Reports revealed that Nigeria ranked 32nd position out of 167 countries with the highest number of trafficked children. The implications are that the basic rights of children enshrined in Nigeria's 1999 constitution, the International Labour organization convention, the United Nations Convention and other international treaties on the rights of children are being violated with impunity (Egede2003, Soeze,2008, Enaikele & Clutayo, 2011). Although many studies have been undertaken at both national and international levels on the cases of child trafficking and the role of the police/public in strengthening its prevention (Goudriaan, Wittebrood & Nieuwwbeerta 2006, UN 2015), none have been situated in Ilorin metropolis. In resolving this unmet expectation, the study examined the perceived view of citizens in Ilorin metropolis on the extent to which police-public cooperation had contributed to combating child trafficking in the area. Protecting the Nigerian child from becoming prey to traffickers has become ever necessary in the contemporary humanitarian crisis and craziness to become rich overnight.

In pursuing this general objective, the following hypotheses were posed and tested: (i). There is a relationship between socioeconomic status and perceived view of people on police-public cooperation in combating child trafficking in Ilorin metropolis. (ii). There is a relationship between place of residence and perceived view of people on police-public cooperation in combating child trafficking in Ilorin. (iii). There is a relationship between educational level and perceived view of people on police- public cooperation in combating child trafficking in Ilorin metropolis.

**Theoretical Orientation**

The study was anchored on Procedural Justice Theory developed in 1975 by Thibaut and Walker in Chicago, the United States to provide a foundation for police training programmes. This theory was further expounded and elaborated by Tom Tyler and his associates to examine the causal link between perception of justness or justification of police practices, citizen's perception of its legitimacy and legal compliance (Tyler 1988, Gangl 2003, Hagan & Valerie, 2017). In other words, it tries to check the public perception of police activities on some social issues and bring improvements that it demands. In Nigeria for instance, the majority of citizens do not approve of the way the police go about fighting some challenging social problems and criminality such as child trafficking and hence, the need for synergy between the police unit and the residents.

According to Adegbile (2017), community or public involvement has become an essential component of crime prevention especially in the areas of child trafficking in many countries of the world. It presupposes that since the police are assigned with the primary duties of law enforcement and maintenance of order, the ability of the police to perform these duties creditably depends on the level of cooperation the public extends to them. Nigeria that has been labelled by other nations as a transit and destination points for child trafficking also have the widespread belief that the police are inefficient, corrupt, not trusted and friends of criminals and other perpetrators of child trafficking. In this respect, the perceived view of the citizens on police-public cooperation in the fight against child trafficking in Ilorin metropolis will go a long way in explaining some of the disdains or misgivings surrounding this important social issue.

**Material and Methods**

The study was conducted in Ilorin metropolis, Kwara state of North Central, Nigeria, the 7th largest city by population in Nigeria. The cross-sectional survey research design was used and a multi-stage sampling technique employed to collect data from respondents in three local government councils that make up Ilorin metropolis using questionnaire and In-depth Interview (IDI). The three local government councils were; Ilorin East, Ilorin West and Ilorin South. A total of 150 respondents (ie 50 for each of the council area) who may have attained the age of 18 years and above were chosen randomly using balloting and administered with a questionnaire. In addition, 18 participants (ie 6 for each of the council area) were purposively selected and In-depth Interview conducted. These participants were all police officers attached to each of the local government police stations who may have stayed not less than one year in the council area. The interview was done with the participant's consents using a specific venue within each of the police stations and within a particular time agreed upon by both the participants and the researchers.

Data collected were coded using SPSS (version 2.0) and analyzed using descriptive statistics while the hypotheses were analysed using the chi-square statistical inference (x2). Similarly, data obtained from the in-depth interview were transcribed and phrases with contextual meaning indicated and pulled out as illustrative quotes to support the theme of the discussion and also complement the findings derived from the statistical data. Out of the 150-questionnaire

administered, only 132 were returned or properly filled and then used for analysis.

**Table 1: Socio- demographic characteristics of Respondents (n= 132)**

| Variable | Frequency | Percentage (%) |
|---|---|---|
| **Gender** | | |
| Male | 78 | 59 |
| Female | 54 | 41 |
| **Age Group** (in years) | | |
| 18- 28 | 10 | 7.6 |
| 29- 39 | 29 | 22 |
| 40-50 | 42 | 31.8 |
| 51- 61 | 33 | 25 |
| 62 + | 18 | 13.6 |
| **Religion** | | |
| Christianity | 48 | 36.4 |
| Islam | 63 | 47.7 |
| Africa Traditional Religion | 21 | 15.9 |
| **No. of yrs resident in Ilorin metropolis** | | |
| Less than one year | 16 | 12.1 |
| 1- 5 years | 25 | 19 |
| 6- 10 years | 52 | 39.4 |
| 10 years + | 39 | 29.5 |
| | | |
| **Educational Attainment** | | |
| No formal education | 10 | 7.6 |
| Primary | 14 | 10.6 |
| Secondary | 26 | 19.7 |
| OND/NCE | 45 | 34.1 |
| HND/First Degree & above | 37 | 28 |
| Occupation | | |
| Civil Servant | 57 | 43.2 |
| Trading | 32 | 24.2 |
| Farming | 20 | 15.2 |
| Artisan | 15 | 11.4 |
| Others | 8 | 6 |

Table 1 above shows that the majority of the respondents (59%) were males while the remaining 41% were females. It seems that men are more sensitive than women on issues bordering on security and fighting criminality. On the age of respondents as depicted above, a greater percentage of respondents (31.8%) were within the ages of 40- 50 years, followed by those within the ages of 51- 61 years (25%) and the least percentage of respondents (7.6%) being those within the ages of 18- 28 years. The religious affiliation of respondents shows that 40.7% were Muslims while the remaining 36.4% and 15.9% respectively were Christians and traditionalists. A greater percentage of respondents (39.4% and 29.5%) have lived in Ilorin metropolis for 6- 10 years and 11 years/above, 19% have stayed between 1- 5 years while 12.1% have spent less than one year in the metropolis.

The educational levels of respondents as displayed in the above table (Table 1) shows that 7.6% of respondents have no formal education, 34.1% possess OND/NCE while 28% have HND/first

degree and above. Since the majority of the respondents are literates, the finding confirms the submission of UNESCO (2002) that education helps one in maintaining the capacity to advise the government or make meaningful contributions on attending to critical national issues that affect national and regional cultures. The occupational category of respondents reveals that more of the respondents (43.2%) were civil servants, 24.2% were into trading/business and 15.2% were into farming.

**Table 2: Respondent's view on ways of promoting police- public cooperation (n=** 132)

| **Variables** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Information exchange | 87 | 66 |
| Logistic assistance | 25 | 19 |
| Legal aid/services | 16 | 12.1 |
| Others | 4 | 2.9 |

Table 2 shows that 66% of respondents see exchange of information between the police and general public as the most fundamental means of promoting police- public cooperation especially in combating child trafficking in Ilorin metropolis. This finding is in tandem with the view of Adegbile (2017) that the communication or flow of information between the police and public helps to reduce criminal cases in the society. More so, 19% of respondents indicated logistic assistance while 12.1% indicated legal aid/services. The United Nations Organisation noted that the growing number of community-based groups in many countries providing legal services and other logistics to the police help to track down criminals following the principles of procedural justice.

**Table 3: Respondent's view on whether there is a relationship between socio- economic status and perception of police- public cooperation in combating child trafficking**.

| **Responses** | **Socio- economic level** | | **Total** |
|---|---|---|---|
| | **High** | **Low** | |
| Yes | 60 (64.5%) | 21 (53.8%) | 81 (61.4%) |
| No | 28 (30.1%)6 (1 | 5.4%) | 34 (5.8%) |
| Don't know | 5 (5.4) | 12 (30.8%) | 17 (12.8%) |

$x^2$= 16.9 df=2 p<0.05

The calculated $x^2$ (16.69) is greater than the table value (5.99), hence, the hypothesis which states that that there is a relationship between economic status and perceived view of the general public on police-public cooperation on combating child trafficking in Ilorin metropolis was upheld.

**Table 4: Respondent's view on whether there is a relationship between place of residence and perceived view of people on police- public cooperation in combating child trafficking in Ilorin.**

| Responses | Place of Residence | | Total |
|---|---|---|---|
| | City Centre | Suburb | |
| Yes | 50 (73.5%) | 21 (32.8) | 71 (53.8%) |
| No | 10 (14.7%) | 31 (48.4%) | 41 (31.1%) |
| Don't know | 8 (11.8%) | 12 (18.8%) | 20 (15.1%) |

$x^2 = 22.5$ df= 2 $p<0.05$

The calculated $x^2$ (22.15) is greater than the table value (5.99), hence, the hypothesis which states that there is a relationship between place of residence and perceived view of people on police-public cooperation in combating child trafficking in Ilorin was upheld. The finding corroborates the submission of Flanagan (2010) that life in the city centre is morally corrupt and filled with hostility, marginalization, powerlessness and apathy that may need the combined efforts of the residence to ameliorate. The author noted that messages of danger of criminal activities tend to permeate the consciousness of urban residence which make them establish a relationship with the police and other law enforcement agents.

**Table 5: Respondent's view on whether there is a relationship between educational status and perceived view of the general public on police- public cooperation in combating child trafficking in Ilorin metropolis.**

| Responses | Educational status | | Total |
|---|---|---|---|
| | High | Low | |
| Yes | 34 (49.3%) | 25 (39.7%) | 59 (44.7%) |
| No | 28 (40.6%) | 18 (28.6%) | 46 (34.8%) |
| Don't know | 7 (10.1%) | 20 (31.7%) | 27 (20.5%) |

$x^2 = 9.25$ df = 2 $p<0.05$

The calculated $x^2$ (9.25) is greater than the table value (5.99), hence, the hypothesis which states that there is a relationship between educational level and perceived view of the public on police-public cooperation in combating child trafficking in Ilorin metropolis was upheld. This finding is in tandem with the view of Onwuka (2002) that through education, one gets information about the workings of the government, the responsibilities and limitations of government officials which also bring impetus in the direction of progress, justice and freedom. Thus, only an educated man can wade into the tricks and strategies adopted by criminal elements and reveal them to the law enforcement agencies. This implies that the fact that many people lack the knowledge of what child trafficking is all about, they find it difficult to establish suspicions that could be reported to

the police, NAPTIP and other law enforcement agents. Many of the In-depth Interview participants also aligned with this finding. According to one of the participants,' educated people are prime movers of the society's development agenda devoid of rancour and insecurity'.

Respondent's view was also sought to ascertain whether corruption and Institutional weaknesses influence the perceived view of the general public on the issue of police-public cooperation in combating child trafficking in Ilorin.

**Table 6: Respondent's view on whether there is Influence of Corruption and Institutional weaknesses on police- public cooperation in combating child trafficking (n = 132)**

| Responses | Frequency | Percentage (%) |
|---|---|---|
| Yes | 105 | 79.5 |
| No | 22 | 16.7 |
| Don't know | 5 | 3.8 |

From the above table (Table 6) an overwhelming majority of respondents (79.5%) indicated that corruption and Institutional factors pose a threat to effective police-public cooperation in combating child trafficking in Ilorin metropolis, 16.7% indicated otherwise while 3.8% had no opinion. This finding aligns with the submissions of Egede (2003) and Babatunda (2014) that corruption and Institutional weaknesses by security forces and government establishments have facilitated trafficking in persons in Nigeria by allowing traffickers to do away with their victims without tendering the necessary documents at security checkpoints. The police and government officials especially at the Immigration Checkpoints are accused of collecting monetary gratification from traffickers without considering the implications. The author also noted that the fragility of the Nigerian political system is such that anything goes.

Many of the In-depth Interview Participants (IDI) attributed the rising cases of child trafficking in Nigeria to the inability of the government to provide the necessary and adequate welfare services to her citizens and the rising youth unemployment, socio-economic lack in addition to poor remuneration of police officers and other security personnel. A female participant unequivocally said, 'what everybody needs in this country is money no matter the means it was gotten; people are tired of being poor; our leaders are very wicked'.

**Conclusion and Recommendations**

Child trafficking has become one of the most rampant crime in Nigeria and other countries of the world. This modern-day slavery has posed a serious threat to human existence. Since anybody can fall victim to this evil monster, the perceived views of the general public become necessary for police-public cooperation needed to stamp out this ugly development in Nigeria.

Findings of the study reveal that the perceived view of people on police-public cooperation in combating child trafficking in Ilorin metropolis is related to individual's socioeconomic status ($x2$=16.69, df =2, p<0.05) and place of residence ($x2$ = 22.15, df = 2, p <0.05). This implies that people of high socioeconomic status especially those in the city centres are more sensitive to rising cases of insecurity than those in the rural communities who sleep in houses without gates or those living at the ghettos. The study findings also reveal a relationship between educational levels and perceived view on police-public cooperation in the fight against child trafficking ($x2$ = 9.25, df = 2, p < 0.05). It was also revealed from the study findings that corruption and institutional weaknesses or fragility of the Nigerian political system have had a serious influence on our perception of the war against child trafficking using public-police cooperative efforts.

The study, therefore, recommended the need for synergy or joint effort among all governmental agencies, the civil society, the military and para-military, non-governmental organizations and others with the determination to provide all that it takes for effective policing. There is also the need for more sensitization through seminars, workshops and conferences in addition to the total overhauling of the entire security architecture of the nation. People should learn to see the police as a trusted compatriot. In addition, security studies should form part of the education curriculum of our primary and secondary schools as well as becoming a compulsory or general study course in the Nigerian tertiary institutions. Finally, there is the need to come up with new technology and sophisticated security devices that are capable of tracking down these traffickers so that Nigerian children are given the proper attention and care they deserve as leaders of tomorrow.

**References**

Adegbile, D.P. (2017). "Policing through an American prism. "*The Yale Law Journal, 126 (7), 2222- 2261.*

Amado, P. D. (2018). "Reinforcement of Regional and International Police and Judicial Cooperation."unodc.org/easternafrica/speeches/reinforcement-of-regional-and-international-police-and-judicial-cooperation-for-effective-response-to-the-trafficking-of-children-and-young.

Amuda- Kannike, A, Aeron, G, Amadi, C.K, Oladapo, G.O & Iluno, L.U. (2017). "Human Trafficking: A global reflection of the challenges in Nigeria." *JL Pol'y and Globalization 61, 192.*

Babatunde, A. O. (2014). "Human trafficking and trans- national organized crime: Implications for security in Nigeria." *Canadian Journal of peace and conflict Studies, 46 (1), 61- 84.*

Black, D. (1993). *The social structure of rights and wrongs.* San Diego: Academic press.

Bradford, B & Jackson, J. (2016). "Cooperating with the police as an act of social control: Trust and neighbourhood concerns as predictors of public assistance". file:///c:users/hp/Documents/cooperating%20%20h.

Danladi, B.A. (2013). "Welfare of our children in focus". In Yusuf, N, Abdullahi, M, Yawe, M, Kanu, N & Ojewusi, S (eds.) *Pendant of Rhythm: A selection of Radio Nigeria network news commentaries. Abuja:FRCN.*

Egede, S.C. (2003). "Fighting Human Smuggling and Trafficking in Human beings: Efforts in West Africa." *A Paper presented on the Trans-Atlantic symposium on dismantling Transnational Illicit Networks held at Lisbon.*

Enaikele, M.D & Olutayo, A.O. (2011). "Human trafficking in Nigeria: Implications for HIV/AIDS pandemic." *International Journal of Social Anthropology,6 (2),* 318- 321. ///c:users/Hp/Documents/articles1379517388-Enaikele%20at.

Ezuma, N.N (2003). "Sexuality and Gender Relations: Implications for the Transmission of HIV/AIDS; Lessons from Awka and Agulu, Anambra state." In Uwakwe, E.E (eds.) *Journal of Sociological Sciences, 1 (1).*

Federal Republic of Nigeria (FGN). 1989. *Social Development Policy for Nigeria.* Lagos: Government press.

Flanagan, W.G. (2010). *Urban Sociology: Images and Structure.* UK: Rowman and Littlefield publishers.

Furgus, R & Melamed, L. (1976). *Perception: A Cognitive Stage Approach(2nd ed). New*York: Mcgraw Hill Book coy.

Gangl, A. (2003). "Procedural Justice Theory and Evaluation of the Law-making Process." *Political Behaviour, 25 (2),119-149.*

Goliath, J.P (2008). "Human Trafficking: South Africa perspectives." *A paper delivered at the International Association of Women Judges 9thbiannial International Conference held in Panama, March 25- 28.*

Goudriaan, H, Wittebrood, K & Nieuwbeerta, P (2006). "Neighbourhood Characteristics and Reporting Crime." *British Journal of Criminology 4, 719- 742.*

Hagan, J & Valerie, P.H (2017). "Procedural Justice Theory and Public Policy: An Exchange." *Annual review of Law and Social Sciences, 13, 1- 3.*https://doi.org/10.1146/annualrev-lawsocsc1-121416-011426.

International Movement Against All Forms of Discrimination and Racism (IMOAR). 2015."Human trafficking in Nigeria." *Briefing paper for the special reporter on trafficking in persons especially in women and children.*

Karlson, J.O (2003). *Poverty and Trafficking in Human Being.* Sweden: EditaVastoAros. National Agency for Prohibition and Trafficking in Persons (NAPTIP). 2006. "Blazing the trail in Africa." *NAPTIP News Bulletin. Abuja.*

Oden, C (2018). "The Causes and Effects of Child Trafficking in Nigeria: A case Study of Oredo Local Government Area of Edo state. " https://www.projecttopic.org/causes-effect-child-trafficking-nigeria.htm.

Okpara, E (2001). *Organizational Psychology.*Lagos: Image Books Ltd.

Onwuka, C.J.A(ed.) 2002. *Introduction to Education: The Nigerian perspectives.*Enugu: Ugovin Publishers.

Onyuzugbo, E.U (2011). "Child Trafficking, a new Slave Trade: Why it thrives in Africa." *Afro-Asia Journal of Social Sciences, 2 (2.3), 8-9.*

Ovuorie, T & Onadipe, Y (2019). "Locked out- Nigerian's trafficked Children have never been to School." www.ipnews.net/2019/10/lockedout-nigeria's-trafficked-children-never-school/

Soeze, C.I (2008). Celebrating Children's day in Nigeria. *Source, 5 (6), 52- 53.*

Tyler, T.R (1988). 'What is procedural Justice: Criteria used by citizens to assess the fairness of legal procedure. *Law and society review 22 (1), 103-136.*

Ubi, P (2003). *A complete guide book to Immigration in Nigeria.* Ikom: Osmeg press.

United Nations (U.N). 2015. Reports of the Secretary General to the Security Council. http://bot.ly.

United Nations Education, Scientific and Cultural Organization (UNESCO). 2002. "Information and Communication Technology in Education: A Curriculum for Schools and Programmes of Teachers Development, Division of Higher Education.http://en.wikipedia.org/wiki/information-and-communication-technologies.

United Nations International Children's Emergency Fund (UNICEF) Fact Sheet. 2002. *Child Trafficking in Nigeria*, June.

**Authors' Profile**

**Dr. Sunday Evaristus Abonyi** lectures in the Department of Social Work, University of Ilorin, Nigeria. He holds a B.Sc., M.Sc. and Ph.D. in Social Work from the University of Nigeria with specialization in Social Gerontology. He has attended many conferences and has many publications both in the national and International Journals to his credit.

**Titilayo Olamide Arinde-Simeon** teaches in the Department of Social Work, University of Ilorin, Nigeria. She holds a B.Sc. and M.Sc. degrees in Sociology from the University of Ilorin with specialization in Criminology and in Social Work in Family and Child Welfare. She has many publications to her credit.

# Lockdown during Coronavirus Pandemic and Urban-Rural Migration in Ogba/Egbema/Ndoni LGA, Rivers State, Nigeria

**[1]Alfred Stephen Ekpenyong and [2]Chinedu Nelson Omere**
Department of Sociology, Niger Delta University, Nigeria
Postgraduate Student, Department of Sociology, Niger Delta University, Nigeria
***Correspondence:*** chineduomere@yahoo.com

**Abstract**
This paper examined the effect(s) of coronavirus lockdown on urban-rural migration, a case study of Ogba/Egbema/Ndoni Local Government Area, Rivers State. To achieve the study objectives, a cross-sectional design was adopted. Also, a non-probability (purposive) sampling technique was used to select five (5) communities. Data collected using a structured questionnaire were analysed with percentage and Chi-Square cross-tabulation. According to findings, the study identified push factors that led to migration as the closure of market during COVID-19 lockdown in an urban area, high cost of foodstuffs in urban areas, large gatherings in urban areas among others. The study identified pull factors as less severity of lockdown in rural areas, low risk of contracting COVID-19 in rural areas, accessibility/availability of foodstuffs in rural areas, ability to distance physically in rural areas etc. Therefore, the study recommended that the Consumer Protection Commission (CPC) should regulate price hike of essential commodities during disease outbreak in urban areas. The Ogba/Egbema/Ndoni Local Government Authority should revamp the rural sector by building additional houses, hospitals, pipe born water and other social amenities that will measure up with the teeming population in rural areas among others.

**Keywords:** *Coronavirus lockdown, Migration, Push factors, Pull factors, Rural, Urban.*

## Introduction

The urban area is the epicentre of the coronavirus pandemic. Lin et al. (2020) reported that lockdown is the severest sanctions enforced by countries plagued by COVID-19. The Global Knowledge Partnership on Migration and Development (KNOMAD) in collaboration with World Bank (2020), reported that the economic crisis induced by COVID-19 could be long, deep, and pervasive when viewed through a migration lens. The lockdown order enforced by the Government to curb the spread of coronavirus (manifest function), inadvertently led to urban-rural migration (latent function). This was because, most urbanites find it difficult to cope or adapt to the extreme measures enforced in cities, aimed at combating the spread of the pandemic. Thus, the closure of groceries and major economic means of livelihood in urban areas as a result of government order (Tashanova et al, 2020). The report from the Bureau of Labour Statistics (BLS), estimated that the hardest hit sectors are the hospitality and leisure services, especially the accommodation and food sectors (Franck, 2020). This has led to a sharp rise in unemployment and severe economic repercussions in urban areas (Schwartz, 2020). A report from Nigeria Centre for Disease Control (2020) has shown that urban areas are the flashpoint

of the pandemic. This could be attributed to the large crowd that characterized the urban area.

When viewed through a migration lens, it is imperative to reside in rural areas with a high chance of maintaining physical distancing, shelter-in-place, and self-isolation, quarantine which are an integral aspect of Covid-19 protocol (World Health Organization, 2019). Therefore, this study argues that during the lockdown, migrants might likely prefer an area with a low population rate against an area that is densely populated. The logic of this assertion is what the study refers to as pull and push factors. The extreme lockdown measures in urban areas and their attendant hardship (hunger) served as push factor(s) to urban-rural migration. Out of a survey of 10,000 urbanites, Coibion, Gorodnichenko and Weber (2020) found that 50% of respondents had an income loss with an average of more than $5,000 due to the coronavirus lockdown. This is more precarious, as urbanites who were laid off during the crisis will have difficulties in affording accommodation in an urban area, due to the macroeconomic effects of the coronavirus and the potential for a recession (Avalos, 2020). It is against this background that this study seeks to bring to fore, the push and pull factors that characterized urban-rural migration. These lockdown measure has brought economic activities of migrants to a near standstill.

Analyzing data from a personal finance website, (Baker *et al*. 2020) found that consumer spending in the United States is highly dependent on the severity of the disease's outbreak and the strength of the local government's response. The merit of this assertion brings to the limelight; the restriction of human (vehicular) mobility, closure of market(s) and shutting down of businesses and schools in Port Harcourt city. With the increase in the price of consumables like beans, cassava flour, rice and other groceries in an urban area, it became impossible for consumers that constitute "hand to mouth work culture" as observed by Adom, Adu-Mensah and Sekyere (2020), to strike a balance between expenditure and overall income during the lockdown. Therefore, this study will investigate push and pull factors associated that led to migration and the additional challenges it has created in Ogba/Egbema/Ndoni Local Government Area, Rivers State.

## Materials and Methods

*Study area*

The study was conducted in selected communities, located in Ogba/Egbema/Ndoni Local Government Area, Rivers State, Nigeria, from March to November 2020. According to Ellah (1995), the study area host multinational oil companies. This has resulted in significant political, social, economic and environmental degradation in host communities.

*Study design and population*

The study adopted a cross-sectional design; it seeks to explore the patterns and trends of migration in the study area. The population of the study comprised (both sex) that migrated to the study area before lockdown.

*Data collection/study instruments*

The data collection instrument came in the form of a pre-tested and validated structured questionnaire designed by their searcher based on the revised pilot study and recommendations from experts in measurements and evaluation. The questionnaire was divided into three main parts:Section A, which focused on the socio-demographic characteristics of the respondents (sex, age, marital status, education, religion, dialect, community, occupation, estimated monthly income); Section B, which focused on push factors that led to urban rural migration; (Cronbach's alpha coefficient of a 0.81); and Section C, measured pull factors that led to urban-rural migration (Cronbach's alpha 0.81). As recommended by George and Mallery (2003), Aifuwa and Okogie (2015).

*Sample size estimation and sampling technique*

The sample size for this study was determined using Cochran's formula. The estimated sample size required for the study was calculated as follows:

$$n = \frac{Z^2 1 - \alpha/2 P(1-P)}{d^2}$$

where n = Required Sample size; $Z2$ 1- $\alpha/2$ = the value of standard normal variables at 95% confidence interval =1.96; P= Expected prevalence or proportion of migration = (0.01); d = marginal error at 5% (standard value of 0.05). The total estimated sample size for this study was 138 respondents. This study mainly adopted the purposive sampling technique to select five (5) communities with high influx of migrants; Ibewa, Erema, Obukegi, Akabuka and Obiyebe. In the same vein, purposive sampling technique was used in selecting respondents that migrated (a week) before COVID-19 lockdown, from urban areas to rural areas.

*Data analysis*

Data collected for this study were manually checked for errors before inputting them into the IBM, SPSS software (version 23.0) for analysis. The variables in the study were then described through frequencies and percentages. The Chi-Square cross-tabulation model was used to assess the strength of association between the dependent and independent variables. In all analyses, the base for rejection or acceptance was set at a p-value of 0.05.

*Dependent variable*

The dependent variable for this study is migration. In assessing the migratory pattern or trend in the study area, the following factors were considered; having migrated before lockdown, having migrated from city to village, number of months spent in the village, intention of migrating to the urban area in future. These items were both coded on the basis of nominal scale (Yes=2 and no = 1) and ordinal scale (4 = Strongly agree, 3 = Agree, 2 = Disagree, 1 = Strongly disagree).

*Independent variable*

The independent variable for this study is COVID-19 lockdown. Both push and pull factors were used in measuring the independent variable. Based on push factors, items considered were; severity of lockdown in city, restriction of movement in the city, unavailability/inaccessibility of foodstuffs

in the city due to lockdown, fear of contacting COVID-19 in the city due to overcrowding, market closure, etc. Also, pull factors were low severity of lockdown in village, low chance of contracting COVID-19 in village, low restriction of movement in the village, affordability and accessibility of foods stuffs in the village, ability to distance physically in the village and etc. These items were measured on the basis of ordinal scale (4 = Strongly agree, 3 = Agree, 2 = Disagree, 1 = Strongly disagree).

## Results

One hundred and thirty-eight (138) copies of questionnaire were administered to migrants, of this lot, one hundred (100=72.5%) copies of questionnaire were found valid while thirty-eight (38=27.5%) copies of questionnaire were found invalid.

**Table 1 Socio-Demographic Characteristics of Migrants (N=100, %=100).**

| Variable | Frequency=100 | Percentage=100 |
|---|---|---|
| **Sex** | | |
| Male | 67 | 67.0 |
| Female | 33 | 33.0 |
| **Age** | | |
| 18-22 | 12 | 12.0 |
| 25-34 | 46 | 46.0 |
| 35-44 | 27 | 27.0 |
| 45-54 | 15 | 15.0 |
| **Education** | | |
| No formal education | 31 | 31.0 |
| Primary | 9 | 9.0 |
| Secondary | 32 | 32.0 |
| Tertiary | 23 | 23.0 |
| Technical | 5 | 5.0 |
| **Marital Status** | | |
| Married | 48 | 48.0 |
| Divorced | 10 | 10.0 |
| Separated | 4 | 4.0 |
| Widow/Widower | 3 | 3.0 |
| Single | 35 | 35.0 |
| **Dialect** | | |
| Ogba | 69 | 69.0 |
| English | 22 | 22.0 |
| Pidgin | 9 | 9.0 |
| **Community** | | |
| Ibewa | 25 | 25.0 |
| Erema | 33 | 33.0 |
| Obukegi | 16 | 16.0 |
| Akabuka | 12 | 12.0 |
| Obiyebe | 14 | 14.0 |
| **Occupation** | | |
| Unemployed | 10 | 10.0 |
| Farming/Fishing/Hunting | 47 | 47.0 |
| Trading | 11 | 11.0 |
| Civil Servant | 29 | 29.0 |
| Others | 3 | 3.0 |
| **Religion** | | |
| Christianity | 75 | 75.0 |
| Islam | 3 | 3.0 |
| African Tradition | 22 | 22.0 |

| | | |
|---|---|---|
| **Estimated monthly income** | | |
| <5,000 | 9 | 9.0 |
| 6,000-16,000 | 5 | 5.0 |
| 17,000-26,000 | 6 | 6.0 |
| 27,000-36,000 | 7 | 7.0 |
| 37,000> | 7 | 7.0 |
| No regular pattern of income | 66 | 66.0 |

Table (1) above shows the socio-demographic characteristics of migrants. According to the table (1), 67% of migrants are male while 33% of migrants are female. Thus, male (67%) represents the overwhelming majority of respondents in the study. Also, analysis shows that 12% of migrants fall within the age limit of 18 and 22 years, 46% of migrants are aged between 25 and 34 years, 27% of migrants fall within the age limit of 35 and 44 years while 15% of migrants are aged between 45 years and above. Therefore, it is evident that the majority (46%) of migrants fall within the age bracket of 25 and 34 years respectively. Based on education, the result indicates that 31% of migrants had no formal education, 9% of migrants had primary education, 32% of migrants had secondary education, 23% of migrants had tertiary qualification while 5% of migrants had technical education. Based on this, it agreeable that majority (31%) of migrants had no formal education. Also, the least score of 5% was reported for migrants who had technical education. Furthermore, the analysis revealed that the majority (48%) of migrants were married, 10% were divorced, 4% were separated, 3% were widow/widower while 35% of migrants were single. Again, the study shows that 69% of migrants spoke Ogba, 22% of migrants spoke English while 9% of migrants spoke pidgin language. According to the table (1), 25% of migrants reside in Ibewa, 33% of migrants reside in Erema, 16% of migrants reside in Obukegi, 12% of migrants reside in Akabuka while 14% of migrants reside in Obiyebe community. Based on this result, it is evident that the majority (33%) of migrants reside in Erema during the period of study. In the same vein, analysis shows that 10% of migrants were unemployed, 47% engaged in fishing/farming/hunting activities, 11% of migrants engaged in trading, 29% are civil servants while 3% of migrants engaged in other occupations respectively. Based on the result, the majority (47%) of migrants engaged in fishing/farming and hunting occupations. Furthermore, findings indicate that majority (75%) of migrants are Christians, 2% are Muslims while 22% of migrants are African Traditional Worshippers. Also, the estimated monthly income of migrants indicates that the majority (66%) of migrants had no regular pattern of income while minority (5%) of migrants reported a monthly income of 6,000 and 16,000 respectively.

**Table 2[a] Push Factor(s) and Urban-Rural Migration (N=100, %=100)**

| Push Factor(s) | Urban- Rural Migration | | | | | | |
|---|---|---|---|---|---|---|---|
| | < I Month (n=7) | 2-4 Months (n=14) | 5-7 Months (n=31) | > 8 Months (n=48) | $x^2$ | DF | P- value |
| **When did you migrate to rural area** | | | | | | | |
| Pre- lockdown | 7(7.0) | 11(11.0) | 11(11.0) | 48(48.0) | 73.667 | 6 | **0.000*** |
| Lockdown | 0(0.0) | 0(0.0) | 20(20.0) | 0(0.0) | | | |
| Post lockdown | 0(0.0) | 3(3.0) | 0(0.0) | 0(0.0) | | | |
| **How would you rate the severity of Covid-19 lockdown in urban area** | | | | | | | |
| Very Severe | 4(4.0) | 7(7.0) | 14(14.0) | 48(48.0) | 78.625 | 9 | **0.000*** |
| Severe | 0(0.0) | 7(7.0) | 17(17.0) | 0(0.0) | | | |
| Less Severe | 2(2.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| Not Severe | 1(1.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **How would you rate the ban on movement in urban area during Covid-19 lockdown** | | | | | | | |
| Very High | 0(0.0) | 0(0.0) | 7(7.0) | 48(48.0) | 144.455 | 9 | **0.000*** |
| High | 2(2.0) | 14(14.0) | 24(24.0) | 0(0.0) | | | |
| Low | 3(3.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| Very Low | 2(2.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **The high cost of food stuffs in urban area is related to Covid-19 lockdown** | | | | | | | |
| Strongly Agree | 0(0.0) | 0(0.0) | 25(25.0) | 48(48.0) | 169.178 | 9 | **0.000*** |
| Agree | 0(0.0) | 14(14.0) | 6(6.0) | 0(0.0) | | | |
| Disagree | 5(5.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 2(2.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **Did you experience food scarcity in urban area before migrating to rural area** | | | | | | | |
| Yes | 3(3.0) | 11(11.0) | 31(31.0) | 48(48.0) | 37.459 | 3 | **0.000*** |
| No | 4(4.0) | 3(3.0) | 0(0.0) | 0(0.0) | | | |

Table (2 a & b) above shows the effects of push factors on urban-rural migration. According to findings, when respondents were asked when they migrated to the rural area, the table shows that more than half of respondents migrated before the lockdown and have spent respective months in the rural area as depicted by < I month (7.0%), 2-4 months (11.0%), 5-7 months (11.0%), > 8 months (48.0%). Thus, the majority (48.0%) of respondents have spent 8 months and above in rural area. There is a significant relationship between Covid-19 lockdown and the urban rural migration ($x2 = 73.667$, $p < 0.000$). Analysis shows a significant relationship between the severity of Covid-19 lockdown in the urban area and urban-rural migration ($x2 = 78.625$, $p < 0.000$). This is because a breakdown of analysis shows that the majority (48.0%) of respondents who indicated "very severe" spent > 8 months in the rural area.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **It is cheaper to buy food stuffs in rural area compared to urban area during Covid-19 lockdown** | | | | | | | |
| Strongly Agree | 0(0.0) | 0(0.0) | 13(13.0) | 48(48.0) | 149.056 | 9 | **0.000*** |
| Agree | 0(0.0) | 13(13.0) | 18(18.0) | 0(0.0) | | | |
| Disagree | 6(6.0) | 1(1.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 1(1.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **You migrated to rural area due to the large gatherings in urban area during Covid-19 lockdown** | | | | | | | |
| Strongly Agree | 6(6.0) | 3(3.0) | 8(8.0) | 48(48.0) | 72.918 | 9 | **0.000*** |
| Agree | 1(1.0) | 8(8.0) | 17(17.0) | 0(0.0) | | | |
| Disagree | 0(0.0) | 0(0.0) | 5(5.0) | 0(0.0) | | | |
| Strongly Disagree | 0(0.0) | 3(3.0) | 1(1.0) | 0(0.0) | | | |

**Table 2[b] Cont'd**

Also, analysis shows that the majority (48.0%) of respondents who rated the ban on movement in the urban area as "very high" spent > 8 months in the rural area. Thus, the ban on movement in the urban area led to urban-rural migration ($x2 = 144.455$, $p < 0.000$). Analysis shows that the majority (48.0%) of respondents who spent > 8 months in the rural area reported high cost of food items in the urban area before the Covid-19 lockdown. This led to a significant relationship between the high cost of food items in the urban area and the urban-rural migration ($x2 = 169.178$, $p < 0.000$). Based on food scarcity in the urban area, the majority (48.0%) of respondents that spent > 8 months in the rural area reported scarcity of food in the urban area, followed by (31.0%) of respondents who spent 5-7 months, (11.0%) of respondents that spent 2-4 months, (3.0%) of respondents that spent < 1 month in rural area respectively. Collaboratively, scarcity of foodstuffs in urban area had an effect on urban-rural migration ($x2 = 37.459$, $p < 0.000$). When asked if it was cheaper to buy foodstuffs in the rural area compared to the urban area, the majority (48.0%) of respondents that spent > 8 months in the rural area responded in affirmative, followed by (18.0%) of respondents that spent 5-7 months in the rural area, (13.0%) of respondents that spent 2-4 months in rural area respectively. This explains ($x2 = 149.056$, $p < 0.000$) which shows the effect of food price in the rural area on urban-rural migration. Finally, when respondents were asked if they migrated to the rural area due to large gatherings in the urban area; analysis shows a positive effect of a large gathering on urban-rural migration ($x2 = 72.918$, $p < 0.000$). This is because, a breakdown of the analysis shows that the majority (48.0%) of respondents that spent > 8 months in the rural area responded in affirmative, followed by (17.0%) of respondents that spent 5-7 months in the rural area, (8.0%) of respondents that spent 2-4 months in the rural area, (6.0%) of respondents that < 1 month in rural area respectively.

**Table 3 Pull Factor(s) and Urban-Rural Migration (N=100, %=100)**

| Pull Factor(s) | Urban- Rural Migration | | | | | | |
|---|---|---|---|---|---|---|---|
| | < I Month (n=7) | 2-4 Months (n=14) | 5-7 Months (n=31) | > 8 Months (n=48) | $x^2$ | DF | P-value |
| **How would you rate the severity of Covid-19 lockdown in rural area** | | | | | | | |
| Very Severe | 3(3.0) | 0(0.0) | 0(0.0) | 0(0.0) | 127.514 | 9 | **0.000*** |
| Severe | 1(1.0) | 2(2.0) | 0(0.0) | 0(0.0) | | | |
| Less Severe | 3(3.0) | 12(12.0) | 25(25.0) | 0(0.0) | | | |
| Not Severe | 0(0.0) | 0(0.0) | 6(6.0) | 48(48.0) | | | |
| **The risk of contracting Covid-19 in urban area is high compared to rural area** | | | | | | | |
| Strongly Agree | 0(0.0) | 0(0.0) | 25(25.0) | 48(48.0) | 151.963 | 9 | **0.000*** |
| Agree | 1(1.0) | 14(14.0) | 6(6.0) | 0(0.0) | | | |
| Disagree | 2(2.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 4(4.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **Mini markets in rural areas sale goods on low key during Covid-19 lockdown** | | | | | | | |
| Strongly Agree | 0(0.0) | 3(3.0) | 10(10.0) | 48(48.0) | 81.690 | 9 | **0.000*** |
| Agree | 7(7.0) | 11(11.0) | 12(12.0) | 0(0.0) | | | |
| Disagree | 0(0.0) | 0(0.0) | 4(4.0) | 0(0.0) | | | |
| Strongly Disagree | 0(0.0) | 0(0.0) | 5(5.0) | 0(0.0) | | | |
| **It is easier to buy food stuffs in rural area during Covid-19 lockdown compared to urban area** | | | | | | | |
| Strongly Agree | 0(0.0) | 0(0.0) | 29(29.0) | 48(48.0) | 126.065 | 9 | **0.000*** |
| Agree | 3(3.0) | 13(13.0) | 2(2.0) | 0(0.0) | | | |
| Disagree | 1(1.0) | 1(1.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 3(3.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **Price of cassava flour is cheaper in rural area during Covid-19 lockdown compared to urban area** | | | | | | | |
| Strongly Agree | 0(0.0) | 0(0.0) | 21(21.0) | 48(48.0) | 135.852 | 9 | **0.000*** |
| Agree | 1(1.0) | 11(11.0) | 10(10.0) | 0(0.0) | | | |
| Disagree | 1(1.0) | 3(3.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 5(5.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |
| **It is easier to maintain (2 meters) physical distancing in rural area compared to urban area** | | | | | | | |
| Strongly Agree | 0(0.0) | 4(4.0) | 31(31.0) | 48(48.0) | 153.701 | 9 | **0.000*** |
| Agree | 0(0.0) | 9(9.0) | 0(0.0) | 0(0.0) | | | |
| Disagree | 2(2.0) | 1(1.0) | 0(0.0) | 0(0.0) | | | |
| Strongly Disagree | 5(5.0) | 0(0.0) | 0(0.0) | 0(0.0) | | | |

Table (3) above shows the effects of pull factors on urban-rural migration. According to findings, when respondents were asked to rate the severity of Covid-19 lockdown in a rural area, the table shows that the majority (48.0%) of respondents who spent > 8 months in the rural area indicated "not severe" followed by less severe (25%) for respondents who spent 5-7 months in the rural area. There is a significant relationship between the low severity of Covid-19 lockdown in the rural area and urban-rural migration ($x2 = 127.514$, $p < 0.000$). Analysis shows that the majority (48.0%) of respondents that spent > 8 months in the rural area indicates that the risk of contracting Covid-19 in the urban area is high compared to the rural area. This explains a significant relationship between high risk in contracting Covid-19 in the urban area and urban-rural migration ($x2 = 151.963$, $p < 0.000$). Also, findings proved a significant relationship between market closure in the urban area and urban-rural migration ($x2 = 81.690$, $p < 0.000$). This is because the majority (48.0%) of respondents that spent > 8 months in the rural area responded in affirmative, followed by (12.0%)

of respondents that spent 5-7 months in a rural area, (11.0%) of respondents that spent 2-4 months in rural areas, (7.0%) that spent < 1 month in the rural area. Furthermore, when asked if it was less stressful in accessing foodstuffs in a rural area during the Covid-19 lockdown compared to the urban area, the analysis revealed a significant relationship between the accessibility of foodstuffs and urban-rural migration ($x2 = 126.065$, $p < 0.000$). This is because, a breakdown of the analysis shows that the majority (48.0%) of respondents that spent > 8 months in the rural area responded in affirmative, followed by (29.0%) of respondents that spent 5-7 months in a rural area, (13.0%) of respondents that spent 2-4 months in the rural area, (3.0%) of respondents that spent < 1 month in the rural area. Further probing shows a significant relationship between the price of cassava flour in the rural area and urban-rural migration ($x2 = 135.852$, $p < 0.000$). This is because, an overwhelming majority (48.0%) that spent > 8 months in the rural area responded in affirmative, followed by (21.0%) for respondents that spent 5-7 months in a rural area, (11.0%) for respondents that spent 2-4 months in a rural area, (1.0%) for the respondent that spent < 1 month in the rural area. Based on physical distancing, migrants were asked if it was easier to maintain physical distance in a rural area compared to an urban area; analysis revealed a significant relationship between adhering to Covid-19 protocol and urban-rural migration ($x2 = 153.701$, $p < 0.000$). This is because, a breakdown of the analysis shows that the majority (48.0%) of migrants that spent > 8 months in the rural area responded in affirmative, followed by (31.0%) for respondents that spent 5-7 months in a rural area, (9.0%) for respondents that spent 2-4 months in rural area respectively.

**Discussion of Findings**

The study revealed that, in urban areas, the severity of lockdown measures in cities served as push factors to migration followed by a ban on movement, high cost of foodstuffs, food scarcity, overcrowding. This affirms that the extreme measures advanced by Rivers State Government in combating Covid-19 led to urban-rural migration. This further support the findings of Aifuwa, Saidu and Aifuwa (2020), that major economic hubs, particularly in urban areas are on lockdown as a result of Covid-19. However, in rural areas, the pull factors that influenced migration are low severity of lockdown, minimal risk of contracting Covid-19, availability of markets and low price of foodstuffs. This further confirmed the findings of Addi, Benksim, Amine and Cherkaoui (2020) that lockdown significantly shaped the general well-being of migrants, as well as businesses across the globe.

**Conclusion and Recommendations**

Based on the findings, the study concludes that both push and pull factors influenced urban-rural migration. Given the findings, the study recommends that the Federal Ministry of Humanitarian Affairs Disaster Management and Social Development (FMHDSD) should design an economic blueprint for migrants that lost their source of livelihood during the lockdown. This will enable migrants to cope with the socio-economic challenges of post lockdown period, particularly when they finally seek relocation to urban areas. Also, the Nigeria Centre for Disease Control (NCDC) in synergy with Consumer Protection Commission (CPC) should fashion a legislative framework that will monitor and regulate price of essential commodities during a disease outbreak. Given the

strategic importance of rural areas during the COVID-19 outbreak, the Ogba/Egbema/Ndoni Local Government Authority should revamp the rural sector by building additional houses, hospitals, pipe born water and other social amenities that will measure up with the teeming population in rural areas. Demographers under the auspices of the National Bureau of Statistics (NBS) should design a sample frame for citizens that migrated to rural areas during COVID-19 lockdown, which will serve as a data bank for future research. This will facilitate intervention studies targeted at migrants during post lockdown era.

**References**

Addi, R. A., Benksim, A., Amine, M. & Cherkaoui, M. (2020). Asymptomatic COVID-19 infection management: The key to stopping COVID-19. *Journal of Clinical and Experimental Investigations, 11*(3), 1-2.

Adom, D., Adu-Mensah, J. & Sekyere, P. A. (2020). Hand-to-mouth work culture and the COVID-19 lockdown restrictions: experiences of selected informal sector workers in Kumasi, Ghana. *Research Journal in Advanced Humanities, 1*(2), 45-64. Retrieved from: https://royalliteglobal.com/advanced-humanities/article/view/237

Aifuwa, H. O. & Okojie, P. I. (2015). *Materials and methods: SPSS demystified*. Unpublished manuscript, Samuel Adegboyega University, Ogwa, Nigeria.

Aifuwa, H. O., Saidu, M. & Aifuwa, S.A. (2020). Coronavirus Pandemic Outbreak and Firms Performance in Nigeria. Management and Human Resource Research Journal Vol.9, No.4; April-2020.

Ajoku, L.I. (2006). Foundations of Educational Research and Statistics. Port Harcourt, Nigeria. Pearl Publishers.

Avalos, G. (2020) Coronavirus Unemployment: One out of six Californians out of Work during lockdowns. The Mercury News, April 23, 2020. https://www.mercurynews.com/2020/04/23/coronavirusunemployment-3-4-million-californians-lose-jobs-during-lockdowns-economy-tech-retail-restaurantho tel-construction-layoff/

Baker, S. R., Farrokhnia R., Meyer S., Pagel, M. & Yannelis C. (2020). How does household spending respond to an epidemic? Consumption during the 2020 COVID-19 pandemic. NBER Working Paper Series, (26949).

Coibion O., Gorodnichenko Y. & Weber, M. (2020). The cost of the Covid-19 Crisis: lockdowns, macroeconomic expectations, and consumer spending. NBER Working Paper Series, (27141).

Ekpenyong, A. S. & Omere, C. N. (2020). Coronavirus Lockdown and Socio-Economic Impact on Indigent Households in Ibewa Community, Onelga, Rivers State, Nigeria. *Open Journal of Social Science and Humanities* 1(2), 09-23.

Ekpenyong, A. S. (2020). Investigating the Effects of Urbanization on Environmental Degradation in Yenagoa Metropolis, Bayelsa State, South-South Nigeria. *Global Journal of Arts, Humanities and Social Sciences* Vol.8, No. 3, pp.50-61,

Ekpenyong, S. (1993). Elements of Sociology. African Heritage Research and Publications. Port Harcourt.

Ellah, F. (1995). Ali-Ogba: A History of Ogba People Fourth Dimension Publishers.

George, D. & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference.*

Boston, MA: Allyn & Bacon.

Lin, Q., Zhao, S., Gao, D., Wang, W., Yang, L. & He, D. (2020). A Conceptual Model for the Coronavirus Disease 2019 (COVID-19) Outbreak in Wuhan, China with Individual Reaction and Government Action. *International Journal of Infectious Diseases*, 93, 211-216.

Nigeria Centre for Disease Control [NCDC] (2020). COVID-19 Pandemic Outbreak. Retrieved from, https://covid19.ncdc.gov.ng

O'Connor, A. (1983). The African City. London, Hutchinson and Co. Publisher Ltd.

Schwartz, N. (2020). 'Nowhere to Hide' as Unemployment Permeates the Economy During the Coronavirus Pandemic. The New York Times, April 16.

Stanley, C. N., Nkporbu, A. K. & Stanley, P. C. (2020). Socio-Economic Implications of the Coronavirus Pandemic: Early Review and Projections, Nigeria in Focus. *International Journal of Research Studies in Medical and Health Sciences* Volume 5, Issue 4, 2020, PP 40-49.

Tashanova, D., Sekerbay, A., Chen, D., Luo, Y., Zhao, S. & Zhang, Q. (2020). Investment opportunities an, d strategies in an era of coronavirus pandemic. Retrieved from https://ssrn.com/abstract=3567445

Uzobo, U., Aboluwaji, D., Ayinmoro & Akhuetie, R. E. (2016). Research and Society: Methods of Social Inquiry. First East circular Road, Benin city, Edo Nigeria. Dimaf Publishers.

**Authors' Profile**

**Dr. A.S Ekpenyong** is a senior lecturer in the department of sociology. He obtained his B.Sc. in Uniport, M.Sc. and PhD in University of Uyo. His areas of interests are in community development, rural sociology and Environmental Management. He is the current departmental PG coordinator. He is a member of the Nigerian Anthropological and Sociological Association (NASA).

**C.N Omere** is a postgraduate student in the Department of Sociology, Niger Delta University where he is specializing in criminology. He is also a member of the Nigerian Anthropological and Sociological Association (NASA). He has attended and presented papers in several conferences in Nigeria. He can be contacted via; omerechinedunelson@gmail.com.

# Street Begging Practices in Nigeria: A Conceptual Review

**[1]Rakiya Kpada Yusuf**
[1]Department of Sociology and Anthropology, Baze University, Abuja-Nigeria
***Correspondence:*** rakiya.yusuf@bazeuniversity.edu.ng

## Abstract

The conflict theory is adopted as the theoretical baseline for this paper. Beggary as a social phenomenon is a social problem, menace, and deviant as their activities diverge from the behavioural expectations set by society. This is why the conflict theory emerged to oppose the argument propagated by the functionalist theory which posits that beggars are functional in the role they performed for the survival and continuity of society. Marxism, an offshoot of the conflict theory will provide a philosophical starting point on which the conflict theory rest. The basic augment of the Marxian perspective is that poverty in capitalist society is an expression of a system of inequality which is an innate feature of capitalism. Marx contends that in a capitalist society, wealth, power and fame are concentrated in the few bourgeoisie while the greater part which happened to be the proletariat classes are forced to sell their labour and gain salary in return. Dahrendorf (1959) cited in Haralambos and Holborn (2004) another conflict theorist who adopted Karl Marx idea of class conflict and Max Weber approval of power as an important constituent of stratification come up with his idea of modern capitalism which he argued that the top executive at the helm of government and private organizations are also powerful groups of exploiters that can facilitate inequality in the society. Gerth and Mills (1958) employed the Marxist approaches to stress how social stratification influences social behaviours such as begging in society. According to Gerth of Mills (1958) cited in Fawole, et al, (2010) avers that begging is the outcome of the differential in opportunities and life change people experience in society. Meaning, the inability of society to provide equal access to opportunities for all to make available for themselves the material goods and positive living result to begging. By implication, the existence of beggars in Nigeria in the aftermath of inequality generated by the political elite. As such, beggars are not to be held responsible for their actions rather; they are seen as the victims in society. However, begging arises as a result of the interest of the minority class who control the society, and they also perceive begging as a social problem and beggars as deviant. By implication, the bourgeoisie (minority class) are the major causes of begging at the same time define the act and label the actors.

**Keywords:** Street begging, poverty, survival strategy, cultural factor, socioeconomic development

## Introduction

Street begging is a challenge faced by many nations of the world. It is a worldwide phenomenon and one among the grievous social problems that requires global attention. The menace is more prevalent in developing countries and Nigeria inclusive as the beggars move around the city centres begging for money and food, even though the Nigerian constitution allows and criminal code view such activities as a deviation from what the citizen define as right (Adewuyi, 2000). The street beggar is an individual who solicits money or assistance in a public space like banks, church,

mosques, and public offices and shopping areas (Adugna, 2016). The beggar may be a child, an elderly or disable person etc. The severity and widespread nature of this phenomenon have become worrisome and a matter of concern to the government, media, religious bodies, stakeholders and the general public at large.

The activities of street begging are not left for the pitiable, wretched, poverty-ridden and physically handicapped persons but able-bodied and energetic men and women have taken into it as a means of survival, using various strategies to solicit arms from members of the public (Fawola, Ogunkan & Omuruan 2011). Begging has turned out to become a social business, money-making activity and profession for some lazy and shameless healthy citizens in society. Through, some beggars take begging as a permanent source of income, some see it as an avenue to do away with the scourge of poverty wrecking the country presently (Adedibu & Jelili, 2012). Although, this cankerworm of begging among children in some areas is associated with the growth of cities, war, insurgence, high level of drought and famine occurring in their domain and poverty force children to search for greener pasture (Ojo &Benson 2017). However, the government of Nigeria in support with other international organization tries to curtail street begging in Nigeria but all to no avail. It is in this regard that the study or paper tries to examine street begging practices in Nigerian.

**The Concept of Begging**

Begging is an age-old social evil bedevilling country of the world. Begging is demoralizing and accompanied by a very complex socio-economic challenge. Begging is a form of disorganization as it indicates the failure of the individual to adjust to the social situation. Begging is the act of pleading for assistance that may come in form of gift, money, food or clothes with no service in return. Kennedy and Fitz Patrick (2001) define begging as requesting money from people in public areas. Though, this definition did not look into all the tricks of beggars. Beggars approach people in different places for food, clothes and not necessarily money alone. While Mortimer (2005) views begging as the pleading for money for members of the public with no job to render as service in return. Olawale (2007) regards it as a habit of seeking favour from others for continued existence and enrichment. Lynch (2005) posits begging as the act of demanding charity in an open space. He further argued that begging is grouped into various strategies which include; passive begging (maintaining a particular spot using a sign and collecting donation from passer-by active begging (confronting the passer-by and asking for a donation) and aggressive begging (confronting the passerby continuously inform of a threat for donation). To buttress lynch argument, Burke (2003), avers that beggar who adopts the passive technique tend to receive more donation than those who go for the aggressive style and that aggressive style is low because it connotes a self-defeating begging strategy.

Beggars according to Esan (2009) refer to a group of people whose expressions target the feelings of potential supporters, and which are capable of changing their sense of reasoning. Balogun (2012) posits a beggar as someone who depends on outsiders for survival without any service to offer. Beggars are those classes of people that defy the rules and regulation through the invention

of a new standard different from that approved by society.

While Ekpeyong and Sibiri (2011) posit beggars as stigmatize collection of individuals who suffer numerous indignities while begging passersby for spare change. They added that the presentation of self in an important way by a beggar serves as a means of contending with the humiliations and to develop a fruitful relationship with the givers who become regular sources of support for them. Rana (2006) avers that beggars are people with shocking appearances that are often used as suitable tools for extracting whatever little cash they can while roaming the street all day. For Naalir (2010), beggars belong to a different category in society; because they lack a desire for a shabby lifestyle and rely completely on members of the public for means of survival.

Street begging according to Chikwolobe (2011) is the act of approaching passerby in public and requesting any form of a gift. John, (2010) view it as the act of securing material benefit which could be informed of gift donation or charitable donation. While Aderinto, et al. (2007), define street begging as the asking of people for assistance using any tactics to gain favour in an open space. Street begging is some other types of street-level unofficial activities because is totally unrelated to the type practised by a larger segment of the society.

**Theoretical Framework**

The conflict theory is adopted as the theoretical baseline for this paper. Beggary as a social phenomenon is a social problem, menace, and deviant in nature as their activities diverge from the behavioural expectations set by society. This is why the conflict theory emerged to oppose the argument propagated by the functionalist theory which posits that beggars are functional in the role they performed for the survival and continuity of society. Marxism, an offshoot of the conflict theory will provide a philosophical starting point on which the conflict theory rest. The basic augment of the Marxian perspective is that poverty in capitalist society is an expression of a system of inequality which is an innate feature of capitalism.

Marx contends that in a capitalist society, wealth, power and fame are concentrated in the few bourgeoisie while the greater part which happened to be the proletariat classes are forced to sell their labour and gain salary in return. Dahrendorf (1959) cited in Haralambos and Holborn (2004) another conflict theorist who adopted Karl Marx idea of class conflict and Max Weber approval of power as an important constituent of stratification come up with his idea of modern capitalism which he argued that top executive at the helm of government and private organizations are also powerful groups of exploiters that can facilitate inequality in the society.

Gerth and Mills (1958) employed the Marxist approaches to stress how social stratification influences social behaviours such as begging in society. According to Gerth of Mills (1958) cited in Fawole, et al, (2010) avers that begging is the outcome of the differential in opportunities and life change people experience in society. Meaning, the inability of society to provide equal access to opportunities for all to make available for themselves the material goods and positive living result to begging. By implication, the existence of beggars in Nigeria in the aftermath of inequality

generated by the political elite. As such, beggars are not to be held responsible for their actions rather; they are seen as the victims in society. However, begging arises as a result of the interest of the minority class who control the society, and they also perceive begging as a social problem and beggars as deviant. By implication, the bourgeoisie (minority class) are the major causes of begging at the same time define the act and label the actors.

The question here is that what measures are the society putting in place to curtail or arrest begging in Nigeria? Aderinto (2009) expresses grief in his response that the government has not shown any serious interest in ending the threat. What they ought to have done is to provide vocational training and gainful employment for the beggars but rather they camouflage and displayed a beggar's free society by emptying the street during conferences and meetings that bring national from different part of the world. Shortly after the conference, beggars resume the street in full force.

It is disheartened that the government careless about the rehabilitations of beggars but spending a chunk of money on programmes that benefits the wealthy and political class. This conduct of the government gives evidence to the belief of the Marxist that the existence of a social problem in the society is the reflection of exploitation, oppression, alienation, expropriation, extortion and inequality of the powerful class over the disadvantaged class.

## Material and Methods

Five online bibliographic databases were searched to identify grey literature from published studies on street begging practices in the world and Nigeria to be specific. The research is within the time frame of 2000 to date and a descriptive survey approach is employed for the study. This is because street begging practices has been in existence with the evolution of human society and is evident in different parts of the world but the pervasiveness and precise nature differ. The study chooses this timeframe in other to discover the contemporary nature of the act. The five bibliographic databases searched for literature in this study include; ResearchGate, Academia, Sociological Abstract, *Social Sciences Citation Index, and ProQuest*. The search terms adopted include street begging among children, street begging among adult, begging among people with disability and the Almajiri beggars. Reference listings *from* identified articles were further independently hand-searched for articles with more specific themes. From the five bibliographic databases searched for literature, 96 kinds of literature were selected but only 49 turn out to be relevant for the study due to the timeframe.

## Street Begging: History Nature and Prevalence in Nigeria

Street begging is not known to Nigerian alone but a global challenge bedevilling nations of the world. Broun (2010) view the act as anti-social behaviours practised in most developing countries of the world. Begging was visible with the evolution of human society. It arises in many countries of the world but its pervasiveness and precise nature differ. Street begging was noticed in Greece around the 8th and 6thcentury ago by the early middle ages and the byzantine era (Johnny, 2008). Alan (2010) equally argued that the occurrence of street children has been recognized as far back as 1848. The issue of abandoned children as cited in Bukoye (2014) was documented between

1918 and 1920, while industrial revolution in England lies in the 1800s; then that street children becomea feature of the street of Dublin Albert at different time. While a number of cities where noticeable in the United State and Mexico as having a significant level of begging activity, cities in China, especially Shanghai, which has been described as abodes for different categories of beggars (including the poor, the disabled, and the homeless beggars), which are described as "liumin" (floating people) or "Youmin" (wandering people) (Smith, 2005). Begging is seen as pride in India as they are posting as people with fame. The situation is not so different in the city of Johannesburg, South African, where beggars are seen at junctions all over the city. In cities of Britain and similar industrialized countries in recent years, begging has become highly visible ( Ojo, 2005).

The history of street begging in Nigeria is not too certain but is believed to be present even before independence in 1960. The "Mabaretas" are the professional baggers that live by asking people for money and were said to be the same people that contributed massively to the widespread begging in Nigeria. Since then, the situation has become worst, with categories of beggars found at a strategic location in public places begging for alms (Ojo, 2005).

Esonbonu (2010) lamented that the numbers of beggars in Nigeria Street are rising exponentially. That is why Amman (2009) argued that street begging is prevalent in Northern Nigeria than in any other region due to the almajiri form of education adopted by Muslims. The presence of beggars on the street of Gwagwalada, Municipal Area Council, FCT, Abuja, and North-Central Nigeria is becoming unbearable that required government attention. Boys between the age of six and fifteen, move in their numbers with plates on the street demanding what to eat and cash. Some of these boys move around begging barefooted with turned cloths and reciting slogan that sounds pitiful. Also, little girls are not left behind as many are found with their blind and ageing parents roaming the street and major's road pleading for money by reciting a common slogan "sadaka so bode Allah" meaning "give for the sake of God".

For instance, the census conducted in North West Nigeria (Kano State) in 2003 indicated that 1,486,000 beggars were identified in the state. The figures are included in the 115 million statistics of young children from Almajiri who sleep in open neighbourhoods and move barefooted within the ancient city. These children were seen clustering around places where sold are sold in wait for leftovers. Adelowo (2010) explained that in Sokoto State, at about 1.1 million Almajiri had been recorded, 824,233 recorded in Kaduna while 389,049 were recorded in Borno State. Adelowo (2010) added that a survey carried out in 2013 informed that the Almajiri's population in Nigeria is about 12.4 million which comprises 5.1 million from the North-West geo-political zone, 1.6 million from North Central, 9228 from the South-South, 3.5 million from the North-East, 8200 from the South-East zone and 7600 from the South-West geo-political zone. To Oneyase (2013), Almajiri system in Northern Nigeria as a result of a lack of adequate parental care and these formed the greater part of Almajiri's population.

To the views of Naalir (2010), beggars are seen in some locations in Nigeria such as the entrance of restaurants, office buildings, railway stations, motor parks and ATM Machines. More so, Adedibo and Jelihi (2011) were of the view that beggars found in Nigeria always come together for the purpose of begging for alms within the places of worship, fuel stations, major road junctions and motor parks. These noted spots had been known as point of attractions for Nigerian beggars.

In Nigerian, various types of street beggars were identified by scholars. Esan (2009) categories beggar in Nigeria to comprise the 'fine' (those that lies in the guise of the religion of getting favour) the sit-at-a- place (are beggars who usually select places, especially a restaurant, holy places and point where goods for affluent people are sold) and the Babiyaallah (are typical Hausa from the Northern part of Nigeria who always roams the street, sing begging and rendering petty services to their client). Adelowo (2010) categories beggars in Nigerian cities to include apparently maimed beggar, the cultural beggar like the press singers and the twin's mothers, the lepers, the blind and crippled. Others are the young and elderly who are unemployable because they are either too young or too old and the 'almajiris' who beg for alms to fulfil religious obligations. Jelihi (2009) similarly categorises them into needy and unwaged beggars, irregular beggars, vagrants, untrained, un-catered, criminal in camouflage and ageing beggars. Adedibu and Jelili, (2012) lament that the act which used to be the soul preserved of destitution in the country is now being actively practised by able-bodied Nigerians. He claimed that while destitute overtly seek money, some healthy individuals, otherwise known as the 'executive beggars', usually resort to begging by technique from one office to another. This set of beggars are known for their appearance, fine dresses, good-looking, and perfect use of English. Such beggars are recognized as being on top of the beggars' hierarchy. UNESCO (2006) claims that a form of begging arrangement known as contractual begging exist in Nigerian, in which physically challenged persons are hired on a daily basis for begging assignment with a token fee of often not more than 500 Naira (some US and 3.8). These physically challenged are often carried on their backs, in a wheelbarrow or wheelchair, and taking around towns from sunrise to sunset, often under ash weather and dangerous traffic condition. The "investors" only release the trafficked person when he/she has made sufficient profit.

Scholars contend that with street begging, planning becomes difficult owing to its complex and complicated social problem ranging from homelessness, poverty, drug addiction, alcoholism, mental illness, and lack of education and vocational training (Ahamdi & Reddy, 2003).

**Factors Responsible for Street Begging in Nigeria**

Several factors were identified to be responsible for the act in the country. Lynch (2005) posits begging as a many-sided problem that is mostly caused by numerous and consistent individual and structured deficiencies. He equally argued that there is a clear and substantial relationship linking begging, homelessness, poverty, mental illness, drug dependency and poor access to housing, income and health support services. Adewumi (2000) opines the factors that promote begging in the country include the traditional system of education, family problems and the structure of traditional administration as interplayed by Arabic civilization, westernization and colonialism. While the National Council for the Welfare of the Destitute (2001) identified some reasons to

include the death of parents, lack of support, neglect, poverty, disability, socio-cultural fallacy and ignorance on the part of parents. But (Adedibu & Jelili, 2012) summarized these factors to include traditional and cultural factors, customs and religion, poverty and destitution, laziness and indolence, unemployment and the need to make a living or money, deformity and disability, desertion and lack of sponsor or family care, inadequate and lack of rehabilitation and vocation centre, old age and influx of illegal and destitute aliens.

The transformation that emerged with modern and western influences are said to be attributed to the cause of begging in Nigeria (Ojo, 2005). They argued that modernization continued to weaken the extended family support system that has been existing in most African societies. Consequently, the aged, disabled, and even the disadvantaged youths have turn out to begging to survive. Demenozu (2005) observe poverty as the most frequent precipitant of begging in most societies. He argued that the socio-economic system is becoming more concentrated with the evils of urbanization, migration and displacement of people who have nowhere else to fall into but the streets. These worsening economic conditions in Nigeria has thrown up several disapproved survivals imperatives (a mechanism) and deviant behaviour, one which is street begging now engaged in by different categories of people, such as the area boys, the disabled and other vulnerable groups (Aderinto, et al., 2007).

**Public Attitude toward Begging**

Society has varying opinion and perceptions toward street begging. On philosophical grounds, begging is discouraged and people feel is not necessary to give alms to beggars. But Swansom (2007) and Goyal (2005) avers that public views about begging are embedded in their strong benefits about individual freedom, public order and social duty. Their views are shaped by their real experience with beggars, the more people are begged, and the less compassionate they are towards beggars. While for Ahamdi (2010) opinion is that assisting beggars can have an optimistic outcome on human's life. Therefore, for some social groups, such as people from the countryside, non-literate people, people with low social classes, the beggars and their community have a positive meaning for the society, and they have a sympathetic reaction towards them.

Adewu (2005) posit that giving money and assisting the disadvantaged are expected by various faith that considers gifts as a virtue, the norm of beneficence is almost certainly a weaker norm than the norm of reciprocity and plays a second fiddled to it because it conflicts with the ideology of the market, which is hostile to the view that people should get something for nothing. It is in this regard that Swanson (2005) contends that beggars who depend on charity without doing any service in return lose their honour and dignity, and when observed within the viewpoint of reward in economic perspective, the beggars are understood as downgraded and mediocre.

Massey (2002) avers that street begging is not a recent phenomenon but a practice that was previously common in advanced nations, and which welfare state and socialist system sought to do away with. Begging is a highly noticeable characteristic of social life in most third world

societies, and it maintains many of these connotations, and hence lack the dishonour attached to it in advanced societies. He also argued that they may be less stigma associated with begging in developing countries than in the west, but people who beg are not usually accepted as equal citizens Massey (2002). Ramanathan (2005) claims that begging is viewed as undesirable behaviours and beggars are, most time, perceived as threatening in many parts of the world. It is in this context that (Smith, 2005) contend that begging in south-eastern Mexico City is characterized as deviant behaviours, and action of final alternative, because it implies an identity lacking self-regard and self-respect, relegating an individual to a degraded social position.

**Social Economic Consequences of Street Begging**

Begging is a social menace and beggars are perceived as a nuisance since their activities possess great danger to the survival of society. When the large proportion of the society becomes inactive, accustom to laziness and a comfortable lifestyle and having their needs meet easily without any labour to earn from, then, such society is at a threat of social and economic collapse. This is why Aderinto (2009) lament that the threat of begging in Nigeria is evident in its harmful implication on the social, environmental and economic survival of the country because it's represented a financial threat to society since beggars are not efficiently productive. The most awful thing is begging is that as time passes by, those who resort to begging becomes incapable of working, fending and shouldering any responsibility. They hardly contribute to the nation's economy and consequently, the economy was further slowdown as a result of the considerable proportion of beggar's population, depending on the already overstretched workforce. In support of Aderinto, Raddy (2013) revealed that begging has to turn into a job for a great fraction of the population in India. He further claims that the larger the portion of people involved in begging, the heavier the weight on the working population and the lesser the usage of human resource for productive human development.

Adedibu and Jelili (2012) claim that beggars do not only constitute a social menace but also parasitic to the country because they move around the streets, harass citizens, disrupt the free flow of traffic on the high ways and engage in various forms of crimes. While Jehili (2009) posits that, aside from the delay and obstruction of traffic, they have the tendency to generate unclean materials, either as waste or their belongings.

The social implication of begging in Nigeria is equally evident in the criminal activities of fake beggars in disguise, which Ogunkan (2009) confirmed in the negative activities of 'almajir' (child beggars) in fostering ethnic and religious conflicts in Northern Nigeria. He also argued that these categories of beggars usually transform from mere street beggars to street gangs known as yandaba. It is well known that beggars have fuelled and facilitated several riots and disturbance in Nigeria such as the Matatsine riots of 1981 in Kano, ZangonKataf riot and the Jos crisis Ogunka, 2009 and Olaziy, 2009). According to the scholars, child beggars were involved in massive looting of homes and shops in various part of Kano state. In addition, Ogunkan (2009) also revealed that some beggars use insults, profanity and veiled threats as a means of soliciting alms in aggressive

panhandling.

Osa-udoh and Ayano (2012) posited that is not a new phenomenon in Nigeria for people to use posters with images of incurably ill people to ask for cash intended for their individual use. They equally lament on the deceptive behaviour of some self-acclaimed healers of mental patients, who are fond of using them to beg for money from the unsuspecting members of the public.
Olaniyi (2009) and Ojo (2017) argued that young children and teenagers are co-opted into street begging by old professional beggars who lured them with fabulous stories of the money-spinning advantages of the act. He further observed that in order to prick the conscience of alms-givers, some beggars' routinely hire babies from nannies and daycare centres, and thereafter, disguise them as beggars on the street.

This is also confirmed by Al Halal and Kabir in Bangladesh. It was observed that children with the worst injury earn more price than the beggar mafia as they can easily soften the hearts of the compassionate passersby. And these adolescent beggars are taught how to choose the most suitable place to beg, the class of populace to advance and the kind of mannerism to imitate in other to make the populace sympathetic. They are also trained on how to make their look pitiful as a way of obtaining cash from people like aged men and women, who are often assumed to be soft-hearted (Al- Helal & Kabir, 2013). Cheng and Kumar (2012) studied the beggars in Buhar, India, and observed that homeless beggars were victims of organized crimes and they faced exploitations like physical torture and economic loss. While female beggars are faced with sexual exploitation and manipulated into prostitution, young beggars were manipulated and forced into drug abuse and drug dealing, pickpocketing, stealing and robbery. Invernizzi (2010) contend that begging may be a kind of guise for other unlawful behaviour such as pickpocketing, spotting prospective victims or distracting them. Azam (2011) also linked street begging to illegal activities such as drug and human trafficking, drug use, organ selling, child abuse, prostitution and terrorism. He added that organized criminal groups obtain money through the manipulation of religion to extract Zakat and other charity from the people in order to minimize operational costs. Forced beggars are sustained at the least expense possible, which, therefore, means that beggars typically receive no health care, no education, and live in poor conditions, intentionally underfed because the alms are given to them by the people increases when they look malnourished. Meyer (2006) revealed that beggars are linked to terrorism through their roles as informant and suicide bombers. They are increasingly being considered as potential security threats, as their connection to radicalization becomes increasingly publicized.

Alawi (2011) avers that prostitution is thriving under the guise of beggary. Martimer (2005) posits that problems associated with street begging include: the sexual nuisance of female beggars, being frequently driven from one place to another, exposure to row weather condition, the misfortune of being knocked down by passing vehicles, downgrading of societal image, disorderliness and stigmatization of the nation's social and economic system. To Almadi (2010) begging is a social menace that has not only psychological consequences, such as the development of a low standard

in the beggar's family and their network of kinship but also with effect, on the geographical and social structure of the cities. Karacoskum (2009) view beggary as an insulting means of making a profit by those who have lost sense of self-respect. He further added that begging is a source of labour disregard, a decrease of human respect and damage of social and individual structure through the breach of a number of humanitarian and religious feelings. Beggars in society bread resentment by violating the core tenet of work ethics because gainful employment is the acceptable way to earn a living. This is why Goyal (2005) lament that people who beg are among the most damaged and helpless people in society, they are often caught up in activity that is hazardous, demanding and embarrassing and trapped in a cycle of poverty and deprivation.

The poor hygiene and dishevelled appearance of beggars often raise concerns about disease transmission. It is in this regard Ogunkan (2009) argued that beggars in Nigeria are carries of terrible and contagious disease and also pose serious health consequence to the citizenry. According to him, beggars do not only contribute a scourge to the Nigerian society but also form the dregs of Nigerian society. Adelowo (2010) in his study among the international migrant beggars in Ibadan, South-Western Nigeria, observed that these beggars are potential agents of disease transmission from their home countries to the host country.

## Conclusion

From the study, it is obvious that street begging is well known in Nigeria but prevalent in the northern part of the country due to culture, poverty and certain religious obligations. Irrespective of the problem's street begging has cause to the country; the government has not shown any sincere effort towards its eradication but providing only lip services during international gatherings to portray a good image of the country. If the government continue to show this attitude, the activities of these baggers will degenerate to serious security challenge that will be worse than book haram, kidnapping, arm bandit, cattle rustling which will, in turn, affect the socio-economic development of the country.

### Recommendations

The recommendations are as follows;

1. The government ought to view poverty as one of the biggest challenges leading to bagging in the country as such poverty needs to be addressed which will go a long way to curb this social menace.
2. Government should provide employment opportunities for all irrespective of class, religion, gender and tribe. People with disabilities who are educated are willing to work should also be given due consideration to enable them to feel a sense of belongingness like their fellow citizens and thereby reducing the population of baggers on the street.
3. The government in collaboration with a nongovernmental organization should provide soft loans with menial interest for Nigerian to start up small businesses to avoid any form of begging.
4. Government should also see the education of its citizens as a priority because a large number of these out of school will turn to constitute a nuisance for the society in no time to come.

5. Equal distribution of the national economic resources is another important aspect that will assist to curtail street begging in Nigeria. Agitations such as communal crisis, war, terrorism, kidnapping, Boko Haram among others that may erupt and torn people part and further into bagging will be avoided.
6. The parent of the child bagger should be arrested and prosecuted for not meeting up to their responsibility thereby sending the children to the street to beg.
7. The government in collaboration with Islamic clerics should discourage polygyny which is also a cause of child begging and Almajiri in Northern Nigeria.
8. Government should come up with stringent punishment for defaulters if they are found arrested on the street to ensure compliance.

**References**

Adedibu, A.A., & Jelili, M.O. (2011). Package for Controlling Street Begging and Rehabilitating Beggars and the Physically Challenged in Nigeria: Paper for Policy Consideration. *Global Journal of Human Social Science*, 11.1: 17-24.

Adedibu, A.A., & Jelili, M.O. (2012). "Characteristics and Types of Beggars in Nigerian Cities: Implications for Public Policy". Centerpoint Humanities Edition 14.1:144-167.

Adelowo, O. (2010). Almajiri: As Niger Moves to Tackle Problem. The Nigerian Tribune, March 17 2010 Pg. 15.

Aderinto, A., Akinwale, A., Atere, A. & Oyenuga, S. (2007). Correlates and Hazards of Street Begging: A Qualitative Study of Able-bodied Female Beggars in Ibadan and Lagos, Nigeria. Unilag Sociological Review viii: 1-20.

Adewuyi, S.A. (2000). Socio-cultural Determinants of Street Begging in Northern Nigeria: The Case of Sokoto. Ph.D. Thesis, Dept. of Sociology, University of Ibadan.

Ahamdi, H. (2010). A Study of Beggar Characteristics and Attitude of People Towards the Phenomenon of Begging in the City of Shiraz. *Journal of Applied Sociology*, 39.3:135-148.

Alan, E. (2010). Use of Recreation as an Adjunctive Therapy in Medical Treatment and Rehabilitate of Beggars. A Paper Presented at the Annual Conference of CASSON, Kano, 2012. Pg 4-12.

Alawi, I. (2011). Beggars, Prostitutes Arrested in Jeddah. The Saudi Gazette. Retrieved Jan.20, 2012,fromhttp://www.saudigazette.com.sa/index.cfm?method=home.regcon&content=20 11012091711.

Al Helal, M. & Kabir, K.S. (2013). Exploring Cruel Business of Begging: The Case of Bangladesh. *Asian Journal of Business and Economics*, 3.1:1-14. 204.

Amman, A.A. (2006). Street Begging: Exposing the Bankruptcy of Blatant Paying of Lip Service. Retrieved April.12, 2011, from http://www.gamji.com/article8000/NEWS8196.htm.

Ammani A.A. (2009). Street Begging: Exposing the Effect of Blatant Paying of Lip Service (http://www.ganji.comarticle8000/news8196.htmaccess,onmay,2014.

Azam, N. (2011). Beggarization: Beggary as an Organized Crime in Pakistan. M.A Dissertation, Dept. of Global and International Studies, University of Kansas, USA.

Balogun, A. (2012). New forms of Begging on Lagos Street. The Punch Newspaper, 17th March, 2012.

Bukoye, R. O. (2015). Case Study: Prevalence and Consequences of Street Begging Among Adult and Children in Suleja Metropolis – Nigeria. *Procedia- Social and Behavioral Sciences*, 171.2:323-333.

Burke, A. (2003). Safe Streets Acts. Government of Ontario. Archived form the original on 2006-09-02 retrieved 2006-09-29.

Cheng, S.C. & Kumar, C. (2003). Pattern of Exploitation and Organized Crime: Study onHomeless Beggars in Patna, Bihar. *International Journal of Scientific and Research Publications*, 2.11:1-5.

Chukwulobe, C. (2011). Street Begging and its Prevalence in Niger State. Unpublished Project Pg. 2-15.

Demewozu, W. (2005). Begging as a Means of Livelihood: Conferring with the Poor at the Orthodox Religious Ceremonial Days in Addis Ababa. African Study Monograph 29:185-191. 208 Department of Homeland Security.2006. Enquête de base du programme services de base intégrés. Calverton, Maryland USA.

Esan, O. (2009). Panhandler as Rhetors: Discourse Practices of Peripatetic Beggars in Southwestern Nigeria. California Linguistic Notes 34.2:1-18.

Fawole, A.O., Ogunkan, D., & Omoruan, A. (2011). The Menace of Begging in Nigerian Cities: A Sociological Analysis. *International Journal of Sociology and Anthropology*, 3.1:9-14.

Goyal, P. (2005). Anti-Social Patterns of Begging and Beggars. Gyan Publishing House.

Haralambos, M. & Holborn, M. (2004). Sociology: Themes and Perspectives. London: HarperCollins Publishers Limited.

Invernizzi, A. (2011). Vulnerability to Exploitation and Trafficking of Bulgarian Children and Adolescents in Greece. OAK Foundation.

Jelili, M.O. (2009). Spatial and Socio-Cultural Dimensions of Begging in Nigerian Cities.

John, O. (2010). Street Begging a Menace. http:www.biblestudytools.com //exicons/greek/nas/ptochos.htm/.

Johnny, J. (2008). In Tough Times, Panhandling May Increase in Okiahoma City. The Okiahoma.

Jordan, B. (1999). Begging: The Global Context and International Comparisons. Begging Questions: Street- Level Economic Activity and Social Policy Failure. H. Dean. Eds. London: Policy Press. 43-62.

Karacoskun, M.D. (2009). Beggary as a Means of Emotional Exploitation: A Qualitative Inquiry into Begging in Sivas. DinbilimleriAkademikArastirmaDergidi 1:39-49. 214

Kennedy, C.A. (2001). Begging, Rough Sleeping and Social Exclusion: Implications for Social Policy.

Lynch, P. (2005). Understanding and responding to begging (Australia). Melbourne University Law Review. Retrieved from July 4, 2011, from http://www.austlii.edu.au/au/journals/MULR/2005/16.html.

Massey, D. (2002). A Brief History of Human Society: The Origin and Role of Emotion in Social Life. American Sociological Review 67:1-29. 216

Meyer, S. (2006). Trafficking in Human Organs in Europe. *European Journal of Crime, Criminal Law, and Criminal Justice*, 14.2: 208-229.

Mortimer, L. (2005). Developing a Strategy for Street Begging. Portsmouth: Community Safety Executive. Retrieved Sept. 2, 2013 from, www.portsmouth.gov.uk/media/cs2005/005m.pdf. 218

Naalir, M. (2010). Begging the Way Out. Sunday Observer. Retrieved Sept. 22, 2011, from http://www.sundayobserver.IK/2010/09/06/spell.asp.

Namwata, B.M., Mgabo, M.R., & Dimoso, P. (2011). Demographic Dimensions and their Implications on the Incidence of Street Begging in Urban Areas of Central Tanzania. The Case of Dodoma and Singida Municipalities. *Global Journal of Social Sciences,* 11.4:54-62.

National Council for the Welfare of the Destitute (2001). Eradication of Street Begging in Kaduna. Macaulay Peace Foundation.

Ogunkan, D.V. (2009). Socio-economic implication of begging in Ogbomosho, Nigeria. B.Sc. Dissertation, Dept. of Sociology, University of Ilorin, Ilorin, Nigeria.

Ojo, Y. A. (2005). Begging: A Lucrative, Booming Business. Nigerian Tribune. June 21: 15-16.

Ojo, R., Titilayo & Benson, O. (2017). Thirty Percent of Children in Northern Nigeria are Street Beggars. http://channelkoos.com/indx.php/news.

Olaniyi, R. (2009). Economic Crises and Child Trafficking in Nigeria: A Comparative Analysis of the 1930s and 1940s. Retrieved Jan. 18, 2013 from, http://www.codesria.org/IMG/pdf/chap4.pdf.

Olawale, S. (2007). Aetiological Perception of Alms-Begging Behaviours Among People with Special Needs in Oyo State: Counseling Towards Solution. The Counsellor 23.1:44-53.

Onoyase, A. (2013). Effective Method of Combating Street Begging in Nigeria as Perceived by Panhandlers. Department of Counselling Psychology: Delta State University, Abraka, Delta State, Nigeria. Stud. Home Comm.Sci, 4.2:109-115.

Osa-Edoh, G., & Ayano, S. (2012). The Prevalence of Street Begging in Nigeria and the Counseling Intervention Strategies. Review of European Studies 4.4:77-83.

Rana, F.H. (2006). Begging a Sickening Nuisance. Retrived April 18, 2011, from http://www.ipetitions.com/petition/raisevoiceagainstbeggarmafia/.

Rananathan, U. (2008). Ostensible Poverty, Beggary and the Law. Economic& Political Weekly 43.44:33-44.

Reddy, S.C. (2013). Begging and its Mosaic Dimensions: Some Preliminary Observation in Kadapa District of Andhra Pradesh. *Afro Asian Journal of Social Sciences,* 4.1:1-31.

Swanson, K. (2005). Begging for Dollars in Gringopampa: Geographies of Gender, Race, Ethnicity and Childhood in the Ecuadorian Andes. DPhil Thesis. University of Toronto.

Swanson, K. (2007). Bad Mothers and Delinquent Children: Unraveling Anti-Begging Rhetoric in the Ecuadorian Andes. Gender, Place and Culture 14.6:703-720.

United Nations Educational Scientific and Cultural Organizatio (UNESCO). 2006. Human Trafficking in Nigeria: Root Causes and Recommendations. Policy Paper Series14.2.SHS/CCT/2006/P1/H/2. 225 United Nations Conference. 2011. Republic of Niger: Committee Structure, Background Guide and Rules of Procedure.

**Author's Profile**

**Rakiya Kpada Yusuf** is a Lecturer in the Department of Sociology and Anthropology, Baze University, Abuja-Nigeria. She holds a Bachelors Degree in Sociology from the University of Abuja, Master of Science Degree in Sociology (Development) from the University of Abuja, and currently a Ph.D. student at the same department and university. Her research interests include Gender studies, Social Problems and Developmental issues generally. She has attended a number of conferences and published in some reputable local journals. She can be contacted via; rakiya.yusuf@bazeuniversity.edu.ng