

CHAPTER NINETEEN

Adult Perspectives on Street Begging in Sango, Ilorin: Public Health, Social Vulnerability, and Sustainable Policy Implications

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Abstract

Street begging poses public health and social sustainability challenges, especially in low- and middle-income countries like Nigeria. Its local causes and effects are underexplored. It is against this background that this study sought to assess perceived causes, consequences, and mitigation strategies for street begging among adults in Sango, Ilorin, Nigeria. The study adopted a cross-sectional design with 460 adults selected through a multistage sampling procedure for a structured interview, using a semi-structured interviewer-administered questionnaire. Data collected were analysed using descriptive statistics and chi-square tests at $p < 0.05$. Poverty, disability, and family breakdown were found to be the key causes of street begging, while consequences included sexual violence and assault. The study recommended that street begging reflects deep-rooted social vulnerabilities needing sustainable policy solutions like the establishment of destitute centres and the provision of financial aid for the destitute and disabled.

Keywords: Homeless Persons, Poverty, Public Health, Welfare Services.

Introduction

Street begging is a persistent global issue with deep socio-economic and public health implications. While prevalent in many low- and middle-income countries, it takes on particularly troubling dimensions in Nigeria where structural inequalities, poverty, cultural factors, and weakened social systems converge to drive the phenomenon. According to Stones (2013), while poverty remains the most cited precipitant of begging, psychosocial factors such as

stigma, disempowerment, and exclusion are equally critical. Street begging in Nigeria—commonly known as *Bara* or *Maula* —is particularly pronounced in the north and continues to grow despite legal and social deterrents (Fawole et al., 2011).

The phenomenon increasingly includes not only people with visible disabilities but also able-bodied individuals, children, and entire families using strategic locations—markets, mosques, and traffic intersections—as sites of solicitation. Agyemang et al. (2024) underscored the evolving nature of the street begging economy, identifying it as a form of informal employment with embedded survival strategies, social networks, and resource-sharing dynamics. This evolution reflects a shift from mere destitution to a semi-organised livelihood, further complicating intervention strategies.

Ilorin Metropolis, located in Kwara State, is one of Nigeria’s rapidly urbanizing centers grappling with this issue. Existing studies, such as Tambawal (2012) and Onoyase (2010), suggested that ineffective enforcement, inadequate social protection, and religious leniency have contributed to the normalisation of street begging. Beggars often exploit religious sensibilities and societal empathy to sustain this practice, creating a complex interplay between vulnerability and opportunism. Despite the visibility of beggars across the city, there is limited empirical data addressing the public’s perception of the causes, consequences, and possible interventions—particularly from within affected communities.

This study, therefore, sought to fill this gap by assessing the perceived drivers and consequences of street begging in a Hausa-dominated community in Ilorin, triangulating these insights with socio-cultural, public health, and policy perspectives. By identifying context-specific factors and locally endorsed intervention strategies, this work contributed to a sustainable and community-informed approach to mitigating street begging.

Methodology

This descriptive cross-sectional study was conducted between February and March 2024 among adult residents of the Sango community in Ilorin Metropolis, Kwara State. The location was purposively chosen for its high prevalence of street begging, especially among Hausa migrants. A sample size of 460 was determined using Fisher’s formula, accounting for a confidence

level of 95% and an estimated prevalence of 50% due to the lack of prior localised data.

A multistage sampling technique was employed. First, Sango was selected as the study community. Next, systematic random sampling was used to identify households, and one eligible adult per household was randomly selected for participation. Eligibility criteria included adults aged 18 and above who had lived in the community for at least one year.

Data were collected over six weeks, using a semi-structured interviewer-administered questionnaire, which captured socio-demographic data, perceived causes and consequences of street begging, and opinions on mitigation strategies. The tool was adapted from previous instruments used in similar studies (Fawole et al., 2011; Ekebosi et al., 2021) and further enriched using concepts from the studies by Stones (2013) and Agyemang et al. (2024) regarding psychosocial and economic dynamics.

The questionnaire was pre-tested in Offa, a nearby community, using 10% of the final sample size. Necessary adjustments were made for cultural sensitivity and clarity. Ethical approval was obtained from the Ethical Review Committee of the University of Ilorin with the approval number UERC/ASN/2024/2680. Written informed consent was obtained from all participants.

Data were analysed using STATA version 11. Descriptive statistics were presented in frequencies and percentages, while chi-square tests were used to assess associations between categorical variables. Logistic regression was used to identify predictors of street begging. A p-value < 0.05 was considered statistically significant.

Results

Table 1: Socio-demographic Profile of Respondents in the Study Population

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	< 20	42	9.2%
	20 – 39	200	44.0%
	40 – 59	179	39.3%

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Variable	Category	Frequency (n)	Percentage (%)
	≥ 60	34	7.5%
Gender	Male	222	48.8%
	Female	233	51.2%
Tribe	Yoruba	85	18.7%
	Hausa	359	78.9%
	Igbo	3	0.7%
	Other	8	1.7%
Religion	Islam	427	93.9%
	Christianity	26	5.7%
	Other	2	0.4%
Marital Status	Single	96	21.1%
	Married	285	62.6%
	Divorced	74	16.3%
Education Level	Primary	102	22.4%
	Secondary	136	29.9%
	Tertiary	41	9.0%
	Other (e.g., informal education)	176	38.7%
Type of Housing	Mud	8	1.8%
	Mud plastered with cement	125	27.5%
	Block	305	67.0%
	Wooden	17	3.7%
Occupation	Civil Servant	23	5.1%
	Personal Business	275	60.4%

Variable	Category	Frequency (n)	Percentage (%)
	Housewife	78	17.2%
	Artisans	27	5.9%
	Unemployed	52	11.4%

Table 1 outlines the socio-demographic characteristics of the 455 respondents. The majority (44.0%) were aged between 20 and 39 years, with slightly more female (51.2%) than male. Most respondents were Hausa (78.9%) and predominantly Muslim (93.9%), reflecting the cultural and religious demographics of the study area. A large proportion were married (62.6%), and education levels were varied, though a notable 38.7% had only informal or unspecified education. Most respondents lived in block houses (67.0%), indicating moderate housing quality. Economically, the dominant occupation was personal business (60.4%), while 11.4% were unemployed. These demographics suggest a youthful, economically active, yet educationally diverse population, with potential social vulnerabilities influencing practices like street begging.

Table 2: Prioritized Perceptions of the Underlying Causes of Street Begging Among Respondents

Perceived Causes	Strongly Agree (SA)	Agree (A)	Total Agreement (SA + A)
Poverty	276 (60.7%)	150 (32.9%)	426 (93.6%)
Physical disability	83 (18.2%)	279 (61.3%)	362 (79.5%)
Death of both parents / Family disintegration	53 (11.7%)	247 (54.3%)	300 (66.0%)
Lack of old age security	48 (10.5%)	195 (42.9%)	243 (53.4%)
Religious obligation	62 (13.6%)	175 (38.5%)	237 (52.1%)

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Perceived Causes	Strongly Agree (SA)	Agree (A)	Total Agreement (SA + A)
Treating sickness	69 (15.2%)	173 (38.0%)	242 (53.2%)
Children's education	66 (14.5%)	164 (36.0%)	230 (50.5%)
Lack of caring relatives	77 (16.9%)	163 (35.8%)	240 (52.7%)
Source of livelihood	78 (17.1%)	156 (34.3%)	234 (51.4%)
Health problems	49 (10.7%)	180 (39.6%)	229 (50.3%)
Unemployment	50 (11.0%)	161 (35.4%)	211 (46.4%)
Family rejection	52 (11.4%)	178 (39.2%)	230 (50.6%)
Old age	50 (11.0%)	200 (43.9%)	250 (54.9%)
Homelessness	49 (10.8%)	165 (36.3%)	214 (47.1%)
Natural disaster	56 (12.3%)	162 (35.6%)	218 (47.9%)
Culture	61 (13.4%)	176 (38.7%)	237 (52.1%)
Family heritage	48 (10.5%)	182 (40.0%)	230 (50.5%)
Considering begging as a job	49 (10.8%)	175 (38.5%)	224 (49.3%)
Rural-urban migration	61 (13.4%)	173 (38.0%)	234 (51.4%)

Perceived Causes	Strongly Agree (SA)	Agree (A)	Total Agreement (SA + A)
Civil war	65 (14.3%)	169 (37.1%)	234 (51.4%)
Psychiatric disorder	58 (12.8%)	172 (37.8%)	230 (50.6%)

Table 2 presents respondents' perceptions of the causes of street begging, with poverty identified as the most significant factor (93.6% agreement), followed by physical disability (79.5%) and family breakdown (66.0%). Health-related factors, lack of social support, and religious obligations were also widely acknowledged. Surprisingly, factors like unemployment, homelessness, and considering begging a livelihood were agreed upon by nearly half of respondents. Cultural beliefs, psychiatric issues, and civil conflict were also moderately endorsed. These findings suggest that street begging is perceived as a consequence of both structural socio-economic challenges and individual or familial vulnerabilities, underscoring the need for multidimensional intervention strategies.

Table 3: Perceived Risks and Vulnerabilities Linked to Street Begging Among Respondents

Perceived Consequences	SA n(%)	A n(%)	N n(%)	D n(%)	SD n(%)
Sexual violence	171(37.6)	149(32.8)	11(2.4)	52(11.4)	72(15.8)
Accident	59(12.9)	258(56.8)	8(1.7)	85(18.7)	45(9.9)
Physical assault	45(9.9)	266(58.5)	6(1.3)	92(20.2)	46(10.1)
Victim of crime	54(11.9)	219(48.1)	9(2.0)	93(20.4)	80(17.6)
Harsh weather	87(19.1)	195(42.9)	6(1.3)	86(18.9)	81(17.8)
Verbal abuse	73(16.0)	199(43.7)	6(1.4)	100(22.0)	77(16.9)
Harassment from municipal officials and police	79(17.4)	207(45.5)	6(1.3)	95(20.9)	68(14.9)

Harassment from fellow Beggars	64(14.0)	208(45.7)	8(1.8)	98(21.6)	77(16.9)
Discrimination and stigmatization	81(17.8)	221(48.6)	7(1.5)	93(20.4)	53(11.7)
Problems of shelter and food	77(16.9)	192(42.2)	9(2.0)	76(16.7)	101(22.2)

Table 3 highlights respondents' perceptions of the adverse consequences linked to street begging. Sexual violence was strongly acknowledged, with 70.4% either strongly agreeing or agreeing to its prevalence. Physical assault (68.4%) and accidents (69.7%) were also widely recognised dangers. Other significant concerns included exposure to harsh weather, verbal abuse, and harassment from both authorities and fellow beggars. Discrimination and stigmatisation were acknowledged by 66.4% of respondents. Notably, while problems of shelter and food were recognised, agreement levels were slightly lower (59.1%). Overall, the data underscored that street begging is perceived as exposing individuals to multiple physical, emotional, and social harms.

Table 4: Respondents' Perceptions of Effective Strategies for Mitigating Street Begging

Perceived Measures of Mitigating Street Begging	YES n(%)	NO n(%)
Establishment of destitute centres	407(89.4)	48(10.6)
Payment of allowances to disabled persons	352(77.4)	103(22.6)
Strengthening of social welfare agencies across the state	304(66.8)	151(33.2)
Forcing beggars out of the streets	272(59.9)	183(40.2)
Arresting anyone found begging on the public streets	257(56.5)	198(43.5)
Establishment of financial assistance programmes for the less privileged in the state	270(59.3)	185(40.7)
Religious control measures	272(59.8)	183(40.2)

Table 4 illustrates respondents' perspectives on various strategies to mitigate street begging. The most supported measure is the establishment of destitute centers (89.4%), followed by financial support for disabled persons (77.4%) and strengthening of social welfare agencies (66.8%). While a majority also favoured enforcement-based strategies such as forcing beggars off the streets (59.9%) and arrests (56.5%), these approaches received comparatively less support. Just under 60% advocated for financial assistance programmes and religious control measures. Overall, the findings suggested that while there is strong support for welfare-driven interventions, a considerable proportion of respondents also endorsed punitive or regulatory measures.

Table 5: Demographic Profile and Frequency of Street Begging Among Respondents

Variable	Frequency	Percentage
Ever Engaged in Street Begging		
Yes	119	26.0
No	336	74.0
Duration of Onset of Street Begging (Years)		
< 1	60	50.4
1 - 4	36	30.3
> 4	23	19.3
Age at Onset of Street Begging		
< 18	84	70.6
≥ 18	35	29.4
Currently Engaged in Street Begging		
Yes	119	26.0
No	336	74.0
Other Family Members Engage in Street Begging		
Yes	96	80.7
No	23	19.3

Family Members Practicing Street Begging	38	39.6
Spouse	20	20.8
Children		
Others	101	84.9
Frequency of Practice of Street Begging	18	15.1
Everyday		
Once a while		

Table 5 presents data on respondents' involvement in street begging, revealing that 26% engaged in the practice, with most beginning before age 18 (70.6%). Among those who begged, over half had done so for less than a year, suggesting a recent surge or transient need. A significant proportion (26%) were still actively begging, and 80.7% reported having other family members also involved, indicating intergenerational or household-level dependence. Spouses and children were equally represented among family beggars. The majority (84.9%) begged daily, emphasising the severity and regularity of the practice. These findings highlight the entrenched and systemic nature of street begging.

Table 6: Demographic Correlates of Street Begging Among Respondents

Variable	Practice		Total N= 455(100%)	χ^2	p-value
	Yes	No			
	n=119 (26%)	n=336 (74%)			
Age in years					
<20	13(30.9)	29(69.1)	42(9.2)		
20-39	58(29.0)	142(71.00)	200(434.0)		
40-59	40(22.4)	139(77.6)	179(39.3)		
60 and above	8(23.5)	26(76.5)	34(7.5)	2.8044	0.423
Gender					
Male	42(18.9)	180(81.1)	222(48.8)		

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Female	77(33.1)	156(66.9)	233(51.2)	11.7493	0.001
Tribe					
Yoruba	32(37.6)	53(62.4)	85(18.7)		
Hausa	86(24)	273(76.0)	359(78.9)		
Igbo	0(0.0)	3(100.0)	3(0.7)		
Other	1(12.5)	7(87.5)	8(1.7)	8.5466	0.036
Religion					
Islam	110(25.8)	317(74.2)	427(93.9)		
Christianity	9(34.6)	17(65.4)	26(5.7)		
Others	0(0.0)	2(100.0)	2(0.4)	1.7063	0.426
Marital status					
Single	34(35.4)	62(64.6)	96(21.1)		
Married	61(21.4)	224(78.6)	285(62.6)		
Divorced	24(32.4)	50(67.6)	74(16.3)	9.1051	0.011
Education status					
	24(23.5)	78(76.5)	102(22.4)		
Primary	39(28.7)	97(71.3)	136(30.0)		
Secondary	12(29.3)	29(70.7)	41(9.0)		
Tertiary	1(8.3)	11(91.7)	12(2.6)		
Others	43(26.2)	121(73.8)	164(36.0)	2.9913	0.559
None					
Type of house					
Mud	1(12.5)	7(87.5)	8(1.8)		
Mud plastered with cement	41(32.8)	84(67.2)	125(27.5)		
	73(23.9)	232(76.1)	305(67.0)		
Block	4(23.5)	13(76.5)	17(3.7)	4.4695	0.215
Wooden					

Occupation					
Civil servant	7(30.4)	16(69.6)	23(5.1)		
Personal business	69(25.1)	206(74.9)	275(60.4)		
Housewife	20(25.6)	58(74.4)	78(17.1)		
Artisans	9(33.3)	18(66.7)	27(6.0)		
Unemployed	14(26.9)	38(73.1)	52(11.4)	1.1263	0.890
Average monthly income					
<10,000	106(26.7)	291(73.3)	397(87.3)		
10,000 – 50,000	5(15.6)	27(84.4)	32(7.0)		
>50,000	8(30.8)	18(69.2)	26(5.7)	2.1849	0.335

Table 6 presents the relationship between respondents' demographic characteristics and their involvement in street begging. Significant associations were found with gender, tribe, and marital status. A higher proportion of female (33.1%) engaged in street begging compared to male (18.9%), indicating a gender-based vulnerability ($p = 0.001$). Tribal affiliation was also significant ($p = 0.036$), with the Yoruba group showing the highest involvement (37.6%), while no Igbo respondents reported engaging in begging. Marital status showed a notable association ($p = 0.011$), as single and divorced individuals were more likely to beg than their married counterparts.

Although not statistically significant, trends suggest that younger individuals, those with no education, and those earning less than ₦10,000 monthly are more likely to engage in street begging. Similarly, those in mud-plastered houses and unemployed or informal workers showed higher rates of begging. However, religion, education level, type of housing, occupation, age, and income did not show significant statistical associations. These findings highlighted that while economic factors are relevant, social and cultural variables such as gender roles, marital status, and ethnicity play a stronger role in influencing street begging behaviour in this population.

Discussion

This study offered a nuanced understanding of the multifactorial drivers and consequences of street begging in Ilorin, Nigeria. Poverty was overwhelmingly perceived as the main cause (93.6%), consistent with findings by Stones (2013) and Agyemang et al. (2024), who described poverty as both a trigger and a sustainer of begging economies. The recognition of physical disability (79.5%) and family disintegration (66.0%) as significant contributors aligns with global literature on structural vulnerability (Tambawal, 2012; Ekebosi et al., 2021).

Interestingly, the findings also highlighted the influence of religious obligation and cultural practices in sustaining begging, echoing Onoyase's (2010) observation that religious sympathy often enables the practice under the guise of charity. This duality—where beggars exploit religious beliefs while the public feels morally obliged to give—creates a persistent enabling environment.

The perceived consequences of begging, such as exposure to sexual violence (70.4%), accidents (69.7%), and physical assault (68.4%), resonate with Hasibuan et al. (2020), who documented the physical and emotional abuse faced by street children in Indonesia. This suggests that beyond economic deprivation, street begging exposes individuals—particularly women and children—to heightened health and safety risks.

The widespread support for establishing rehabilitation centers (89.4%) and financial assistance for the disabled (77.4%) underscores public awareness of the structural causes and a preference for social interventions over punitive ones. Nonetheless, the relatively high endorsement of coercive measures, such as arrests (56.5%) and street clearance (59.9%), reflects an underlying tension between empathy and fatigue among urban dwellers, a sentiment similarly noted by Stones (2013).

Demographic associations, such as the higher prevalence of begging among females, single/divorced individuals, and the Yoruba ethnic group, revealed gendered and cultural dimensions of vulnerability. Although education and income were not significantly associated, the high proportion of beggars with no or low formal education points to limited economic mobility and capacity for self-reliance.

In triangulating these findings, it becomes evident that street begging in Ilorin is not merely a result of individual failings but reflects broader systemic dysfunctions. The normalisation of begging as a livelihood strategy, as described by Agyemang et al. (2024), mirrors the evolution seen in Ghana and other urban contexts. Hence, effective interventions must transcend short-term relief and incorporate sustainable development, education, skills empowerment, and inclusive social welfare systems.

Limitations

This study is not without limitations. Firstly, it was geographically confined to the Sango community within Ilorin, which may limit the generalisability of the findings to other regions with different socio-cultural, economic, and religious compositions. Secondly, the reliance on self-reported data introduced potential response biases, including social desirability bias and recall inaccuracies, which might have affected the reliability of participants' responses. The use of a cross-sectional design also restricted the ability to establish causal relationships between the identified sociodemographic factors and engagement in street begging. Furthermore, the study employed a predominantly quantitative approach, which might not fully capture the subjective experiences, motivations, and emotional realities of individuals involved in street begging. Future studies may benefit from mixed-methods designs and broader geographical coverage to enrich and validate these findings.

Implications for Policy and Practice

The findings of this study carry significant implications for both policy development and practical interventions aimed at addressing the persistent issue of street begging in urban Nigerian settings. First and foremost, the widespread public support for welfare-based solutions, such as the establishment of rehabilitation centers and financial assistance for persons with disabilities, highlights an urgent need to strengthen and expand social protection systems. Policymakers are therefore encouraged to invest in comprehensive and inclusive welfare programmes that target vulnerable populations, particularly individuals with disabilities, single-parent households, and street-involved families.

Furthermore, the health risks associated with street begging, such as sexual violence, physical assault, exposure to harsh environmental conditions, and

inadequate access to basic healthcare, demonstrate the necessity of framing street begging as a pressing public health issue. Integrating street populations into public health outreach initiatives, including routine immunisation, mental health services, and mobile clinics, could contribute significantly to mitigating these risks and improving community well-being.

In addition, the findings suggest that economic empowerment and education are vital for breaking the cycle of dependency associated with begging. Vocational training and skills acquisition programmes tailored to low-income urban residents could offer meaningful alternatives to begging, especially for women and youth. Such initiatives would not only foster self-reliance but also reduce the intergenerational transmission of poverty and social marginalization.

While some respondents expressed support for punitive measures, such as arrests or the forced removal of beggars, the broader data advocated for a more balanced and humane approach. Legal reforms should move away from criminalising begging and instead prioritise mechanisms that connect individuals to support services, thereby aligning with human rights and social justice principles.

Finally, the cultural and religious dimensions of street begging call for the active engagement of faith-based organizations and community leaders. These institutions can play a pivotal role in reshaping public perceptions, promoting dignity-centered interventions, and advocating for compassionate responses to poverty and vulnerability.

Conclusion

Street begging in Ilorin is deeply rooted in socio-economic deprivation, cultural norms, and weak social support systems. This study demonstrated that the practice is both a livelihood strategy and a manifestation of structural inequality. With a high prevalence of health and social vulnerabilities among beggars, there is a clear public demand for sustainable solutions that blend compassion with systemic reform. Interventions must prioritise the establishment of inclusive social welfare programs, healthcare access, education, and skills empowerment while addressing cultural and religious dimensions. Ultimately, tackling street begging requires a coordinated, multi-sectoral, multi-dimensional approach that balances social responsibility with public health imperatives.

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