ARTICLES

Confusion in Parity and Sex Preferences: Yoruba Thoughts and Challenges for Population Control in Nigeria
Kabiru K. SALAMI¹, Abolaji AZEEZ² and Maryann C. DANJIBO³

Differential Treatments of Prison Inmates and Implications on Nigerian Criminal Justice System
Richard A. ABORISADE

International Migrants’ Remittances, Kinship Networks and Social Constructions
Olayinka Akanle¹ and Otomi Augustina Orobome²

Maternal Education and Under-Five Mortality among Urban Poor in Nigeria
Olufunke A. FAYEHUN¹, Adegoke MAJEKODUNMI² and, Aboluwaji Daniel AYINMORO³

Religion, Health and Turbulence of Healing Craft in the Nigerian Context
Kabiru K. Salami¹ and Chinwe M. Onuegbu²

The Politicisation of Policing in Democratic Nigeria
Adeniyi S. Basiru¹, Franc Ter Abagen² and Mashud L.A Salawu³

If you like to submit manuscript to Ibadan Journal of Sociology or make an informal inquiry, please contact the editor at Department of Sociology, Faculty of the Social Sciences, University of Ibadan, Nigeria. Instructions to authors are available at the journal’s website https://ibadanjournalofsociology.org
Subscriptions

_Ibadan Journal of Sociology_ is an open access, peer-reviewed journal that considers Articles from sociology, anthropology and other related disciplines. The journal has a special focus on all aspects of social relations and the impact of social policies, practices and interventions on human relations.

The Journal focuses on the needs of individuals for reporting research findings, case studies and reviews. We offer an efficient, fair and friendly peer review service and are committed to publishing all sound scientific studies, especially where they advance knowledge in any human endeavor.
# Ibadan Journal of Sociology

## Content

<table>
<thead>
<tr>
<th>No</th>
<th>Paper Title/Author</th>
<th>Pg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Confusion in Parity and Sex Preferences: Yoruba Thoughts and Challenges for Population Control in Nigeria</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Kabiru K. SALAMI¹, Abolaji AZEEZ² and Maryann C. DANJIBO³</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Differential Treatments of Prison Inmates and Implications on Nigerian Criminal Justice System</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Richard A. ABORISADE</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>International Migrants’ Remittances, Kinship Networks and Social Constructions</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Olayinka Akanle¹ and Otomi Augustina Orobome²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Olufunke A. FAYEHUN¹, Adegoke MAJEKODUNMI² and, Aboluwaji Daniel AYINMORO³</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kabiru K. Salami¹ and Chinwe M. Onuegbu²</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The Politicisation of Policing in Democratic Nigeria</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Adeniyi S. Basiru¹, Franc Ter Abagen² and Mashud L.A Salawu³</td>
<td></td>
</tr>
</tbody>
</table>

This issue is available at: [https://ibadanjournalofsociology.org](https://ibadanjournalofsociology.org)

Copyright © 2014-2019 Ibadan Journal of Sociology (IJS)
IBADAN JOURNAL OF SOCIOLOGY

The Bi-Annual Journal of the Department of Sociology, University of Ibadan, Nigeria.

https://ibadanjournalof sociology.org
Confusion in Parity and Sex Preferences: Yoruba Thoughts and Challenges for Population Control in Nigeria

Kabiru K. SALAMI, Abolaji AZEEZ and Maryann C. DANJIBO
Department of Sociology,
University of Ibadan, Nigeria
Correspondence:
Kabiru K. Salami, PhD
kabsalami@yahoo.co.uk

Abstract

Family size was an indicator of family wealth and wellbeing until the latest hypothesis linking larger family size and poverty. This paper juxtaposed the family size and poverty hypothesis and explored the experiences of multiparous pregnant women in Nigeria, a country in dire need of demographic transition process. Case study design, through a qualitative method, was adopted. Through quota sampling and snowballing, seven cases were studied. Although all women in the cases examined claimed to be healthy and relatively stable financially, they had some indicators of poverty. Also, spousal dispute or inconsistency, no prior plan about the desired number of children; spousal irresponsibility for conceptions, cultural beliefs about family planning and external influence, were responsible for the large family. This confirms that a large family is likely to be poor and faced with financial instability in Nigeria. This paper recommends that young people should be sensitised about the challenges of large family size.

Keywords: demographic forces, family size, multiparous women, pregnancy, population dynamics
INTRODUCTION

In the sleepy Ephugbu, an Okpoitumo Community in Abakaliki, Ebonyi State, Nigeria, Nkechi, sat on a long, brown, raffia mat breastfeeding her triplets. She irregularly exchanged her breasts among the babies as they cried uncontrollably. While doing this, she struggled to keep at bay a fly that kept buzzing at her feet weakened by the stress of farming. She covered herself with a brown wrapper while caressing the face of one of her triplets, this producing smiles from a joyful mother. According to her, the triplets came through a natural course, not drug induced. In all, she has eight children. She assists her husband on the farm for survival. The husband recounted excitingly that ‘God had blessed me beyond measure’. We shall call this virtual case #1.

Virtual case #2: The Etoors are also farmers and indigene of Eleme in Rivers State, Nigeria. Blessing Etor was 34 years, a housewife who was delivered of her triplets (2 males and 1 female) at home. This was contrary to her doctor’s instruction -delivery by caesarean section. In all, she has 10 children (six girls and four boys). She left her hairdressing job to take care of her children. Since the birth of their triplets, her husband, aged 44, has been reportedly asserting that ‘life has been challenging for his family’… He spent about N30, 000 monthly to cater for the babies, but he has taken this as his cross… The children are God’s will. The only thing he can say is that his wife came from a family of twins, maybe that was why they ended up having triplets.

The two virtual cases shared similar denominators considering issues like health, psychosocial effect, economy and demography; but a different experience was found in Kampala, Uganda. Thus, this contradiction calls for a holistic discourse of the position of a woman, her health, emotions, parity decisions and role in the context of Nigerian demographic transition.

Virtual case #3: Nalongo of Kabimbiri village in Kampala Uganda, was married off at 12 years to a 40-year-old man… At 37, she has 38 children in 15 births. She was delivered of all at home except her last born (4 months old), delivered through caesarean section. The oldest is 23 years old, while the youngest is four months. Her husband was polygamous with many children from his past relationships. He was violent… the wife was battered, assaulted, harassed and violated in many instances. In 1994, when she was 13, she gave birth to twins. Two years later, she gave birth to triplets and a year and seven months after that she had a set of quadruplets. This was not strange to her since there was a similar report in her patrilineal route. According to gynaecologists, she is genetically predisposed to hyper ovulation and any attempt to stop giving birth may terminate her life. She tried Intrauterine Device (IUD) but she got sick to the point of death. She asked her doctor to stop her from more births and the doctor had cut her...
uterus, possibly before her request. She administered local herbs for various illnesses because of her financial challenges: she could only support herself with what she earned from plaiting hair, decorating at events, and styling brides.

“I cry deeply in my heart wondering whether I produced these children on my own,” she said.

Reflections on Virtual Cases

Virtual cases #1 and #2 present a familiar terrain for discourse and analysis in family procreation context. In this sense, procreation within families is seen as an art of God, which exempts spouses from being responsible for family size. Thus, they may not be able to ascertain when the family is complete and no more addition of members is sustainable. In a more tenable explanation, family sizes are controlled by sexual urges and menopause. The personal effects of the two mothers in the cases above were in poor households, although their husbands supported the status, which was at least evidenced in the cases. In demographic and economic interpretations, Malthus foresaw multifaceted doom and trap for this kind of population growth. This is nature-driven population growth and it shall be called ‘pre-classic fecundity family’ in contemporary time.

However, virtual case #3 represents a classic fecundity kind of population growth in the contemporary world characterised by interactions between rapid fecundity and experts’ corrective interference. Also, the acceptance of that ‘hyper-ovulation’ notion (Natural cycles, 2018) precluded her gynaecologist from interfering in her biological makeup. Apart from that, the woman grew within a circle of multidimensional abuse. For example, she was married at 12 years without a proper understanding of her consent to marriage, an event in false self-consciousness. Similarly, her husband, 28 years older, reportedly battered her many times. Reasonably, why must she suffer such frequent violation? In a study, Azeez (2016) maintained that such abusive cases are not usually reported but left for God’s intervention. This could explain the repeated violation of women by the same culprit. Such experience will likely distort the concept of motherhood. For Reddy, Mistry and Jacobs (2016), relational support remains crucial in the adoption of motherhood and mother-foetus survival among adolescents with rapid, repeated births. The woman survived in the midst of confusion, which included all her rhetoric about her real identity, economy, and social realities cum personal interpretation of life.

Social Forces and Vices

In Confusion and Personification in Yoruba Thought and Practice by Salami and Guyer (2015), participants attributed confusion to Satan (Eshu). According to them, Satan causes confusion, which puts a strain on social relationships. Despite increased financial capacity among participants in this study, to nurture the
children, confusion may not be obvious in virtual cases #1 and 2, since according to them, the grand multiparity is God’s driven (this is similar to Emechebe et al, (2017)’s finding), while the mothers enjoyed spousal support. However, the third case expressed her confusion. Biologically, she experienced hyper ovulation which incapacitated her from adopting contraceptives. In fact, professional advice negated her move for birth control. For instance, she became severely ill when she tried IUD. Sometimes, she also suffered some form of violence from her absentee husband, which we called nocturnal male sex partner. This reduces the dignity of women (Anderson and Oppong, 2016). Amidst spousal humiliation and torture, she continued to grant his sexual advances which led to procreation. This may not represent her character flaws, but she was advised to endure and maintain one husband policy, which has kept her in this abusive relationship.

It will be difficult to question her rationale for grand multiparity. Idoko, Nkeng and Anyawu (2016) reported the most common reasons given for the current pregnancy among grand multiparous mothers. The reasons were the desire for another child (Rabiu, et al., 2016), the replacement of a dead child and the unplanned pregnancy—“mistake” (Umeora, Nzerem, Eze 2013). The first two reasons present a controllable desire regardless of attendant health, economic and population traps. Obviously, in all our cases, multiparity was not planned. As a matter of fact, its emergence brings about confusion especially when there are no secured means of livelihood.

Health Concerns

In Nigeria, contraceptive prevalence remains <15% while grand multiparity is associated with pregnancy complications (Rabiu, et al., 2016). Grand multiparity as a high-risk pregnancy is a common phenomenon (Oshodi and Salami, 2017) coupled with low socioeconomic status in the country. This significantly increases the risks of obstetrics (Emechebe, 2016). For multiparous mothers, increased occurrence of gestational diabetes mellitus, hypertension, and heart disease anaemia was recorded in Kano (Omole-Ohonsi & Ashimi, 2011). Similarly, the health status of these mothers was compromised (Emechebe, 2016). This was evident in all the cases in this study. Apart from that, they all experienced stressors. For example, ‘feet weakened by the stress of farming’ and ‘cry’ from a neglected mother of 38 children were identified (see virtual case #3). By implication, the high quality of life may be a mirage for these women.

Jennifer, Harms, and Harman (2017) maintained that although parity did not affect the quality of life (QoL) of mothers in their own study, parental stress, optimism, and health-promoting behaviours (HPBs) significantly affected their QoLs. Birth preparedness and complication readiness (BP/CR) is a strategy that encourages pregnant women, their families, and communities to effectively plan for births and deal with emergencies (Sumankuuro, Crockett, & Wang, 2016). In
In our cases, there was little or no evidence of birth preparedness.

In fact, pregnant women had poor knowledge of danger signs (Ekabua, et al, 2011). Similarly, case #2 went contrary to doctor’s advice for caesarean section (CS) and gave birth to a triplet at home. No preparation for complications or emergencies may be responsible for increased preventable maternal mortality among pregnant mothers. Parity-specific maternal mortality ratio was highest in the grand multiparous women, while illiterate women recorded high mortality (Ujah, et al., 2005). For general health care, mother in virtual case #3 reportedly used herbal medicine owing to her financial status. Clearly, the minimum cost of treatment and affordability promote high patronage of herbal medicine (Azeez and Isiugo-Abanihe, 2017). However, the mother in virtual case # 3 expressed her need for support when herbal medicine could not restore her child’s ailment.

**Population Concerns: Family Size-Economy Discourse**

Currently, Nigeria has the seventh largest and most rapidly growing population in the world. Consequently, the population of Nigeria is projected to surpass that of the United States by the year 2050. By that, it would become the third largest country in the world (United Nations, 2015). Family size has always been linked with poverty which was evidenced in Yoruba cultural saying, ‘omo bere osi bere’ (literally ‘many children, plenty of poverty’). The impact of population increase on economic growth has always being a subject of engagement among economists. However, Eli and colleagues (2015) found a positive relationship between economic growth and population, fertility and export growth. However, this impact is not felt in Nigeria as the level of inequality is equally high in the country.

Poverty remains evident in Nigeria (Ademade, 2016), hence, a possible reason for home birth in pre-classic fecundity (Virtual Case #2) and classic fecundity (Virtual Case #3) kind of family. Montagu et. al. (2011) have established that home birth is common among the poor due to socio-cultural factors and a lack of access to health facilities. In the developing world, apart from poor pregnancy outcome - child mortality- among women with high parity, poverty and deprivation are also visible (Harrison & Bergstrom, 2001). There is a probability that population explosion via large families could plunge poor developing countries into further poverty and helpless wretchedness (Arthur, 2005).

Women, at the centre of procreation, are most times denied the opportunity to determine their family size. Culturally, traditional perceptions of women’s role in some societies make it difficult for them to contribute to population control (Arthur, 2005). Arthur also has maintained that among most women in Africa, there is a persistent belief that the most important role for a
A woman is to have as many children as she can continue to bear any number of children. This portrays why women are kept within the house shed. Arthur (2005) identifies three conditions responsible for grand multiparity.

First, the family relies on manual labour since farming is the main sustenance. Also, the large family provides social security for the aged coupled with inadequate family planning information. For example, eight children in Case #2 will contribute to the farming business of the family, hence, an advantage over families with smaller sizes in that setting. However, the father registers his financial concern and required commitment, which he labels ‘cross’. This metaphoric allusion presents an imagery of unpreventable hardship. The hardship is economical since the emphasis is placed on the amount (#30,000) spent monthly. Similarly, Arthur (2005) observes that large families are usually described with words like poor, inability and low. Evidently, the three cases express traces of poverty within the families.

To draw the relationship and establish the effects of the nexus between multiparity, health, poverty, demography and gender, this study explores the situation beyond online sources in order to understand what influence state of parity, health status, psychological preparedness and realities of multiparous women and grand multiparous women along Sasa axis in Akinyele area, Ibadan, Oyo State, Nigeria.

MATERIALS AND METHODS

Qualitative case studies were conducted. There were cases of two grand multiparous women and five multiparous pregnant women. A large concentration of Hausa ethnic group is found living in Sasa community. We leveraged on the existing neighbourliness to approach the grand multiparous women. Through snowballing, we were introduced to a mother of five children, with two-month-old twins. The cases of pregnant multiparous mothers at the verge of being grand multiparous were also considered, which encouraged the documentation of trends, beliefs, reasons and experiences in the process of becoming grand multiparous. Two primary health care (PHCs) facilities were selected purposively since there existed the largest patronage of maternal care and availability of a gynaecologist in one of the PHCs. Through the snowball approach, pregnant multiparous women were traced for interviews. In the clinic, medical personnel were consulted to review case notes of pregnant women as a way of identifying and selecting pregnant women with at least two children.

This was done on one of the days for the antenatal clinic. All participants were duly informed about the intent of the case study. Also, participants were made to understand that participation was voluntary and that there was freedom to
discontinue at any time they so wished. Seven participants consented while those who were not interested were politely left.

In all, seven cases were studied. The interviews were conducted in Yoruba, the local language, and in the English language for those who felt more convenient in that language. The longest interview session took about one hour. On permission, interviews were recorded. These were later transcribed, translated into English and processed for analysis. Apart from careful reading, data were cleaned to ensure proper and smooth interpretation and construction of accurate meaning. Codes were developed deductively for data analysis with attention paid to the thematic and content orientations.

Narratives from interviews were transcribed verbatim and a thematic analysis was undertaken (Braun and Clarke, 2006). A deductive thematic analysis was engaged along with inductive identification. These two phases enhance both theory-driven and data-driven analysis (Fereday and Muir-Cochrane, 2006). Thematic analysis derived its benefit from the perspective of Braun and Clarke (2006) that the method is appropriate ‘when investigating an under-researched area or while working with participants whose views on the topic are not known’. The patterns that emerged from the themes in this study were identified using word frequency. With the aid of Atlas.ti software, codes were generated into nodes tree to enhance analysis. The overall analysis was copied and pasted on a word document before the discussion. The trend of the discussion exposed latent experiences and meanings from the key themes. In our narrations, Case # was used to represent woman persona and this made the discussion more comprehensible.

FINDINGS AND DISCUSSION

The socio-demography of the respondents revealed that cases #1 - #5 were pregnant. Only case #7 did not have formal education, cases #5 and #6 had second degrees, while others attained secondary school education. The age of the cases studied ranged between 27 years and 57 years, and all participants were married. Cases #2, 5 and 6 were teaching while others were trading. Also, cases # 1, 3, 4 and 7 were Moslems and others were Christians.

Initial preferences for family size by Multiparous Women

In all cases studied, the initial preference for family size was examined. Most of the cases had prior plans about the expected number of children their families preferred to have. This prompted the identification of factors that interplayed in the preferences. Pressure from extended family members and from the in-laws was apparent in the discourse of parity in most cases. Although the Yoruba saying, *Igba omo ko to Olorun lu pa leekan* (It does not take God much time to kill 200
children once (Case #1) could pose a threat to initial family size plans, such could not hold any influence stronger than the couple’s decision. In case #2, the woman saw the plan as her personal plan with specific conditions.

She mentioned child care with a futuristic view, which has to do with the capacity to educate the child. Jennifer, Harms, and Harman (2017) saw this as parental stress which could affect the quality of life. She had 3-4 children in mind and according to her, the husband accepted her proposal. She maintained: “what encouraged me was that my husband accepted what I had in mind to do before”. Case #5 had 3 children in mind before marriage which she discussed with the husband. “We made it a decision to have 1 boy and 2 girls or 2 boys and 1 girl but if we have three same-sex children, we have to give birth to another one”, she said. This plan remains flexible since there is a possibility that the couple may not have their expected sex combination as stated earlier on. She maintained that the plan was still active. The extract below captured the discussion of initial parity plan before marriage between would-be spouses. Yes, we had a plan. When my husband and I met each other, we sat together that we wanted to have four children. We did not allow any family members to dictate to us. You know that they are not the ones that will take care of them. For some men, it is the family that will call their son and tell him… (Muslim/no formal education/Hausa /57Years/Trader/).

For cases #3 and #4, there was no initial plan. To her, there was no reason at that time to think about a number of children. This conclusion aligned with her beliefs on childbearing. She believed that there would be some financial requirements as one gives birth to a child, however Olorun l’on w’omo (God is the one that takes care of the children), she concluded. This is a replica of cases #1 and 2. Case #6, a mother of five children, had no initial plan about her parity before marriage. In fact, she was not prepared for the married life before she started having children. She recounted: I was at 100 level, at the age of 19, when I got pregnant, by age 20 I gave birth to my first born…. Case #7, a grand multiparous woman, never thought about any plan towards her parity in marriage. She identified changes in time because in her youth, things were good; she did not know that there would be economic changes eventually, although she believed in grand multiparity. Then to substantiate her view and manage her dissonance, she talked about couples who, regardless of the present worldview about multiparity, still have many children. However, she could not hide her regret for having seven births. The following extract registers her confusion about opposing realities which was resolved in God-determinism factor:

I gave birth to many children but for our children that are getting married this day, they can’t give birth to as much as I did since the economic situation has changed. Also, there are several broadcast programmes on radio and television advising against multiparity. I
just switched off my radio now. Well, there are some people that are still giving birth to many children based on their capacity to care sufficiently for these children. But if we had known how the present situation would be, then we would have reduced the number of children we gave birth to. But I believe God has done it the way He likes it to be (Muslim/No formal education/Hausa/57years/Trader/9th Pregnancy).

Birth Spacing System and Family Planning by Multiparous Women

Case #6 narrated that she had her first baby at age 20 which was her second year in the University. She had a 4-year interval before the second born. This showed that she had a control over the child spacing, probably she had to hold on since the first pregnancy was not planned. She gave birth to her third child three years later, now her third child is 4 years old, while the fourth pregnancy produced twins. However, she maintained that there was no initial plan about her parity before and after the first child. According to her, one thing I usually tell my husband is that I want to space my children and I am following my spacing plan. Should I say it is God? Because I don’t believe in family planning. Her case shows the desire to build a healthy family life. However, she had a reservation for family planning which could serve as a means to achieving desired childbirth spacing. The reservation was borne out of her personal experience about what the side effect of family planning\(^1\) could be. To her, the side effect outweighed the potential benefits of family planning. Similarly, Solanke (2017) found that the majority of elderly and grand multiparous women refused contraceptives owing to expected risks but preferred traditional method. This is similar to Case #3’s negative conclusions about family planning. She maintained that continuous breastfeeding had helped in child spacing while Arthur (2005) advised for family planning advocacy. However, the scene that influenced the negative attitude in case #6 was captured in the excerpt below:

My in-laws’ first born is a herbalist. He treats people with STDs, other infections and they treat people who need children. So there was a day I was with him when a woman came who had been barren for about 8 years and they have to treat the woman. Imagine the blood that was coming out of her private part. There was blood and this woman had given birth to a child before adopting family planning. I saw the blood. Immediately, I promised myself I will not do the family planning and I don’t want something like that delay in birth (Christianity/2nd degree/Edo/30Years/Teacher-housewife/).

\(^1\) It represents the contraceptives used to achieve parity plan in a typical family.
Also, she rejected the use of contraceptives such as condoms. Specifically, she did not believe in condoms and this led to a question about how she achieved her desired birth spacing. Based on evidence of spacing among her children and her report, she maintained that she usually used salt and water solution after each sex. She reported, “that is what I use and it works for me”. She did not demonstrate any form of awareness about the effect of excess consumption of salt solution. However, studies have established an association between high salt intake and the risk of high blood pressure with damage to other body organs (Nerbass, Calice-Silva & Pecoits-Filho, 2018; Sung Kyu Ha, 2014).

For case #5, she had a 3-year child spacing plan in-between her children, although she did not have much good information about family planning. Also, her mother did not like family planning and she advised her not to use it. Consequently, she did not use it. She stated reasons that might be responsible for achieving the desired spacing between her children. For instance, there was no regular sexual relationship between the couple, since her husband was not always around. She maintained, “he does night shift and he is not always around in the night”. Even during sexual intercourse, according to her, “he does not pour it into my body”. These kinds of work and sexual practice helped in case #5. However, there was a disagreement between the couple over the adopted birth spacing. The husband was older than the wife. He wanted her to procreate as many times as possible owing to the age difference between the couple. He was not considering other health and economic implications of such a desire. He almost got his desire until the pregnancy got threatened and aborted. Case #5 symbolises circumstance-driven child spacing which shares some characteristics with virtual case #3. She shared her experience of spacing their children’s birth:

…there was a misunderstanding over childbirth. I was not interested when I gave birth to my firstborn, then my husband wanted another child within a year and a month. I said I was not interested. We quarrelled. He was angry and that did I not know that he was growing older, because, he is 20 years older than I am. He said he wanted to give birth to his children quickly and later I reconciled with him and got pregnant. I did not know that the pregnancy would come down. Then I was not with him, rather, he was far away from me. I had problems with my grandmother. I had miscarriage...The pregnancy came down in September and I got pregnant in October. This made it three years after the first child (Christianity/2nd degree/Yoruba/27Years/Teacher/4th pregnancy)

---

2 It means semen
Case #1 asserted emphatically that she had not used family planning. But she was using confidence\(^3\), a daily drug, which was from the government. She did not know that the drug confidence is either Postinor-2 or combined oral contraceptive (Ezebialu and Eke, 2013). She mastered the usage of the drug for birth spacing as explained in her practices. She usually stopped the drug for 3 months prior to the time she expected her menstruation. Also, she would confirm her body’s readiness before pregnancy, while others may not practise likewise. After, forty-first day of birth, she resumed using her confidence since they (husband and wife) might desire sexual intercourse. She shared her experience and ability to manage the situation by using condoms in order to protect the husband and prevent spousal infidelity.

…the body is not like a stone if my husband asks for a sex today and I say no, he will go out. But if I have protected myself and my husband knows about it, there is no problem. But if we don’t have that drug at home, I give a condom to my husband, since I am selling it. I tell him to take and we use it (Christianity/2nd degree/Edo/30Years/Teacher).

She maintained that family planning gives rest of mind coupled with long life. She explained that the family planning personnel would check their clients to know whether they were capable to use the specific type of family planning or not. She could trust their prescription. Idoko, Nkeng and Anyawu (2016) suggested that improvement in access to effective family planning methods remains one of the cardinal “quick fix” strategies available for maternal mortality. Also, there must be a family plan before acceptance and adoption of the mechanism of family planning. For her, “if I want to give birth to ten children what is key is planning on how to give birth to them so that we can accomplish our focus”. The number of children born to a family is not the problem but how to achieve family set goals. Similarly, she could see that family planning attracts good things of life. She emphasised her family plan which has enhanced spousal cooperation and made the couple to invest more in business.

In case #7, there was a two-year spacing plan between her children. She weaned them at two years, believing her husband would be patient at least. But she exercised fear similar to case #1. The woman should be readily available for sexual relation when the husband wants it. This would be done to prevent the husband from going out\(^4\). Perhaps, when the woman gets pregnant, then there would be much to be done which may strain the nursing mother. This further explains her concern for the nursing mother and how she would cope with the situation. In her own time, there was no condom and according to her, ‘we would

---

\(^3\) This is a nickname given to a drug based on its effectiveness as contraceptive pill

\(^4\) Having extra marital affairs
use a cloth to collect the semen to prevent pregnancy’. This is usually done when a man wants to have sexual intercourse with a woman without expecting pregnancy. She said, “two of us would have discussed how we would handle that prior to the time”. Every participant was aware of the benefit of spacing and thereby devised suitable child spacing mechanism. Also, the cultural mechanism has potentials but they (the women) may not know when to stop giving birth.

**Reasons for Multiparity among Women**

The belief system has a great influence on the multiparity of a woman. This was evident as Case #5 described her social milieu. She had time for her children though she was still a student, and there was sufficient economic provision for her. Although she affirmed that individual economic status could also influence parity, she reportedly had sufficient economic supply which did not affect her tendency to give birth. Also, she believed in her plan but submitted to the ‘God-factor’ that superseded all other factors (case #5). This corroborates Emechebe et al’s, (2017) finding. For Oshodi and Salami (2017), grand multiparous remained inevitable because of cultural values and the influence of religion. In case #7’s explanation, multiparity is not accidental but God destined. For her, ‘everything is in God’s hand’. She believed her limited control over her parity. Similarly, in case #1, she was encouraged divinely in previous conceptions. Specifically, ‘God didn’t inflict me with pain in my first two pregnancies’, she said (case #1).

Sex preference leads to multiparity which most of the time, does not come from the women. In case #1, there was a sense of acceptance of her multiparity since, though her husband displayed a preference for a male child, it was contrary to her reality which was her fate. She jokingly registered her concern for attendant care for their female children anytime her husband expressed the male-gender preference. However, she maintained that affluence could lead indirectly to multiparity. Some women would bear many children based on their husbands’ wealth status and possession of physical structures which can transcend to sufficient inheritance.

…I am happy because good gifts that befit me God has given me. When my husband would say girls, girls, girls, I just told him to go and tighten his belt well for the children’s upkeep. Go and build four big buildings where you will keep your children. We joke with that. This takes away the pressure of preference for a male child. If you see what good things/fortunes female children attract, you may not want to give birth to male children (Moslem/SSCE/Yoruba/35Years/trading /6th pregnancy).

---

5 Similar to case #5 ‘did not pour it into my body’
6 Having three girl children already
For case #2, her husband had agreed with her to bear three children, but she had borne three girls. This altered their previous parity plan as her husband needed a boy and that was why they were giving birth to more. This is similar to the findings of Oshodi and Salami (2017). According to her, “I don’t have a boy yet and this pregnancy is a girl and I am likely to give birth to another child” (case #5). Based on her explanation, her husband’s preference for a male child demonstrated a level of violence against her persona. She was held responsible for the female sex she conceived as if she could pick from the two sex alternatives.

Also, she did not mention her psychological trauma, despite the fact that the husband verbally relinquished the pregnancy the moment he knew the sex of the fetus. She gave a supporting argument that might justify her husband’s position: indirect influence of sex preference and realities of the paternal family of orientation, which leads to intergenerational sex preference. By implication, her supposed inability to conceive a male child posed a threat of polygyny to her home. The excerpt below vividly captures her experience after returning from a pregnancy scanning centre.

...In fact the day I went for my second scan, he asked me, was it a male or a female. When he knew the sex, he was so angry to the extent that he said he did not want it again. He asked why it was a female again. He said, he was the only male or did I want his father’s name dead? These could have prompted such statements. That is why I said I have to give birth to a male child, if not, he can decide to marry another woman. He may not tell me. I pray that the fourth pregnancy is a male. Although I don’t want the fifth child, if the fifth child is female, then my husband can go out if he wants (Christianity/2nd degree/Yoruba/27Years/Teacher/4th pregnancy).

However, case #7 displayed differentials in her experience. For instance, she gave birth to a male child first and her second child was a female, third and fourth children were males, 6th was a female, 7th born were twins (both sexes) but she lost them. Again, she conceived and had a male child. After a while, she gave birth to two children, before the last twin. Also, she had some miscarriages. In her case, she recounted that only God knew the child that would take care of her at old age. Thus, personal desire for more children could be responsible for multiparity. Similarly, the mother in case #6 personally wanted many children, regardless of her education. However, Afolabi and Adeyemi (2013) reported that multiparity was less likely among women with tertiary education. After giving birth to her twins in her fourth pregnancy, there were anti-parity suggestive informal
comments from her associates. These could not deter her from having more children. However, she reportedly laughed at such comments since she believed in many children. According to her, “now, this is not my full stop in childbearing; *I wish to have 6 – 9 children* (case #6).

Her conclusion was not different from that of case #7. Relying on Yoruba’s cultural thought, “no one knows whom among one’s children that will care for one, then there is safety in multiparity”, she said. She had reservations for male children owing to the belief that male children are not likely to take care of their parents. By her explanation, “when my son gets married now, he won’t have time for me again. He will have time for the wife while girls will have time for their mother”.

Also, the influence of the significant others indirectly determines family parity level. Considering case #1’s experience, her parents (external parity driver) demanded more children in her daughter’s nuclear family coupled with silent demands from her husband (internal parity driver). Her father believed that child spacing was a waste of time and other resources. Similarly, the father suspected a decline in family sizes, aligned it to metaphysical forces against the family and consequently campaigned and challenged the system.

Coincidentally, her husband made several similar requests. She was able to manage external parity drivers, however, she succumbed to the spousal demand but with a deferred response. She shared her experience:

…*I was vexing for them. I wanted to give birth since my husband was begging me at home. I said let it be next year. And you know when husband and wife understand each other. If my father insisted more than that, will he help take care of them? If my mother-in-law is angry, then let her sign an agreement that she will take care of the child after I give birth (Moslem/SSCE/Yoruba/35Years/trading/6th pregnancy).*

**Social Support and Experiences of Multiparous Women**

Case one explained the present trend of social support available for multiparous mothers by comparing time-bound experiences. She established the disparities between the 1980s and present-day social support systems. She mentioned some factors that boosted social support in decades ago. Material things for child care were easily accessible since they were jointly provided by a family’s social networks. Today, there is a predominant sense of individuality in caring for the mother and the children. Case #1 maintained that *parents must ensure self-sufficiency before giving birth to children*. This follows the expectations of the in-laws, who may not be ready to share /give cultural/material support to the multiparous mothers.

Apart from material supports, she identified laziness cum dirtiness as another major challenge of multiparous mothers. She recognised her self-
employment status as another factor that aided her ability to care for the family, labelling some nocturnal mothers, who would go in the morning and return late at night, as uncaring mothers who would not be aware of their children’s wellbeing. This would make it difficult for them to curtail the misbehaviours of their children. She visited her children’s schools twice a week and shared her experience on her support role in the children’s upkeep as follows:

Sometimes, I would have woken up by 3.30am, because of the kind of food I want to prepare. By 5.00am their food is ready, by 6.00am they have had their baths.

It is easy for me because I am self-employed. After they have gone to school, I clean the house and sleep for like one hour then I go to work. I recover my sleep with that one hour. And when the child came back from the school, you were to wash the uniform. You would have cooked before the child’s arrival. If she/he disliked cold food, put it in a device that will keep it warm (Moslem/SSCE/Yoruba/35Years/trading/6th pregnancy).

Case #1 recounted care for nursery-school-age children, while case #7 focused on preschool children. She painted similar individuality picture in childcare like in case #1. Prior relationship between the mother and her in-laws would help her in weaning the children. Also, extended family caregivers would advise on childbirth spacing. The children would be carried to a distant location from the parents because of an affirmed, trusted and good care available to the children.

Consequently, this would relieve a couple of stress associated with childcare. However, in her last birth, she weaned her child without consulting in-laws or other close relatives for usual help because, recently, parents were not willing to release their children to the care of extended family members and other associates. She explained as follows:

But now, parents are the ones taking care of their children and weaning them. The social world has changed. Some parents do not want to give their children to the grandparents to wean. They would say they would take care of the children themselves. They would not see what the child would be given to eat. It was not so at that time. At that time, we had rest of mind, knowing our children were with those that would take good care of them (Muslim/no formal education/Hausa/57Years/Trader/).

Also, nocturnal mothers illustrated in case #1 would prefer to engage the service of nannies to care for their children. This suggested reduced level of trust
placed on the social relationship between families and their in-laws in recent times. Apart from that, parents with healthy children would enjoy better social support which is not limited to carrying and playing with the child, which invariably relieve the parents. However, case #6 did not enjoy social support when she was delivered of her twins. Her mother came and left eight days after the birth of the baby, while the mother-in-law left the family two days after the wedding.

**Health Outcomes of Multiparous Women**

Idoko, Nkeng and Anyawu (2016) observed that grand multiparous women are highly susceptible to obstetric complications. For case #5, pregnancy poses health threats to the expectant mother and such women require maximum care from their husbands since they are experiencing an uncertain situation. Based on her experience, it would be difficult for the husbands to express genuine positive emotions, since they become agitated during their wives’ gestational period. Case #1 mentioned that multiparous with un-spaced childbirth is a risk.

She believed that women should recuperate after childbirth before being pregnant with another child. She stated the correct spacing period and the purpose of that period which would herald wellbeing. She also asserted that couples that compromise this are exposing their women to health challenges. The following excerpt vividly captures her thought and experience:

… once a child is one year and a half or less, some women would become pregnant. They don’t like themselves; because the blood used up during the previous birth experience has not been replenished. A woman needs inner strength or energy to conceive again. For me, I allow my children to really grow before another pregnancy. For this one, my husband and I have agreed to space our children by 3 years (Muslim/SSCE/Yoruba/35Years/Trader/ 6th Pregnancy).

However, she related her health threatened experience as she compared her different times of labour. She described her painful labours in the past saying, “the pain I experienced was much more than the ones in my previous births. After 9 years of spacing, my labour period increased from 30 minutes to 1hour. And at another time I had stillbirth”. With her experience, she submitted that a long birth spacing plan was not healthy for women (case #1). Case #6 revealed that she had several monologues reflecting on what brought her into another pregnancy. This affected her physically and psychologically, coupled with her husband’s annoyance. She was unable to stay in her home during pregnancy as she instead preferred travelling to stay with her parents. The travelling was possible because she was a full housewife. Her health became more compromised.
In her last pregnancy i.e. the twins, she reported: ‘my mother and mother-in-law left her on the day of christening and the following day respectively’. After two weeks of birth, she was seriously ill. She recounted: “It was one of my neighbours that was bathing the children for two weeks. It was more than a stress. In fact, it was not easy taking care of them. I had to introduce “Indomie noodles” at three months. I could not handle the rate at which they were sucking breasts”. Three months after their birth, she introduced noodles to the twins. Apart from her physical stress and distress, the children were exposed to a higher level of risk through feeding (case #6). Also, she consistently exposed herself to high blood pressure owing to her salt intake.

The Economy of Multiparous Women: Omo bere osi bere

In 2011, Okech, Wawire, and Mburu reportedly concluded that family planning would reduce poverty, hunger and maternal mortality. Case #1 alluded to African musicology to explain how music had been used to explain the parity/poverty thesis. She stated, “a singer sang that many children will become a financial burden. Many children within a family are rarely taken care of”. She related another case of a woman who adopted a family planning method which later failed. Case #1 gave a personal explanation of what could be responsible for the failure- the wrong timing of injection. This mother of 7 children came for an ultrasound, only to discover that she was pregnant. Consequently, she had a partial abortion\(^8\). After three months, she discovered in the latest scan that she had a triplet. The woman was unable to manage her emotion as she cried aloud.

Her anxiety included how to care for the children since she had meagre income earned from hawking\(^9\). Case #1 could not fathom what led to that multiparity but later advised her to try another type of family planning (arm insertion type) with longer duration. She maintained that men were usually influenced by their affluence, which leads to polygyny and multiparity within their families. She painted the thought around her discussion as follows:

But men if they have property there is nothing they cannot use their affluence for. You marry the first wife who has five children, then marry a second wife who maintains that she will have five children like the first wife since there is properties that will be shared equally. And you know someone who is gyrating will lay his hands on a third wife. However, some men have large property yet maintain a one-wife policy. He has the power and planned twenty children; no problem, he has direction. But someone who

---

\(^8\)According to case, #1 one of the quadruplet was aborted, while the remaining three foetus were unknown left to grow in the uterus. The latest scan showed that there were four babies but one had been cut off.

\(^9\)Selling sachet pure water on the street.
doesn’t have anything and is living with the idea that it is
God that takes care of children! May our children not
become someone else’s children
(Muslim/SSCE/Yoruba/35Years/Trader/ 6th Pregnancy)

Case #1 recounted the aura of joy and happiness in her home owing to her
husband’s financial readiness before she became pregnant. She said, jokingly I
would ask what did he have before the pregnancy. His reply would be, was that
what you were waiting for before pregnancy? Case #5 reportedly maintained that
there was no relationship between parity and poverty since parity was God-driven
and she had no choice and no pressing need for money. Considering family
economy, case #6 explained that a family must plan on any little amount available
at the home to meet the need of every member of the family and the unborn baby.
For her, this financial plan would preclude depending on external support for
family continuity. Also, she was engaged in farming in order to boost the income
of the family. However, she had a psychological distress when she was delivered
of the twins because her plans were not sufficient to meet the family’s needs. This
put more pressure on the marital relationship, coupled with her husband’s aversion
for more children. This financial distress was not a deterring factor for grand
multiparity in this case. Salami, Ayegbovin and Adedeji (2014) observed that
unmet social needs could result in labelling a foetus an unwanted pregnancy.
While this was true for her husband, the financial problem, to her, was only
temporal since she still had an intention to have more children. She related her
experience in the following excerpt:

When I was delivered my twins, should I say my last born,
I cried. Because I didn’t believe in having twins then and
there was no money, everything was dry. Where am I or my
husband going to get money to care for these children? And
anytime I was pregnant, I would be asking myself who
asked me to be pregnant, how will this be delivered? How
do I tell my husband? When I told him of previous
pregnancies, he was angry. When I told my parents, they
were angry too. This affects our relationship. For instance,
my husband was always angry for the first four months of
the pregnancy (Christianity/2nd degree/Edo/30Years/
Teacher-housewife).

Experience in case #1 depicts that response to family financial needs as a
result of multiparity requires financial cooperation between a couple. She traded
in a single product (patent medicine vendor) before, but when there was a more
financial requirement within the home, she added beverages. She advised her
spouse to invest in her business for financial interest. The cooperation increased
support for the husband and boosted her confidence level to face future realities.
She reminded her husband of the financial commitment:

… and you are a salary earner, who is working with the government. Sometimes, salary may be delayed; help me find a little money to boost my business! He gave me more money. As the children are coming, my business is growing. I am not in a business any longer but in several businesses, our financial economy cannot be discussed in isolation of my husband’s financial commitment to the family upkeep (Muslim/SSCE/Yoruba/35Years/Trader/ 6th Pregnancy).

**Implications for Population Control and Health Policy**

Our cases demonstrated ‘pre-classic fecundity family’ as seen in virtual cases #1 and 2 since multiparity is still driven by cultural and personal nuances. Similarly, there was evidence of desire and consciousness for child spacing among mothers. However, poor information and perceived effects with unpleasant experiences of family planning encouraged preventable multiparity.

These make multiparity inescapable. Also, none of the multiparous mothers accepted parity-poverty hypothesis by experience although they agreed it was possible in other families that practised multiparity. Thus, couples should disassociate from the aspect of culture and personal beliefs related to parity which endanger the health of women and family economy. Also, more public sensitization should be initiated to cover the challenges of large family and family planning as a way of curtailing preventable grand multiparity.

**Acknowledgement:** The authors acknowledge the supports of the participants in this study. Their full consent to participate in the study from which this manuscript was prepared is appreciated.

**Declaration of Interest Statement:** There is no conflict of interest amongst the authors.
REFERENCE


Anderson & Oppong. 2016. Wife Battery: A Divine Command from the Garden of Eden or a Gene Disorder in Men? Ethical Perspectives. *AJSIH*; 6(4)

Arthur, Jone Lewis 2005. Family Size and its Socio-Economic Implications In The Sunyani Municipality of The Brong Ahafo Region of Ghana, West Africa. A Master Thesis Submitted to: Centre for Development Studies, Faculty of Social Science, University of Cape Coast, Cape Coast, Ghana.


Ezebialu Ifeanyichukwu Uzoma, & Eke Ahizechukwu Chigoziem. 2013. Knowledge and Practice of Emergency Contraception Among Female Undergraduates in South Eastern Nigeria. *Annals of Medical and Health Sciences Research* 3 (4)


Virtual Cases References

Virtual Case 1: Rain of triplets: Why more Nigerian women are having multiple births. Published by Punch Nigeria, on September 4, 2016 available online http://punchng.com/rain-triplets-nigerian-women-multiple-births/. Accessed on 2/10/2017

Virtual Case 2: Housewife defies doctor’s order, gives to triplets at home. Published by Punch Nigeria, on September 4, 2016 available online http://punchng.com/housewife-defies-doctors-order-gives-to-triplets-at-home/ Accessed on 2/10/2017

Virtual Case 3: At 37, she has given birth to 38 children. Published by Monitor Uganda, on 23/April/2017. Available online http://monitor.co.ug/Magazines/Full-Woman/At-37-she-has-given-birth-to-38-children/-689842-3899976-xff7xc/index.html Accessed on 2/10/2017
Differential Treatments of Prison Inmates and Implications on Nigerian Criminal Justice System

Richard A. ABORISADE
Department of Sociology, Olabisi Onabanjo University
P.O. Box, 2002, Ago Iwoye, Ogun State, Nigeria
Email: aborisade.richard@oouagoiwoye.edu.ng

Abstract

In recent years, series of protests have broken out from various prisons across Nigeria as fallout of differential treatments of prisoners and poor condition of correctional facilities. Questions have been raised about the rationality of the disparate treatment of inmates along socioeconomic lines. This present study examined the reported segregation of inmates within the context of the correctional good of prison system. From the inductive analysis of 49 qualitative interviews with ex-inmates of prisons, prison officials and legal practitioners, a pattern of unofficial discrimination of prisoners along socioeconomic lines emerged. Findings reveal that selection of inmates for disparate treatment is corruption-laden. It is submitted that in order to progressively realise and improve the administration of justice and the prison system in Nigeria, the government and other stakeholders should review reports of panel of inquiry into the country’s prison system, establish prison-reporting scheme for inmates, and rehabilitate prison facilities.

Keywords: differential treatment, inmates, nigeria criminal justice system, segregation, very important prisoners
INTRODUCTION

In many ways, Nigeria has made significant progress over the last decades towards the objective of ensuring equal treatment under law for all citizens. However, the effect of this progress is yet to be seen in one critical arena – criminal justice, as social inequality continues to rise and have come to play significant role in the justice system. Although, Nigeria’s criminal laws appear to be facially neutral, the enforcement is done in a manner that is massively and pervasively biased (Opara, 2014; Dada, Dosunmu, & Oyedeji 2015; Osasona, 2016). Disparate treatment of the lower class people starts from the very first stage of the criminal justice system during the investigation of suspected criminal activity by law enforcement officials (Okeshola, 2013). The manifestation of a criminal justice system that de facto distributes separate, unequal standards of justice for lower class citizens and citizens of high economic class has created a mushrooming prison population that is overwhelmingly poor and socially disadvantaged (Daudu, 2009).

In recent years, there have been series of protests breaking out from various prisons across the country as fallout of the differential treatments of prisoners. For instance, on the 7th August, 2013, protest broke out at the Kuje Prisons near Abuja over alleged preferential treatment of three Lebanese inmates by officials of the prison facility (The Punch Newspaper, 2013). According to the account of The Punch Newspaper, the three inmates who are suspected members of an international terrorist group, Hezbollah, were allowed to use a particular area of the prison ground for the Eid-fitri prayers while other inmates, including Boko Haram suspects, were restricted to another place. In the ensuing melee, properties of the prison facility were destroyed while officials and prisoners were severely injured.

Similar protest was recorded at the Kirikiri Medium Security prison, Lagos on the 10th October, 2014. Investigations by The Nation Newspaper (October, 2014) indicated that the prison riot was caused by a move by the newly posted Deputy Comptroller of Prison, Kayode Odeyemi to strip some privileged prisoners of their privileges. Five inmates were reported to have been killed while 24 of them injured during the fracas (p. 27). In Kaduna prison, two prisoners were reported to be killed in a riot that followed the protest by the prisoners over the preferential treatment being given to Reverend Emeka Ezeugo, a.k.a. Rev. King, the Lagos-based Christian cleric condemned to death for the murder of one of his church members (Vanguard News, 2016).

Meanwhile, in its reaction, authorities of the Nigerian Prison Service justified the segregation of inmates according to their social standing, as they stated that it is necessary in order to safeguard the lives of some inmates.
whose lives may be in danger if they are thrown into the general prison population (Daily Trust, 2015). According to the Public Relations Officer of the Nigerian Prisons Service, DCP Enobore Francis:

The VIP system is derived from profiling and is designed to safeguard the lives of those prisoners. If you throw these prisoners along with other inmates, you may open the cell in the morning and find them dead. How do you explain that?...

the prison is not meant to punish people, the punishment ends with the judge’s pronouncement, thereafter correction begins. (Daily Trust 2015, 21)

As enunciated, the segregation of inmates in the prison along the lines of social class may seem rational, however, unequal targeting and treatment of inmates of low and average socio-economic background through every stage of the criminal justice process, from arrest to sentencing, reinforces the perception that drives the inequality in the first place (Omale, 2011). The result is a vicious cycle that has evolved into a self-fulfilling prophecy, as higher rate of recidivism is recorded among ex-inmates of low income status which perpetuates the belief that low-income poor people commit more crimes (Penal Reform International, 2014), this in turns lead to social class profiling and more arrest of poor people in the society.

Questions have been raised about the rationality of the disparate treatment of high profile inmates of the prisons as against those with low socio-economic standing (Omale 2011, Otu, Otu and Eteng, 2013). This is based on the general conditions of the prisons in the country which are characterised by several physical and psychological deprivations (Obioha, 2011). The feeding and healthcare system of the prisons have been questioned and adjudged to be grossly inadequate and unbefitting of even condemned criminals (Aduba, 2013). This has been largely attributed to corruption in high places within the prison system as contractors in collaboration with prison officials perpetrate the malnourishment of inmates in various correctional facilities across Nigeria (Okwendi, Nwankoala, & Ushi, 2014). Therefore, the social stratification of the inmates in respect of their socio-economic standing is being considered as an advancement of the systemic corruption of the prison service of the country (Otu, Otu, & Eteng, 2013). Prison officials are alleged to offer high profile prisoners special cells for N50,000, own private generators for power supply, sleep with women for a fee, own mobile phones, hire other inmates as domestic servants, receive raw food from relatives and cook their own food (Daily Trust, 2015).

Indeed, there are appreciable literature that have examined and exposed the deplorable state of prisons facilities in the country (Obioha, 2011; Aduba,
2013; Ojo & Okunola, 2014), highlighting the negative effects of corrupt prison officials on the welfare of the inmates (Agbaegbu, 2011; Okeshola, 2013), discussing the need for reform (Obioha, 2011) and re-evaluating the effectiveness of prisons in meeting the correctional objectives of the system (Okwendi, Nwankoala, & Ushi, 2014). However, recent events have opened up new subjects of inquiries into prison systems in the country. This present study therefore is informed by the need to examine the reported segregation of inmates across prison facilities in the country within the context of the correctional good of prison system. This is with a view to advance knowledge on the profile of the Very Important Prisoners (VIPs) and growing protests by inmates across Nigerian prisons as well as document the pattern, scope and mechanism of the differential treatment across beneficiaries. In addition, it is the intention of this study to bring to the fore the implications of such differential treatments to the Nigerian criminal justice system.

THEORETICAL CONSIDERATIONS

Proponents of radical criminology hold that the cause of crime is the social and economic forces of society (Johnson, 1978; Maguire, Morgan and Reiner, 2012). They further postulated that ‘functioning’ of the society is channelled towards the serving of the general interest of the ruling class rather than serving the interest of the entire society. Rather than this leading to conflict, the ruling class makes use of the power within its reach to neutralise the intention of the masses to revolt. Radical criminology is abolitionist, which is directed at calling for the abolition of all statist criminal justice systems. The systems of exploitation and domination cannot be reformed as there is no legitimate basis for the reforming and revision of policies and practices that are at heart founded in and based upon exploitation.

Though there is no reasonable level of oppression, it is not just enough to criticise such system, but the radical criminology is aimed at opposing and confronting all statist institutions of criminal justice with a view of bringing them to a halt. This is the same with the institutions and relationships of capitalist exploitation.

In Nigeria, the radical criminology will frown at the practices of the wealthy citizens against the poor which is prevalently oppressive. It is difficult for the poor to get justice whenever their rights are being breached or trampled upon by the affluent citizens (Osasona, 2016). Meanwhile, the administering of unequal justice has severally been recorded for the rich against the poor (Daudu, 2009; Ogunode, 2015), with substantial evidences that indicate the prevalence of differential categorisation of justice to the rich and the poor (Esiemokha, 2010; Obioha, 2011; Okeshola, 2013; Ogunode,
2015). Indeed, there is little doubt about applicability of the theories of radical criminologists to Nigeria’s administration of justice. The gap between the cases of high profiled people and lowly placed citizens in the country is usually wide and this mainly determine the path of the administration of justice. Therefore, commonly held belief in the society indicates that the laws that governs the affluent differs significantly from that of the lowly placed people (Ogunode, 2015).

At every stage of the chain of the Nigerian criminal justice, corruption abounds. It prevalence is visible in various police stations, prosecutors’ offices, the judiciary and in prisons (Aborisade & Fayemi 2015; Ogunode 2015). The prisons are often considered as places with little transparency or public oversight, making them high risk environments for corruption (Esiemokha, 2010). In some cases, detainees are actively involved in and initiate corrupt practices in a prison. Some prisons are home to large black markets and can become havens for criminal groups operating from behind bars (Daily Trust, 2015). Prison guards cooperate with prisoners to smuggle in contraband items, such as cell phones or drugs, and help a gang culture to thrive – or even dominate – inside prison (Penal Reform International, 2014). In corrupt prison systems, “everything has its price” (The Nation, 2014). It is quite common for prisoners to be forced to buy commodities that they are entitled to, such as water, food items, medical care, living space – or to receive family visits (Daily Trust, 2015). The most highly valued ‘good’ inside such corrupt systems is probably safety, with many reports of money being extorted in exchange for safety. For instance, there have been reports of families paying money for their family member who is an inmate to be relocated to safer zones within the prison in order for them to be safe from physical and sexual abuse by both prison guards and fellow inmates (Penal Reform International, 2014).

RESEARCH METHODS AND DATA

Research Sites and Sampling

The analyses presented in this article are drawn from a larger study of differential treatment of prison inmates across prison settings. Prior to the commencement of the study, approval for the collection of data from six purposively selected prisons in Lagos and Ogun States were sought. The selection of these prisons was informed by geographical proximity, security level, and preliminary information available to the researcher on the availability of privileged facilities. Although, permission was granted to take a tour around the prison facilities, the involvement of prison inmates in the research was declined by prison authorities based on the ‘sensitivity of the subject of the study.’ Therefore, the researcher resorted to the use of
snowballing technique to draw 28 ex-inmates of the selected prisons to inform the study. Purposive sampling was used to draw a sample of 16 prison officials and five legal practitioners that specialises in criminal law and human rights. Approvals for the study were obtained from the Ethics Committee of Olabisi Onabanjo University, Ago-Iwoye, Ogun State. The respondents were duly informed about the purpose of the study and other rights as respondents of the study including confidentiality while both written and verbal consents were obtained from them before the interviews took place.

Data

The selection of the study site and sampling strategies adopted for this study were designed to gather data from respondents who are both comparable to and distinct from one another in ways believed to be relevant to their experiences as former inmates of the selected prisons. In addition, the distinction and similarity in the experiences of the prison official relevant to managing inmates, as well as fair representativeness of treatments of prison inmates across the country (since all prison facilities are owned and managed by the Federal Government), informed the study site selection and sampling strategies. Data for this study consist primarily of in-person interview data collected during March and April of 2016; interview data were supplemented with official data from prison codes and treatment of prison inmates, as well as fieldnotes taken from observation of the prison facilities. The conduct of all interviews was strictly confidential, as pseudonyms are used throughout this article to make reference to the participants. Audio recording and note taking were used to collect information depending on the preference of the participants.

Methods of Analysis

Data collected from the field was analysed in order to meet with the research objectives and answer the research questions raised. The analysis followed the iterative process that usually characterises qualitative research in general and grounded theory in particular (Emerson, Fretz & Shaw, 1995). At the time of collecting the data, extensive field notes were taken on the interviews, interactions and observations that are relevant to the study of differential treatment of prisoners. After the completion of data collection, content analysis of the interviews with the use of a qualitative software program (NVivo) was made. Content analysis has to do with the probing of content and themes of text to uncover both definitions contained in the text and those that emerge through the analysis (Krippendorff, 2012). Derivations of thematic categories are from both theoretical constructs and the data they emerged from.
Research Findings

Nature of Disparate treatment and Profile of VIPs in Nigeria Prisons
Eleven out of the 16 prison officials interviewed for this study agreed that there are indeed privileged prisoners in their various correctional facilities that enjoy differential treatments outside the stipulations of the Nigeria Prison Code. The remaining five officials maintained that they are unaware of prisoners, outside of those recognised by the Prison Code, benefiting from any form of preferential treatments in the prison. However, the entire 28 ex-inmates interviewed expressed that there are privileged prisoners in the prisons they served in.

Nature of preferential treatments: The accolades used to describe the privileged prisoners include “VIPs,” “super prisoners,” “big boys,” “big men,” “untouchables” among others. These sets of prisoners are separated from other prisoners not only by virtue of their prison blocks that are separated from other prisoners’ blocks by distance, but also in terms of the facilities included and maintenance of such blocks. Observation of the researcher shows that unlike the cells of ‘ordinary’ prisoners that have toilet seats within the perimeter of each cell and barely covered, the toilets for cells within the ‘VIP’ blocks are usually separated from the sleeping space of their rooms. In addition, participants stated that the condition of the rooms within the VIP blocks appears better than that of other blocks as the floors are covered in ceramic tiles, sole occupancy of rooms are allowed, they have cooking utensils and are allowed to do their cooking, and they are also allowed to have convenience such as power generating set, television and radio set, phones, laptops and other electronic consumables in their rooms (which are all against the norms of prison settings). Meanwhile, the cells that are inhabited by these privileged inmates are referred to as “big man cells” “VIP suite” “upper house” and “upper class estate” depending on the prison in question.

Profiles and privileges of VIP prisoners: Though official categorization of prisoners stipulates that celebrities whose life may be at risk if they are put together with common prisoners should be segregated, information received from respondents suggests that such reservations are not restricted to such category alone. In profiling those that enjoy preferential treatment, the ex-inmates of the selected prisons debunked the allocation of VIP cells and treatments to political elites alone as they stated that the VIP cells are usually open to all those that can afford to pay for such treatment in cells. All manner of inmates including armed robbers are allowed to ‘purchase’ rooms within the VIP blocks of prisons and enjoy disparate treatments. One of the prison officials reacted to this by saying
“... after all they are all criminals so what difference does it make?”

For the prison officials, though the key driving factor of offering such differential treatments remains the material or financial gratifications that they stand to benefit, however, another strong factor that makes them to be partial in their dealings with prisoners is the fear of reprimand that could come if they refuse to provide such favoured treatments to the “special inmates.” In this respect, the prison officials stated that experiences of the past have shown that officers that fail to acknowledge the high profile status of certain highly placed and connected prisoners may get sanctioned in form of redeployment, suspension or even loss of job. In buttressing this point, Salau, an official of Ikoyi prison volunteered:

... to be candid, it will be difficult to stop such high profile prisoners from enjoying such privileges. To tell you the truth, some of them (VIP Prisoners) have highly connected relatives that determine who is posted to which command. They control things whilst in prison. So how will you be rude or hostile to those kinds of special prisoners that can determine whether you will keep your job or lose it?

This position was reiterated by seven other interviewed officials. They expressed that the connections that the VIP prisoners wields within the context of Nigeria where you hardly get anything done on merit makes it inevitable for prison officials to go to the extreme to satisfy the highly connected inmates in order to be in their good book. Therefore, the bid to curry favours and avoid reprimand from superior authorities that may be associates of the imprisoned VIPs makes differential treatments difficult to do away with.

Thomas, an ex-inmate that served in Kirikiri Maximum Prison stated that VIP cells and treatments are open to anyone that can afford such treatments. According to him:

This is not a matter of protecting the lives of the celebrities. It is a matter of ‘cash and carry’. Privileges that go beyond normal segregation of prison cells are accorded to these people. They enjoy far too much of such special treatments. The prison officials are often at the beck and call of these inmates and they make their stay in prison home away from home for them.

Kolawole, another ex-inmate that claimed he benefited as an ex-occupant of a VIP cell at Kirikiri Medium Prison volunteered:
I stayed in a VIP cell for 5 months until I ran out of money and was ejected. I paid N40,000 to secure the room and subsequently paid N10,000 every month until I couldn’t pay again. Staying in VIP cells was great as I became connected to some highly influential people in the society. In fact, that is why I could leave the prison on time as my connection of friends assisted me.

Other inmates that enjoyed the benefit of staying in the privilege cells also relayed their experiences which include smoking, drinking alcohol, eating preferred meals, having women smuggled into their cells for sexual pleasures, engaging other inmates as aides to do menial work for them, exempted from manual labour or other forms of physical exercises, allowed possession of mobile phones and media pads. Ajani, an ex-inmate, claimed that he served a social activist while he was in Abeokuta prison in 2003. He stated that those that are not buoyant enough to secure special cells for themselves often try to serve the occupants of the VIP cells for the purpose of getting connected to them in order to benefit from their assistance in one way or the other. According to him, some awaiting trial inmates who may find it difficult to secure the services of a good lawyer or buy fuel into the prison vans to convey them to the court often get help from the VIPs in the prisons.

Implications of Preferential Treatments of Prisoners on Nigerian Criminal Justice System

Apart from the fact that this study was inspired by news of series of protests that followed the maltreatment of prison inmates and differential treatment of so-called VIP prisoners, the researcher also moved to engage five legal practitioners on the implications of disparage treatment of some inmate on the entire criminal justice system of the country. All the legal practitioners who are experts in criminal law asserted that corruption occurs at every stage of the criminal justice chain in the country.

Therefore, it is difficult to serve justice where corruption thrives. One of them expressed:

Prisons are one of public places of work with little transparency or public oversight. There is no doubt that they are high risk environments for corruption. The officials freely engage in corrupt practices with the knowledge that their acts will not be exposed since the prisoners may not have what it takes to effectively report them. However, it should be noted that some of these prisoners are the ones that initiate corrupt practices in
the prisons. But the corrupt acts of the officials cannot be excused.

Mr Paul/Lawyer/KII/Lagos

All other legal practitioners interviewed echoed the position of Mr. Paul. They provided different instances where they faced problems seeing their clients in prison custody, or where their clients told them tales of woes of their experiences in prisons. Four of them who volunteered that they have had clients that enjoyed such special treatments while they were in prison corroborated the claims of the officials that it is near impossible for officials to be defiant in providing special treatments to the wealthy and politically connected individuals that are admitted into the prisons. They posited that the prison cannot be singled out as the only corrupt organ of the criminal justice system as such corruption starts from the police as gateway of criminal justice system.

Extortion of prison officials bothering on the justice system: The ex-inmates and legal practitioners were requested to provide information based on their experiences on cases and rates of extortion of prison officials in correctional facilities in the country and its implication on justice system. Several cases of extortion and corrupt practices that are capable of impacting negatively on justice system were pointed out by the respondents. Prison officials start extorting prisoners’ right from their entry into correctional facilities by demanding for money to put them in favourable cells. Thereafter, inmates face a lot of denials of rights except they are able and willing to pay for them. For example, awaiting trial inmates that cannot afford to pay demanded amount for ‘fuel for prison van’ will not be conveyed to court for their trials. This has made some less privileged prisoners to be on awaiting trial list in their various prisons for years without being given fair hearing. In some cases, such prisoners hinge their fate on charitable organisations to provide such money to fund prison vans to convey them to court. Ex-inmates relayed how prison officials converted food items, toiletries and other personal effects that were donated to them by Churches and nongovernment organisations to their personal use. Abu, an ex-inmate of Kirikiri Maximum prison offered some details:

Whenever, individuals and religious bodies bring anything to us, the warders don’t normally allow them to give it to the inmates directly. Normally, they will collect and share it among themselves. On the recent riot, a religious body brought food for the inmates and kept it at the gate (prison welfare officer’s office) to the knowledge of all inmates. One of the inmates who happen to be a Christian leader visited the welfare officer who was in custody of the items
to beg for the things (food). When he wasn’t given the stuff, he complained and was locked up in the punishment room.

Other respondents described how safety for example assume a position as ‘one of the most high valued good’ inside the prisons. Many of them reported how money was extorted from them in exchange for safety. If they fail to pay such amount, they will be put inside same cell with notorious inmates where they will be physically harassed.

**Implication of differential treatments on justice system:** The legal practitioners engaged for the study stated that offering differential treatment in favour of those within societal upper class negates the principles that correctional facilities stands for as a total institution. They were equivocal in discussing how prisoners’ human rights have been severely trampled upon in a systemic manner due to corrupt practices of prison authorities. Mr Oladejo shared his experience:

…I have seen instances where food is not prepared for prisoners just because a good number of them in the cells can afford to cook for themselves. In some other instances, white rice will be offered to inmates without stew as the prisoners are expected to make their own stew. This puts the inmates in compromising situations and many of them will have to serve notorious criminals that are rich and pampered by prison officials in order to get fed…

The experience and sentiment of Mr. Oladejo was shared by all the other four legal practitioners and echoed by ex-inmates as they expressed that rich inmates gets to control affairs in the prisons and makes both fellow inmates and officials to answer to their biddings. Inequality in prison is the height of failure of justice system, a “drawback in Nigeria’s attempt to keep criminals off the street,” “a manifestation of the failure of the Nigeria state.” They were emphatic to state that the supposed lessons of incarcerations cannot be ensure if the rate of discrimination is that high in the system. In addition, they opined that such differential treatments that facilitate deprivation accounts for the high rate of recidivism within the Nigerian prison system. As illustrated by Mr. Adesomo, “when prisoners witness massive discrimination and injustice in prison, it is difficult for them to get back into the society and wants to do something positive as they would have lost hope in the entire social system.”

The legal practitioners also stated that ‘justice’ only appears to be served in Nigeria just because of the unpleasant reaction that could emanate if
certain people were seen to be walking freely while they are meant to be in prison. Mr. Adelowo, who is a Senior Advocate of Nigeria (SAN) buttressed this point:

That explains the only reason why some of them end up in prison and not necessarily because the system wants them to get punished for the infractions and breach of criminal code. How do you explain someone under punishment living such luxury life? What message will that send to other inmates? Isn’t it going to be a message that bigger crime pays? Since armed robbers with a lot of money get such disparate treatment in prison against mere pickpockets who witness such discrimination. Therefore, when the inmate that pickpocket gets released, he simply delve into bigger crime with the belief that even if he is apprehended, he will be returning to prison with a bigger status than his previous sojourn in prison.

The legal practitioners submitted that there is need for revamping of the entire prison system to limit such discrimination to its barest minimum by effectively catering for the welfare of inmates and respecting the rights and privileges of all prisoners. This will reduce the urge from the wealthy prisoners to try and buy comfort for themselves thereby creating a wide gap between them and the inmates from lower rung of the social ladder.

**DISCUSSION**

The findings presented above explores the patterned nature of inequality in Nigerian prisons, the profile of VIP prisoners and the effect that differential treatment has on criminal justice system of the country. Suggestions from this study indicate that preferential treatments do not just abound in Nigerian prisons alone, it is in fact systemic. There are both official and unofficial discriminations that have remarkable impact on nature and process of delivering justice in the correctional facilities. It is evident from the findings of the study that prison facilities in the country have deviated from administering punishment and reformation while treating offenders equally, to becoming a mere reflection of the grossly socioeconomically stratified Nigerian society. This finding agrees with earlier studies that posited that the poor conditions of Nigerian prisons have served to widen the gap between inmates along socioeconomic lines (Omale, 2011; Otu et al., 2013). Wealthy inmates are able to acquire comfortable living arrangements for themselves while those that are poor are left in a state of physical and psychological deprivations (Aduba, 2013).
The findings of this study have equally awakened the need for deeper reflections on existing theories on social inequality to include social stratifications, preferential treatments in correctional facilities, so as to drive a wider understanding of class systems in corrections and its implication on criminal justice system. Current theoretical positions of radical criminologists subsumed disparate treatments of prison inmates under general explanations of social inequality as a factor of crime causation (Maguire, Morgan and Reiner 2012; Shantz, 2012). The relative inattention paid to class systems in correctional facilities, especially deprivations experienced by lower class inmates portends grave consequences to the justice system. Scholarship in the sociology of punishment, criminology, and social stratification offers both theory and evidence linking disparate treatment in correctional facilities, prison conditions reformation outcomes and effective justice system (Pettit & Western 2004; Western 2006; Wheelock & Uggen 2008). Questions have been asked about whether imprisonment is a reflection of societal disadvantage or its cause in Nigeria (Esiemokha 2010; Aduba 2013; Opara 2014; Dada, Dosunmu & Oyedeji 2015).

It is clearly established from the outcomes of this study that corruption defines the pattern of relationship between inmates and prison officials as well as among inmates. This goes to support positions that corrupt practices have ravaged the entire criminal justice system in Nigeria (Daudu 2009; Esiemokha 2010; Dada, Dosunmu & Oyedeji 2015). Selective administration of prison rules abound in correctional facilities and the socioeconomic status of prisoners prior to being incarcerated play major roles in determining the way inmates are treated.

Some common problems in prison facilities across the country are that most of the prisons are old, dilapidated, poorly ventilated, lacking in good sleeping space, food, medical care and sanitary conditions (Araromi 2015; Dada, Dosunmu & Oyedeji 2015; Aborisade 2016). This is largely responsible for the reason that many celebrity and upper class prisoners will be desperate to provide comfort for themselves at all cost while they sojourn in Nigerian prisons. The high level of deprivations in Nigerian prisons will be too much for them to bear considering their socioeconomic background prior to their incarceration. However, as against the position of most reviewed literature (Daudu, 2009; Esiemokha, 2010; Araromi, 2015; Dada, Dosunmu, & Oyedeji, 2015; Ogunode, 2015), this present study also found that the provision of differential treatment by prison officials is not only premised on financial or material reward. The fear of consequences that may trail their denial of highly connected or placed inmates of such disparate favours also accounts for the reason why prison officials concede to such differential treatment.
The prison officials and administrators were found to truncate many of prisoner’s human rights. Prisoners in different prisons are denied their rights across correctional facilities as an outcome of their low socioeconomic positioning within the society. The study found that basic rights of prisoners to welfare issues such as food, water, sanitary care, medication, living space, family visitation, and transportation to court for hearing are not made available to them by prison authorities except they are in the ‘good books’ of the officials by offering financial, material or sexual favours. In the time past, reports from the National Human Rights Commission of Nigeria, indicated that on several occasions, human rights of prisoners in Nigeria have been denied and the situation of the inmates is quite appalling (Araromi, 2015). There were also observations made by the Commission on the failure of the Federal Government to implement the recommendations of several studies carried out on the situations of Nigeria prisons. In addition, several presidential committees have submitted reports and made cases for reforms in the past, but the government have not done a lot to the fundamental challenges being faced by the prison system.

CONCLUSION

As against the rules, standards and popular belief that imprisonment is meant to punish and not for punishment, this study concludes that the prison system in Nigeria is presently primed to punish lower class inmates while it presents comfort above any reasonable measure of penal system to the wealthy and powerful inmates. In order to progressively realise and improve the administration of justice and the prison system in Nigeria, it is evident that the government and other major stakeholders should concertedly work towards complete revamping of the entire system. First, there is need for the government to review reports of both local and international panels of inquiry into the operationalisation of prison system in the country. In addition, outcomes and suggestions offered by independent studies in educational institutes and NGOs should be considered and appropriate reformation implicated. It is equally evident that government has not been making use of panel reports of aftermaths of prison unrests in the country. This lukewarm attitude of the government should be reconsidered and such panel reports taken more seriously to avert future trouble.

There is also a need to establish a prison-reporting scheme that will provide the channels for all prisoners to forward their needs and grievances. As a result, a neutral body should be set-up to receive and consider such grievances and thereafter make appropriate recommendations to the Ministry of Internal Affairs (the supervising Ministry of Nigerian Prison Service). This measure should be undertaken with the required sincerity of purpose in order for all prisoners to have appreciable sense of belonging that will reduce
inequality in correctional facilities. The government should also protect the prison system from interferences by political elites in the country who are in the habit of exerting subtle force and intimidations on prison officials to provide authorised favours to their associates in prisons. Meanwhile, the manner of differential treatment that can be enjoyed by any category of prisoner should be limited, clearly defined and regulated.

In view of the above, it is imperative for government administrators in charge of prisons to prevent overcrowding of prison facilities while adequate facilities that will make prison life worth living be provided. Government should exhibit deep sense of purpose in developing policies that could address poor physical and health conditions of prisoners. Doing this will reduce the level of desperation of wealthy prisoners to buy comfort for themselves at all costs and at the detriment of lower class inmates. Finally, there should be more transparency in the operations of prison officials and administrators to ensure accountability of government and nongovernment provisions for prisoners.
REFERENCES


Penal Reform International. (2014). Corruption is a significant factor in human rights violations in many criminal justice systems.


Vangaurd News. (2016). “Nigerian prison where inmates pay between N30,000 to N100,000 to watch movies, use iPhones and iPads.” Vanguard Newspapers, July 9, p. 34.


International Migrants’ Remittances, Kinship Networks and Social Constructions

Olayinka Akanle and Otomi Augustina Oroobome
Department of Sociology,
Faculty of the Social Sciences,
University of Ibadan, Nigeria.
yakanle@yahoo.com,
o.akanle@ui.edu.ng,
olayinkaakanle75@gmail.com.

Abstract

It is within kinship networks that Africans construct identities and make sense of actions-including international migration and remittances. The intention to migrate and the subsequent decision to send remittances to kin left behind at the country of origin are therefore highly influenced by kinship networks. The narratives of social constructions of remittances can never be adequately understood outside kinship networks because they are the ultimate and influence direct beneficiaries of international migrants’ remittances. This article examines the understudied forces that influence remittances received from migrants, the social constructions of migrants’ remittances among left behind kin and influence of remittances on kin’s migratory tendencies. Social action and social exchange theories were employed as theoretical framework. Secondary and primary data were gathered for this article. Remittance to spouses, children and parents are more frequent (monthly and irregularly) and substantial than those sent to siblings and other relatives in migrants’ kinship networks. It was also found that the meanings attached to remittances are not mutually exclusive, but rather intertwined including as: survival mechanism, a sign of love or care as well as economic/business investment opportunity. Kin’s migratory tendency is not totally fostered by remittances but also as a result of the exposure to ways of life in the developed nations.

Keywords: kinship networks, migratory tendency, nigeria, remittances, social constructions.
INTRODUCTION

Kinship is one of the main organizing principles of society. It is one of the basic social institutions found in every society (Akanle, Fayehun, Adejare and Orohme, 2019, Jegede, Ajala and Owoeye, 2012). This institution establishes relationships between individuals and groups. Kinship network is the interconnectedness of patterned social relationships that exist among individuals who are related by blood, marriage and or adoption (Akanle 2013). Kinship networks in the African and specifically in Nigerian context involves not only biological and social parents, and siblings, but also uncles, aunts, cousins, grandparents, nephews, the family members of the spouse and in many cases “people with whom you can identify” such as friends and other non-relatives. All of these people are usually involved in the decision-making process of potential migrants and subsequently considered in sending remittances (Akanle, Fayehun, Adejare and Orohme, 2019, Fleischer, 2006). Nigerians have an attachment for kinship networks and familial social relations. Even with globalization, urbanization and popularity of nuclear families, kinship networks could still bring to bear some degrees of influences on members who must abide by or adhere to kinship ethos (Akanle, 2013).

Given this background, it is pertinent to note that kinship network is central to understanding social construction of remittances and the nexus must be adequately investigated. Although many studies on kinship networks and international migrants’ remittances have largely focused on the impacts on households in economic terms (Akanle and Adesina 2017; Balde 2009; Devarajjan 2008; Fonta et al. 2015; Kiiru 2010; Lu 2012; Uduku 2002; von Burgsdorff 2012), there is need to understand the social constructions of remittance by migrants’ kin left behind. It is not until kinship narratives of remittances are understood that remittance impacts can be properly valued and appropriated (Akanle 2012; Akanle and Olutayo 2012a; Dzingirai, Mutopo, and Landau 2014; Suitor 2016). This article therefore seeks to examine the understudied factors that influence the kind of remittances receive from migrants, the social constructions of migrants’ remittances among kin left behind and by implications the interface of remittance on kin’s migratory tendency. This is necessary and timely since the emigration rate in Nigeria is still on the increase and remittances have become well-liked sustenance/survival mechanism rivaling foreign aids and Foreign Direct Investment (FDI) in Nigeria (Akanle and Adesina 2017b; World Bank 2013). This article provides contemporary narratives and interpretations of remittances in relation to kin’s social constructions of remittance from migrants’ kin through primary and secondary data to situate remittances in the important, deep-seated socio-cultural entity of kinship networks.
This article has three main research questions. First, what are the factors that influence the kind of remittance received from migrants? Second, what are the social constructions of remittance among kinfolks who receive remittance? And third, how does remittances influences kin’s migratory tendency? These research questions guided the research process and made crucial contributions to literature on this subject.

Migrant remittances are of fundamental importance to many migrant-sending households as they cope with poor local economies, limited job opportunities, and low wages (Suro et al., 2002). Remittances significantly increase household savings, facilitate the purchase of goods and alter the local income distribution (Osaki 2003). In sub-Saharan Africa, Nigeria is the largest recipient of remittances, receiving nearly 65% of officially recorded remittance flows to the region and 2% of global inflows. The World Bank ranked Nigeria fifth among the highest remittance-receiving countries in the world (Akanle, 2012). Yet official data on remittances do not include monetary inflows through informal and unregulated channels, especially through friends returning to Nigeria and through goods sent to Nigeria which are readily converted into cash (Isiugo-Abanihe and IOM Nigeria, 2016). Remittances sent to their kinfolks left behind in the form of cash and goods play a very important role in subsidizing households’ livelihoods as they are used to purchase food and consumer goods, paying for medicine and health care, paying for education of the young as well as investing in long term capital projects such as paying for house/land rent, business, renovation and or building of houses and the purchase of land (Afaha, 2013). According to Isiugo-Abanihe and IOM, (2016), the kind of houses, businesses and development projects one sees from a visit to most villages in the south-east is an expressive evidence of the impact of migrants on enhancing human development in the countryside. However, the demographic characteristics of the migrant and migrant’s kin such as level of education, age, sex, marital status, employment status, occupation and household structure are in general predictors of remittance behaviour of migrants (Piotrowski, 2009).

The frequency of remittances can be also seen as a function of migrants’ family status or their level of relationships to the migrant (Garip, 2008; Massey and García-España, 1987), migrants’ propensity to remit declines with the number of remitters in the household, and the decline is steepest for wealthier households, who need the remittances least. They argued that the migrant will be more likely to use remittances as a way of retaining ties if others in her social group are also doing so. However, the remittance behavior depends on the structure of social ties, as migrants are less likely to remit to households that are less connected, to which information about employment opportunities flows less freely. Among the
characteristics of the households of origin, particular importance is attached to a set of variables that measure its economic status. These include the monthly income those left behind, the number of durable assets; ownership of house, and amount of land owned. It is expected that migrants originating in poorer households, as measured by these variables, will be more likely to remit and to send larger amounts to support their kin left behind, if, as previous research suggests, migration of family members is a survival strategy for poor households (Garip, 2008).

Also, one can reasonably expect that migrants with a spouse and children left behind are likely to remit more because of their kin’s basic needs. Several studies found that the number of children at home had a positive effect on both the propensity to remit and the amount of remittances (Johnson and Whitelaw, 1974; Lucas and Stark, 1985; Massey and Basem, 1992). According to Hugo (1995), the evidence available from Indonesia showed that remittances acquired from international labour migration were primarily used for the acquisition of land and housing improvements. Children's education was another important use of remittances (Hugo, 1995). Therefore, individuals' likelihood of remitting decreases or increases with the socio-economic status of their household, potentially because socio-economic status signifies employment opportunities, as well as a form of wealth, in the origin, which provides an alternative to migration (Van Hear, 2002). While some families even sell parts of their belongings to sponsor one of their members. This investment, which involves many different people, is made only for family members who have proved to be responsible and reliable persons. In return, the parents expect that the migrants will later remit to take care of them and other family members e.g., their younger siblings (Van Hear, 2002).

METHODOLOGY

The study that informed this article was conducted in 2017 in Ibadan, the capital city of Oyo State, South-western Nigeria. Ibadan is one of the populous urban centres in Africa (Akanle, Adebayo and Busari, 2014).

However, Ibadan is also among the most traditional cities in Africa with a population of 5,591, 589 (National Population Commission [N.P.C.], 2010). It is the third most populous city in Nigeria, after Lagos and Kano. Ibadan is fast modernizing to suit the rate of growth and development of the 21st century especially as the city is very close to Lagos State - the fastest evolving Mega City in Africa (Akanle, Adebayo and Busari, 2014). Ibadan is 128 km inland northeast of Lagos and 530 km southwest of Abuja, the federal capital of Nigeria, and is a prominent transit point between the
coastal region and the areas in the hinterland of the country. Ibadan has a total area of 1,189.2 square ml, density of 2144.5/sq ml and metro density 647.5/sq ml. it is the largest geographical area in Nigeria (Ogunremi, 1998; and Areola, 1994).

The study population comprised parents/guardians, spouses, children, siblings, uncles, aunts, cousin, nephew, niece and friends of migrant(s) who are remittance recipients. The choice of this category of interviewees was based on the objective considerations of their peculiar In-depth knowledge of remittances sent by their kin migrant(s). A Descriptive Research Design was adopted for the study. The method of data collection was purely qualitative - In-depth Interviews (IDIs) because the subject matter of the study focuses on making sense of meanings kinfolks attach to remittances received. This involved 40 purposively selected interviewees who are either parents/guardians, spouses, children, siblings, uncles, aunt, cousin, nephew, niece and friends of migrant(s) who are remittance recipients from four locations in Ibadan-North Local Government Area namely; the University of Ibadan (UI), Old Bodija/Bodija Estate, Sango, and Ikolaba. The choice of these locations was based on objective considerations; as they are part of the most urbanized and populous areas in the local government areas in Ibadan where we got a considerable number of persons who have relative(s) who migrated abroad. 10 Interviewees were selected from each of these locations.

DATA PRESENTATION

Table 1: Summary Socio-Demographic Characteristics of Interviewees

<table>
<thead>
<tr>
<th>SOCIO-DEMOGRAPHIC CHARACTERISTICS</th>
<th>Number (40)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status/Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Self-employed/Entrepreneur/Businessmen/Trader</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td>Civil Servant</td>
<td>09</td>
<td>22.5</td>
</tr>
<tr>
<td>Private Sector Employee &amp; Others (specify)</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>21</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Age</td>
<td>21 – 25</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>26 – 30</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>31 – 35</td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>36 – 40</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>41 – 45</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>46 – 50</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>51 – 55</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>56 – 60</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>61 and above</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Divorced/separated</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Highest Educational Level</td>
<td>Primary</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Secondary/B.A./B.Sc./LLB in-view</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Religion</td>
<td>Christianity</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Islam</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>Traditional</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hausa</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Igbo</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>Yoruba</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: Data from authors’ Fieldwork, 2017
As shown in Table 1, the socio-demographic data on interviewees’ employment status/occupation shows that majority 40% (16) of the interviewees were self-employed; entrepreneur, trader, businessman/businesswoman, fashion designer, hairstylist, caterer/social worker. 25% (10) of the interviewees were employed in private sector and other occupations such as fulltime housewife. 22.5% (09) of the interviewees were civil servants; government employees. 12.5% (05) of the interviewees were students. During the course of the interviews, majority of the interviewees who are self-employed believed remittances help to boost their businesses and provide support in times of need. While those employed in government and private sectors opined remittances augment their earnings and assist them to meet their needs.

The distribution of the interviewees in relation to sex shows that 52.5% (21) of the interviewees were males while 47.5% (19) of the interviewees were females. This shows that both sexes were well represented to a very large extent though they are not equally distributed which is not one of the aims of the study. The result on marital status indicates that 62% (25) of the interviewees were married, 35% (14) were single and 2.5% (01) was widowed. The inference from the marital status is that the marital status of the interviewees affects the remittance behaviour of their kin migrant and the interviewees’ migratory tendency as well. The educational qualification shows that 12.5% (05) of the interviewees had secondary education and are currently pursuing their B.A., B.Sc., LL.B. and others, 87.5% (35) had tertiary education which include NCE, ND, HND, Bachelor degrees holders, Masters degrees holders and Ph.D. holders. Majority of the interviewees are highly educated as they have higher educational attainment and this was seen in their perception of international migration and remittances received from their kin migrant(s) as well their migratory tendency.

The next variable considered was the age distribution of the interviewees. The result shows that interviewees who were between 21 – 25 were 15% (06); also, 15% (06) of the interviewees were between the age range of 26 – 30; those between the range of 31 – 35 constituted 17.5% (07) and this was the highest within the age distributions; 15% (06) of the interviewees were between the age ranges of 36 – 40; 7.5% (03) fall under the age range of 41 – 45; 7.5% (03) also fall under the age range of 46 – 50; those between the range of 51 – 55 constituted 10% (04); 2.5% (01) of the interviewees were between the age range of 56 – 60 and those between age range of 61 and above constituted 10% (04) of the total interviewees. This implies that economic wise, majority of the interviewees were within the active age of economic production and they are actually engaged in one economic activity or the other. The inference from the age distribution and
remittance was that older kinfolks receive remittances more often than the younger ones.

With regards to religion, 87.5% (35) of the interviewees were Christians while 12.5% (05) of the interviewees were Muslims. With regards to ethnicity, 12.5% (05) of the interviewees were Igbo, 75% (30) of the interviewees were Yoruba, and 12.5% (05) of the interviewees were Esan, Ibibio, Anang, Urhobo, Edo. This implies that majority of the interviewees were Yoruba. This was due to the fact that the study was carried out in Ibadan, though a cosmopolitan state is a predominant Yoruba city in the southwestern Nigeria. It should be noted however that this study was unable to get any Hausa participant within the area of the study.

FACTORS THAT INFLUENCE THE KIND OF REMITTANCE RECEIVED FROM MIGRANTS

Studies on the demographic characteristics of migrants’ households as predictors of remittance behaviour of emigrants are copious in Africa and Nigeria in particular to some extent (Piotrowski, 2009; Stark, 2009; Afaha, 2013; Vullnetari, 2009; VanWey, 2004; Fleischer, 2006; Garip, 2008; Van Hear, 2002). Findings from this study are largely consistent with earlier studies in terms of level of relation to the migrant(s), frequency and obligation to remit to kinfolks at the origin country. However, this article went beyond these known narratives by examining factors that influences the frequency and kind of remittance migrants send to their kinfolks left behind. This is a relatively new contribution to scholarship on this subject (Akanle and Adesina, 2017). Interviewees related personal and kin’s experiences of how often they receive remittances and why they think their kin migrant(s) remit to them. Parents, spouses and children of migrants receive remittances more frequently (monthly and irregularly) than siblings and other relatives. In other words, aside the monthly obligation to parents, spouses and children, any time there is specific need to be met, migrants sends money or whatever that is needed (see also Johnson and Whitelaw, 1974; Lucas and Stark, 1985; Massey and Basem 1992; Hugo, 1995). For example, a returnee and a pensioner whose children are all in the United States provided the following in an In-depth interview session:

“When my car was bad, my children sent me a new vehicle and they send me money monthly. They remit to me because I am their father; family responsibility. This is Africa. You are your brothers’ keeper, the family’s keeper in Africa unlike Europeans who don’t care about their family.” (IDI/Male/78 years/Pensioner & Returnee/17th November, 2017)
Another interviewee whose husband is in the United Kingdom observed:

“I receive N30, 000 monthly. He sends clothes, shoes, kitchen utensils, house equipments and anything that we ask of him. He sends us things because we are members of his family.” (IDI/Female/38 years/Fulltime housewife/11th November, 2017)

Similarly, a 21 year old undergraduate student of the Unibadan whose father is in the United States in line with the above response shared her experience:

“My dad sends money for my up-keep, clothes, shoes, phones, laptops, bags etc. My allowance is monthly, but material items are irregular (whenever he sees somebody coming home he sends material items). Money has always been through Western Union Transfer. He remits to me because he is my dad.” (IDI/Male/21 years/Student/18th October, 2017)

In related view, a fashion designer whose younger brother is in Dubai observed:

“I receive money, clothes, shoes, bags, toys (for my kids) and so on irregularly. For my mum he sent her money every month. He remits to me because am his blood. Even if I did not ask him to send anything to me, he is supposed to assist me even though I am married. Before he migrated, we were all roughing it together; he knows the situation back at home. So if he is making it over there and he is not sending anything home I will not be happy because it means that he migrated and forgot his family.”

(IDI/Female/36 years/Fashion designer/businesswoman/14th August, 2017)

Aside remittances to migrants’ nuclear kin, migrants also remit to their extended kinship networks. Interviewees also gave instances of remittances from their uncles, aunts, nieces, nephews, cousin, in-laws and so on. However, the frequency and nature of what is remitted differs. For instance, an interviewee whose cousin is in Canada said:

“I have received $10, 000 once and that was because I needed it to pay my fees when I was doing my Masters. Every other thing is cloths and gadgets.” (IDI/Female/21 years/Student/3rd August, 2017)
A businesswoman whose aunt is in London also had explained that:

“…She sends toys (which I sell), kitchen utensils and shoes. For the business items (toys) twice in a year while for other items, whenever she sees people that are coming home she sends gifts through them. I think she remit to me because it a business opportunity for her as well because after selling the toys I send the capital back to her.”

(IDI/Female/35 years/businesswoman/4th August, 2017)

It is evident from the above excerpts that the frequency and kind of remittances migrants send to their kinfolks left behind is highly predicated on the level of relationship to the recipient in their kinship networks and the needs of the recipients. For example, remittances for upkeep of parents, spouses and or children are usually sent monthly by the migrant(s) as their responsibility based on the level of the kinship network that exist amongst parents, spouses and children.

This is so given the kinship ethos for husbands to provide for their wives and children, and children to take care of their aged parents in Africa and Nigeria in particular. Remittances become a survival mechanism and kinship network bond for some kin and for the migrants (Akanle and Adesina, 2017b). On the other hand, migrants also extend their remittances to extended kin.

This is so given the deep-seated socio-cultural social ties amongst kin in Africa and specifically Nigeria; migrants remit as well to their siblings, uncles, aunts, nieces, nephews, cousins, in-laws, friends and so on though the frequency and nature of remittance may differs. From the data above, it can be deduced that though migrants remit to their kin because it is part of Africans way of life to show care and love to ones kin, it was also observed that the level of relations (either as wife, husband, child, parent, uncle, aunt, cousin, nephew, niece, in-law and so on) of the interviewee to the migrant, his or her occupational status also determine the nature and propensity of remittance behaviour of the migrant. These findings are consistent with those of Johnson and Whitelaw, (1974); Lucas and Stark, (1985); Massey and Basem, (1992) who also found that migrants with a spouse and children left behind are likely to remit more because of their families’ basic needs. Several studies found that the number of children at home had a positive effect on both the propensity to remit and the amount of remittances. It is also evident that obligations to family of procreation; the migrant’s immediate family will trump obligations to family of orientation; extended family. Migrant(s) remit to their extended family irregularly while the migrant remit to his or her family procreation regularly and more frequently.
Social Constructions of Remittance among Kinfolks Who Receive Remittances

Just as the frequency and kind of remittances received by kinfolks left behind are different, so are the meanings remittance recipients (kin) attach to remittances received differs. It is therefore important to examine the social constructions; that is, meanings remittance recipients derive from what is being remitted. These meanings are socially constructed based on the socio-demographic characteristics and expectations of the recipient/interviewee and also his/her relations to the migrant. However, it is important to note that the meanings attached to remittances are not mutually exclusive, that is, several meanings can be attached to a particular kind of remittance by an individual. In other words, remittance can be a survival mechanism, a sign of love or care as well as economic/business investment opportunity to a particular recipient. While to some other recipients, remittance may just be either a survival mechanism, a sign of love or care, or business investment opportunity and so on. For instance, a professor of economics during an In-depth interview session observed:

“May be because of my level it may be biased, to me it’s (remittance) a show of love and connection because the reason for remitting is not to empower me. I see it has an investment, because I have cared for them for years. Therefore, should be an obligation if they are grateful.” (IDI/Male/55 years/Professor of Economics/1st August, 2017)

A researcher, in a related view of the above, gave his own meaning of remittances received:

“She remits to us because she loves us because she can’t just remit to anybody. It is just a normal thing because it is not like we are dependent on it. It is once in a while when you see some stuff or gadgets that you know you can’t get the original one in Nigeria. I can ask her to get it for me and she will just decide to pay for it. So it is more of a show of love to me and other members of my kinship network because at least, she is not as rich as most of my family members who are here. She is just trying to survive.” (IDI/Male/26 years/Researcher/5th October, 2017)

Aside the meaning of love which is embedded in the notion that the remittances received are not to sustain the recipients but show that the migrant(s) care and that he or she has not forgotten his/her kinfolks left
behind, there are other meanings that are laden with socio-cultural and kinship norms. A civil servant gave the following information during an In-depth interview session:

“Remittances mean a lot to us. It gives us joy, happiness, it brings unity and make the family bond to be stronger. It also assures us that out of sight is not out of mind. It is part of their responsibility because in Nigeria, you help your family members when you have. Also, when they ask us to send some things to them, we send them garri, yam flour and other food items. There is a proverb in Yoruba which says; “omo oko ti o je buredi, a fi isu ranse si ile” (the villager that wants to eat bread must send yam to the town so the town people can send him bread). I think my relatives abroad owe me responsibility because he is my brother. If things are going well with him he should help his family. We are Africans we cater for the extended family not just our immediate family and also because there is love in sharing. When you share things with your family members it makes the love in the family to wax stronger.” (IDI/Male/40 years/Civil servant/15th August, 2017)

Contrary to the above, another interviewee; a civil servant also sees remittances as show of love but not a responsibility of the migrants:

“It (remittance) is also a show of love as well in the sense that they decided to send money to us to support ourselves without us asking. Even though they are my siblings they don’t owe me any financial obligation to sent remittance because I can’t put my burden on them. They remit on their own based on what they are hearing and see through internet of how civil servants are not being paid salaries and therefore send things at different times because they care. If there is any family occasion (social event) that brings all of us together in the extended family, we inform them in order for them to have a say and be part of what is going on, they send their own contributions.” (IDI/Female/49 years/Civil servant/7th August, 2017)

Findings from the study also show that some recipients live on the money that they receive as remittance. A fulltime housewife of a migrant gave the following information:

“For me and his mother, he sends remittance monthly and anytime. For me and grandma, remittance is a survival mechanism because that is what we live on. For me I
collect salary from him every month as if I am working. For his sisters and other members of the family he also sends them remittance once in a while.” (IDI/Female/38 years/Fulltime housewife/11th November, 2017)

Some other interviewees see remittances as business investment opportunity both for themselves and the migrant. This is because they have been able to invest in a particular line of business as a result of the kind of items that is being remitted.

One of the interviewees constructed the meaning of what she has received from her kin migrant in the following way:

“For me remittance is ‘Sha gba’ (just take) and stop disturbing me. Because most times when they see calls from Nigeria they don’t bother picking it because they think I want to ask for money from them.” (IDI/Female/40 years/hairstylist/4th August, 2017)

From the ethnographic summaries above, the meanings remittances recipients construct out of remittances receive are not mutually exclusive; rather they are mutually inclusive and intertwined. Remittances are socially constructed to mean a show of love and care, support, survival mechanism, investment opportunity and so on. Migrant’s kinfolks at the origin country rely on migrant remittances for support in the event that local economic conditions deteriorate and activities at the origin fail to bring in sufficient income. The findings of this study are consistent with those of Lucas and Stark, (1985), Stark, (1991), that remittance as “household income, investment capital, life-saving assistance”. This is also in line with Carling, (2008); and Lindley, (2009) they see the remittance practice as a multidimensional entity. They view remittance as "a social obligation, a sign of love, a token of power, finance, a business opportunity, macroeconomic inflow".

The Interface of Remittance and Kin’s Migratory Tendency.

In order to adequately comprehend the interface of remittance and kin’s migratory tendency, the study first examined the impacts of remittance on the recipients and their kinship ties as well as the migratory tendency of other kinfolks at the origin country. An interviewee whose elder brother is in London observed:

“He (the migrant) is planning on taking me and two of my brothers to London. Also, our mum has been to London twice to take care of his kids. Before, we were living in Okoro where we were paying N150, 000 for rent and later the rent was increased to N200, 000. He thought of putting that money into the building at Ologuneru and last December, we moved into...
our own house that was single handedly built by my elder brother for the family. He sent a car that takes my mother to anywhere she wants to go to. My siblings and I also make use of the car when we need it. Remittances have increased the way we rapport.” (IDI/Male/41 years/Security man/11th November, 2017)

In a similar light, another interviewee; entrepreneur and boutique owner whose husband is in Angola observed:

“There are situations when they (migrants) intervene financially in the lives of members of the larger kinship group. They also extend remittance to relatives; uncles, nephews, cousins and so on. And sometimes, sponsor some of them; pay their school fees. Sometimes, extended relatives would call that they need money that they want to go into business that they need assistance and the migrants will give assistance. ...Is it that peanut that you gave me? In any case, if you had not given me, I would have still made it.” (IDI/Male/55 years/Lecturer/19th November, 2017)

Having examined the impact of remittance on recipients and their social ties/relations, the responses of majority of the interviewees show that remittance has made them to live a more comfortable life in terms of financial support from the migrant, some of the interviewees have been able invest in business, some other to further their education through remittance from their kin migrant, few have received cars from their kin migrant and so on. However, majority of the interviewees also said the migrant has been able to acquire land and build house(s) while few interviewees said their kin migrant has been able to build a family house for their kin group. These findings are consistent with those of Akanle and Adesina (2017); Isiugo-Abanihe and IOM, (2016). As regards remittance and kin’s migratory tendency, it was found that it is not the remittances that they (interviewees) have received that made them desirous of migrating abroad. Rather it is the way of life in the western world; better opportunities in terms of job, education, basic social amenities, social welfare and so on compared to what obtains here in Nigeria. A professor of economics during one of the In-depth interview sessions noted:

“Remittances do not make me desirous of traveling abroad, but I may be an exception because I travel a lot but I do not intend to migrate to have a permanent residence. The quality of life in the western world is not comparable to the quality of life here (Nigeria). There
are facts and figures to the extent that if you do proper migration, the allowance that you will get from state when you don’t have employment is more than what a worker here is struggling to earn at the end of the month. Beyond that, looking at social, economic and security infrastructure, some of them (western countries) have insurance for health so the people do not need to worry if ‘I am sick tomorrow, how do I take care of myself’. Housing; ‘if you don’t go beyond your boundary, you will still get a roof over your head, you don’t need to dig bore-hole because you need water, and you don’t need a generator and so on. … If we can develop our own system to be comparable to the system in the west, migration will reduce. Remittance has not made me to encourage people to migrate as well. Anytime/any day I will preach to people to stay here (Nigeria) and let them know that they can make it if they are hardworking.” (IDI/Male/55 years/Professor of Economics/1st August, 2017)

Whereas, it was also found that to some extent, remittance foster migratory tendency among kin’s of migrant. An interviewee had this to say:

“Yes to some extent remittances have made me to encourage the migration of other kinfolks because since the person I have over there is sending things even I myself would want to migrate if there is a way. If for instance, you have somebody here who is working and in a year or two he has not been able to say take one kobo or even send money to his parents or siblings but somebody who traveled abroad is doing that, it is enough to encourage somebody to migrate.” (IDI/Female/45 years/Caterer/Social worker/12th October, 2017)

Having examined the interface of remittance and kin’s or recipient’s migratory tendency, the responses of most of the interviewees show that it is the way of life; to wit; basic social amenities, welfare system, a system of governance run on strict rules and regulations rather than favoritism, corruption and so on in the western world that is fostering the desire to migrate. Some others argued that what migrants send home from time to time and the kind of life they display when they come home during festive period are evident of how they are doing well abroad. Therefore, they would encourage anybody who has intention of migrating because those they know that have migrated are doing very well. However, one of the interviewees also argued that life is not easier in the western world compared to Nigeria because migrants abroad are working really hard to earn their pay and pay
their bills and it is because of the exchange rate that is making what they are earning look big in Nigeria.

DISCUSSION OF FINDINGS AND THEORISATION

A combination of Social Action Theory and Social Exchange Theory are relevant to this study because migrants’ remittances are laden with meanings subjected to thought process of cost and benefit analysis. Migrants’ remittances are not just reaction to external stimuli (social facts) and that remittances can be explained in terms of cause and effect (Haralambos, Holborn and Heald, 2004). Migrants remit by defining situations and giving meanings to what is being remitted just as the kinfolks left behind also derive meaning from remittances. This is possible through the interpretive understanding which occurs only when the parties involved in social relations ascribe meaning to each other’s action (Omobowale and Adegoke, 2013). Social action therefore, is any action carried out by an individual or group of individuals which they; the actors attached interpretive meaning to. According to Haralambos, Holborn and Heald (2004), social action is also an action that takes in account the existence and possible reactions of others. It is pertinent to state that not every action is social especially if the action did not emanate from the subjective and conscious thought of the actor. An action is social when individuals are acting with others in mind.

Social action is that action that has subjective meaning built around the conscious thought of the actor, which is oriented to the reaction of others (Enaikele, 2013). Social action may be oriented to the past, present and expected future behaviour of others. It may be fostered by gratitude for a past kind act, reprisal for a past act of aggression, guard against the present or future aggression (Enaikele, 2013). On the other hand, Social exchange theory emerged out of the philosophical thrust of utilitarianism, behaviourism and neoclassical economics (Alexander, 1990; Cook, 2000). The guiding principle that guide people in exchange relations is the principle of reciprocity. Social exchange theory is based on the principle that one enters into relationships in which one can maximize benefits and minimize costs. Social exchange theory posits that people enter into relationships or interact with others with self-interest at the back of their minds (Thomas, 1995, Thibaut and Kelley, 1959).

The sending and reception of remittances is based on the meaning(s) attached to what is being remitted or received (see also Akanle, Fayehun, Adejare and Oroeme, 2019). It is the meaning attached to remittance that will determine the behaviour of migrants to remit. That is, how often and eager migrants will be to remit to their kinfolks left behind. For instance, migrants from low socio-economic background, who remit in
order to meet family needs and invest in business, will remit more often than migrants from high socio-economic background who can afford what

is being remitted. However, remittances are also appreciated among high status family as it is perceived as a show of affection and love. For instance, a migrant from a low-status family, and if status at origin matters to the migrant and his family, remittances can be utilized as a status-elevating technique.

In such cases remittances is seen as a means of social mobility and status attainment for migrant who intends to elevate the status of his or her family while the family at home perceive the remittances as expected obligation more than attaching the meaning of love to the remittances sent home by the migrant. One reason why migrants’ remittances are so often channeled into improved housing is that a superior house is an unequivocal measure, or statement, of status yielding success, suggesting that the incentive to migrate in the first place was to acquire high status. On the other hand, migrant from high-status family, remittances to the household is more of exchange of affection since the migrant most often stands on the shoulders of his or her kin group in establishing his or her self in the area of destination.

Contextualizing this with social exchange theory, remittance creates a sense of belongingness and kinship networks that mobilize and sustain support both in the country of origin and destination. Exchanges of money, goods and assistance among kin are influenced by the intertwined lives of individuals and their kinship network. The decision of member of a kinship network to migrate is based on the economic calculation of the costs of migration (e.g. foregone family investment, travel expenses, helping the migrant during periods of unemployment) and benefits of migration (e.g. regular remittances, investment in local income generation, anticipated assistance during times of particular hardship). Thus, anticipated remittances are part of the migration decision, part of an implicit contract between the migrant and the remaining family.

International migration and remittances by migrants to their kinfolks at home is a bonding factor with unspecified obligations (unlike economic exchange) and the nature of the return cannot be bargained and remittances tends to engender feelings of personal obligation, gratitude, trust, love, strengthening social ties/bond and diffuse future obligations (see Akanle, Fayehun, Adejare and Oroborne, 2019). This is based on the interpretive understanding of what remittances mean to the actors in a particular kinship network. Moreover, migrants abroad are expected to take care of other relatives (especially younger siblings) in helping them to migrate to developed nations (Fleischer, 2006). In term of the cost and
benefit of remitting is that the migrant expect that their remittance will foster further affection and love with their kinfolks at the origin country and will result in a very close-knit kinship group (Hassan, 2014). Also, the benefit of remitting involves relatives acting as stewards of investments in the country of origin (reciprocal interactions). The migrant may, however, have assets that he wishes to preserve or retain control of and send his relatives money to do this. The cost of not remitting might also result in a weak kinship group.

CONCLUSION

Every member of a kinship network does not receive the kind of remittance from their kin migrant(s). The frequency and nature of remittance received is based on the level of relations to the migrant as well as the need/purpose the migrant is remitting for. Documenting the factors that influences the kind of remittances kinfolks receive is one of the main contributions of this article; most previous research emphasized the socio-economic status of migrants’ household as the main determinant of remittance. Given the findings from the study that inform this article, it is possible to conclude that the frequency and nature of remittance from international migrants to their left behinds is based on the level of relation to the migrant and also based on what the remittance is meant for. It was found that parents, spouses and children of migrants receive remittances more frequently (monthly and irregularly) than siblings and other relatives. That is, aside the monthly obligation to parents, spouses and children, any time there is specific need to be met, migrants sends cars, money to buy land or house, start up a business and or whatever need that is to be met. Also, remittance to spouses, children and parents are more substantial than those sent to siblings and other relative in the migrants’ kinship network.

Remittance recipients attach meanings to what is being remitted. These meanings are socially constructed based on the socio-demographic characteristics and expectations of the recipient/interviewee and also his/her relations to the migrant as well. While parents, spouses and children see remittances as the responsibility of the migrant, other relations in the kinship network may not perceive remittance as such. We found that the meanings attached to remittances are not mutually exclusive, that is, several meanings can be attached to a particular kind of remittance by an individual. In other words, remittance can be a survival mechanism, a sign of love or care as well as economic/business investment opportunity to a particular recipient. While to some other recipients, remittance may just be either a survival mechanism, a sign of love or care, or business investment opportunity and so on.
Particularly noteworthy is the finding that kin’s migratory tendency does not emanate totally from the frequency, nature and social construction of remittances. Rather, kin’s migratory tendency is also as a result of the way of life in the destination countries and how these societies are organized; economically, politically and socially. This is because a system where the benefit of hard work can be appropriated to attain social mobility will always pull immigrants. Given the finding that kin’s migratory tendency in Nigeria goes beyond remittances received from migrants, but also due to the way of life and how most developed nations are organized, it is recommended that the government should improve on the provision of basic social amenities, security, social welfare, enforce constitutionalism, encourage meritocracy against favourism, nepotism and corruption and so on to encourage migrants to return and stay at the origin country and help boost the economy through their investment.
REFERENCES


Fleischer Annett 2006. Family, obligations, and migration: The role of kinship in Cameroon Max Planck Institute for Demographic Research (MPIDR) Rostock, Germany.


Maternal Education and Under-Five Mortality among Urban Poor in Nigeria

Olufunke A. FAYEHUN,
Adegoke MAJEKODUNMI
Aboluwaji Daniel AYINMORO*

Department of Sociology, Faculty of the Social Sciences
University of Ibadan, Nigeria

*Correspondence: boluwajidaniel@ymail.com

Abstract

The death of children under the age of five still poses a serious challenge to the socioeconomic development of less developed countries. Studies on under-five mortality (U5M) have over the years observed the differentials across regions, countries and other geographical locations and groups. However, these studies may have underestimated the need to disaggregate the prevalence rate of under-five deaths among urban poor and non-poor vis-à-vis education of the mothers for proper health planning for the children. This study therefore, examined the effects of maternal education on U5M among urban poor in Nigeria. Social determinant of health framework (SDoHF) was adopted as theoretical framework, while Nigeria Multiple Indicator Cluster Survey (MICS) 2016/17 dataset was used for the analysis of the study. The retrospective birth recode file of the dataset was generated from women who gave birth five years that preceded the survey, which gave a total of 3,709 live births. Data was analysed using direct estimate of U5M and logistic regressions at p≤0.05. The results revealed that U5MR was higher among mothers who had no formal education than their counterparts who had attained formal education. Higher educational levels of mothers significantly increased the chances of under-five children survivability. The geopolitical region, maternal age and child’s birth order among others were significantly related to U5M. Intervention programmes should be channeled towards women empowerment, while emphasizing on policies that will promote women’s higher educational attainment.

Keywords: under-five mortality, maternal education, urbanization, urban poor
INTRODUCTION

The burden of under-five mortality poses a serious challenge to the social and economic development of countries in sub-Saharan Africa (SSA) (World Health Statistics, 2018). Although, there has been a reduction in under-five mortality rate (U5MR) in SSA from 182 in 1990 to 76 deaths per 1000 live births in 2017, this estimate undermines the target of the Sustainable Development Goal 3 (Target 3.2) to reduce U5MR to at least as low as 25 deaths per 1,000 live births by the year 2030 (SDGs, UN, 2015; UN-IGME, 2018). This high burden of 1 out of 13 under five children dying mostly from preventable and treatable causes is excessive compared to high income countries where under five deaths occurred in 1 out of 185 (UN-IGME 2018).

Studies have also shown that pneumonia, diarrhea and malaria still remain the leading infectious diseases causing majority of U5M in West, Central and sub-Saharan Africa (World Health Statistics, 2018). For example, pneumonia and diarrhea account for 17 and 10 percents of U5M, while malaria accounts for 13 percent of the deaths in SSA (UNICEF, 2015). While it is acknowledged that infectious diseases account for the largest cause of U5M in SSA (World Health Statistics, 2018) the environment and the socio-economic status (SES) to which children are born affect their survivability (Zainal, Kaur, Ahmad, & Khalili, 2012; Adedini et al., 2015; Arku et al., 2016; Beatriz, Molnar, Griffith, & Salhi, 2018).

Although the rate of U5M in the rural areas are 1.7 times higher than in urban centers and 1.9 times higher among the poor than the rich (UNICEF, 2015), it is believed that there is need to look beyond the rural-urban differentials when comparing the group that are most affected with this epidemic. Due to the influence of rural-urban migration in most less developed countries (LDCs), urban expansion has become a common demographic phenomenon in the cities. One of the consequences of this expansion is the growth of urban slums and suburbs (Adekola, 2016), particularly in high mortality rated countries. In regard to this, there is a wide disparity in U5MR between the poor and the rich in urban centers. Again, the emergence of slums in low income countries has led to a larger proportion of urban dwellers living in harsh conditions (Siddiqui et al., 2016; Gruebner et al., 2017), which indicates a likelihood of impacting negatively on the survivability of children below the age five in such environment.

This suggests that apart from the medical causes of U5M in many LDCs, “there are likely social determinants of health within and across different countries that influence health inequities due to the conditions in which people are born, grow, work, live, and age” (WHO, 2012, p. 1). As a
matter of fact, these conditions are shaped by different forces and systems which ranged from economic policies, and political systems to social norms (Marmot et al., 2008). This also implies that social forces (environment) of child health such as maternal education (Caldwell, 2009; Afnan-Holmes et al. 2015; Adeolu, Akpa, Adeolu, Aladeniyi, 2016; Bohra, Benmarhnia, McKinnon, & Kaufman, 2016), residence (Kingsley, Isiugo-Abanihe, & Chidi, 2017), income and wealth (Edomwonyi, 2016), as well as ethnicity (Fayehun, & Omololu, 2011), play substantial role in determining children’s chances of surviving their early days and years.

To be more specific, numerous studies have found that mother’s level of education is a significant socio-economic factor on child mortality, which determines to a large extent the knowledge and appropriation of adequate and beneficial health care measures on children while taking advantage of the available health care services (Semba et al 2008; Caldwell, 2009; Fayehun, & Omololu, 2011; Ayinmoro, Fayehun, & Ogunsemoyin, 2019). Shiva and Dashti (2017) also noted that the education of mothers is a critical factor that influences family health, especially the health of the child, both in LDCs and among poverty stricken populations, as well as, in urban areas with access to basic health care facilities.

While it is understood that most urban centers have healthcare facilities (Shiva, & Dashti, 2017); inequalities exist in their accessibility (Gruebner et al., 2017) especially among the urban poor. More worrisome is that urban poor are perceived to be at a great disadvantage in assessing the basic and needed health facilities that abound in most urban centers (Unger, 2013). There is the belief that there is an indefinitely extensive gap between the richest and the poorest in LDCs where there is high child mortality rate due to the rising urbanization and emergence of urban slum settlements in the cities (Siddiqui et al., 2016; Gruebner et al., 2017; UN IGME 2018).

The growing influx of people into cities has resulted into differentials in the rate of U5M between the rich and the poor. Most of the poor end up in places that are devoid of the basic social amenities such as adequate school, health care system and electricity (Fink, Günther, & Hill, 2014). For instance, in a study on child growth in urban slums, Fotso et al. (2011) observed that due to lower educational attainment of mothers, there is no child health advantage especially mothers with primary educational attainment when compared to those who had attained secondary and higher educational qualification who at advantage in taking care of their children as it relates to nutrition and health care despite the prevalence of poverty and poor environment. This could be as a result of ignorance of the availability of these facilities and other medical interventions or lack of basic knowledge in taking advantage and maximizing these interventions even when they are well informed about them through the various media of communication.

This paper, therefore, seeks to understand how the duo of maternal education and urban residence, as proxy for socio-economic status (SES) affects the survival chances of under-five children among disadvantaged urban poor in Nigeria. This is given that Nigeria is one of the top six countries in SSA with the burden of U5MR, and has an estimate of 109 deaths per 1000 live births as at the end of 2017 (UN IGME, 2018). Several studies in Nigeria have also substantiated the fact that most child’s death in the country are attributed to the presence of preventable diseases as well as environmentally induced ill health among different social groups (Fayehun, & Omololu, 2011; Olofin et al., 2013; Adewemimo et al., 2017). This paper extracts urban poor sub-group from a national representative dataset to assess how maternal level of education affects U5MR in Nigeria.

THEORETICAL FRAMEWORK

The social determinant of health framework (SDoHF) is utilised for this paper. The framework is premised on the fact that the occurrence of diseases and deaths in a population is as a result of inequality in the distribution of the social and economic determinants of health in the society (WHO, 2012). These determinants include income, ethnicity/race, education, employment, housing, and the environment among others (Logie, 2012). The framework is of the view that inequality experience in the distribution of social and economic determinants of health produced inequities in health outcomes among the people living in a given population (Graham, 2000; Logie, 2012). It is also premised on the fact that the conditions in which people are “born, grow, live, work and age are shaped by the distribution of income, power and resources both at global, national and local levels, which determine their health outcomes” (Magnan 2017; WHO, 2012).

According to Magnan (2017), there are five basic things about social determinants of health which are stated as thus:

**That medical care is insufficient for ensuring better health outcomes:** It is believed that although there are insufficient provisions of medical care in the population of less developed societies, the proportion of those who are affected by health-related behaviours including socioeconomic and environmental factors are far higher than the insufficient provisions of medical care in the population. This is because those with unfavourable socioeconomic and environmental conditions are assumed to be of higher risk of morbidity and deaths than those whose social and economic conditions are favourable before seeking medical care from health facilities especially among under-five children who are more vulnerable to the risk of deaths in their environment than other categories of people.
That SDoH are influenced by policies and programs, and associated with better health outcomes: Magnan (2017) posited that SDoH are influenced by the interactions of policies and the environments. In view of these interactions, socioeconomic conditions that shape and reshape health outcomes in the population are affected. For example, the policy of no tobacco smoking in public places is to avoid its effects on second-hand smokers. This policy may not only reduce the risk of under-five deaths in public places but also in the households. What this means is that before the actual seeking of medical help in the events of disease occurrences among under-five children that may lead to death, there would have been preventive measures that will guide the occurrences of such diseases in the society.

That new payment models are prompting interest in the SDoH: The new payments models such as the National Health Insurance Scheme (NHIS) for under-five children relative to immunization programmes, are actually designed to improve the health outcomes of the children, consequently leading to reduced U5MR in the population. This implies that the costs of medical care coupled with the new payment models for medical care among children under the age of five greatly influence the health outcomes following the effective implementation of the programmes in the country. This mode of payment for health care services are geared towards reducing the cost burden of the mothers of under-five children in seeking medical help from skilled health professionals. However, despite the implementation of the programmes, the awareness and utilization of such programmes lie on the knowledge of mothers about the programmes which is assumed to be acquired through education.

That the frameworks for integrating SDoH are emerging: In order to yield desired health outcomes in a population, it is assumed that the SDoH framework is integrated into primary care. In other words, all programmes initiated for children under the age of five are expected to be implemented without discrimination whether by place of residence, ethnicity, income level, and socioeconomic status (SES) among others. By this, all barriers to utilization of medical care by the less privileged in the population as well as the most vulnerable populations such as the under-five children will be eliminated.

That experimentation is occurring at the local and federal level: The SDoH explores all connections among health care providers including the nonmedical needs of patients (such as food, housing, and transportation) with the assumption that their health outcomes will improve rather than focusing more on the medical care among patients. This suggests that adequate provisions of food supplements, housing and conducive environment for under-five children by their mothers will influence their well-being. The unequal distribution of these needs especially among the urban poor may affect their health seeking behaviour for the under-five children when compared to those who are
privileged to have more access to these needs.

According to Braveman et al. (2011), the key role of SDoH framework is to reduce persistent disparities in health outcomes in the society, which have been closely linked to differences in social, economic, and environmental factors. These reductions in inequalities may cut across conditions that give rise to poor attendance at school, homelessness, marginalization, unemployment, access to recreation centers, and good foods. These would help improve the key health behaviours among mothers while advancing positive health outcomes for under-five children in the society.

As Anglin et al. (2013) argued there are social and physical conditions in the environment especially the condition to which “people are born, live,
participation largely determine health-related behaviour in all societies (Anglin et al., 2013). This follows that there is bound to be differentiated health outcomes in a given society where attachment to traditional and modern health care facilities are allowed to vary by social and economic variables.

However, given the health disparities resulting from inequality in the elements of social, economic and physical environments, Magnan (2017) suggested that investments in education has shown some promises on how health problems can be effectively mitigated through the mediating influence of education with other elements of the social environments. For instance, education will expose the knowledge of people and mothers in particular to avoid smoking in the environment where under-five children play around, immunize them appropriately against any disease, and keeping regular check-ups with their doctors as at when due (Healthy People, 2010).

It is also believed that the quality of education acquired by mothers of children in this age group will determine how safety measures can be undertaken in the environment they live, maintenance of clean environment safe for them, imbibing the culture of healthy food for under-five children, good ventilation, and the maintenance of high standard of hygienic environment for them regardless of the physical environment mothers are located. In this study, the level of educational attainment of mothers is the main socioeconomic variable of interest.

Maternal education has been observed in various studies as one main determinant of child health indicators and child mortality (Semba et al., 2008; Caldwell, 2009; Mulugeta, 2012; Behera, 2015; Shiva, & Dashti, 2017). Although urban poor may be at disadvantage of the use of urban health care facilities for the under-five children, we assume that the level of maternal education could still be a strong social factor that may influence the health outcome of under-five children, which could lead to a reduction in U5MR within this sub-group.

DATA AND METHODS

Secondary data from 2016/17 Nigeria Multiple Indicator Cluster Survey (MICS) was used for the analysis of this study having obtained permission from UNICEF MIC Team to download the dataset. The 2016/17 Nigeria MICS is the fifth in the series conducted in Nigeria. The sample and survey methodology are well detailed in National Bureau of Statistics (NBS) and United Nations Children’s Fund (UNICEF). The 2017 Multiple Indicator Cluster Survey 2016-17, Survey Findings Report is available at https://www.unicef.org/nigeria/media/1406/file/Nigeria-MICS-2016-17.pdf.
Data from household and birth history files were explored to describe the level of education of the mothers and U5M among a sub-group of urban sample using wealth index classification. The analytical sample is from those who live in urban area, classified as poorest and second level based on wealth index score and had given birth within five years preceding the 2016/17 survey. The analysis of this study was restricted to births in the last five years of the survey in order to ensure that maternal characteristics relate to current situation of things. Women’s sampling weight was applied to correct for over or under sampling of the analytical sample. A weighted total of 3,709 live births were specifically used for the analysis of this study.

In this study, the dependent variable is U5M measured by the question (BH5) on ‘child still alive’ - yes (1) or no (0). This variable was used to calculate direct estimate of U5MR among the urban poor in Nigeria from the MICS-2016-17 dataset. The main independent variable is maternal education, measured by the highest level of education. Other independent variables included in the study are indicated in Table 1 with their values.

Analysis of data involved descriptive statistics and logistics regression. The descriptive statistics include the use of percentage distribution tables and computation of direct estimate of U5M across different social, economic and demographic groups. Simple percentage was used to present the distribution of socio-demographic variables of urban poor. Direct estimate was based on the proportion of children who died within five years of birth per 1000 reported live births.

The logistic regression, on the other hand, was used to examine the effect of maternal education on U5M in order to establish a causal influence between different background variables of mothers and U5M among urban poor. The results of the logistic regression analysis were presented by odds ratios (OR) at p-value less than 0.05. A significant odds ratio that is greater than one implies that the group has higher chance of deaths than the reference category.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Values in the group (Nigeria MICS 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal highest education</td>
<td>None/No formal, Primary, Secondary and above</td>
</tr>
<tr>
<td>Maternal current age</td>
<td>15-19, 20-24, 25-29, 30-34, 35-39, 40 and above</td>
</tr>
<tr>
<td>Birth order</td>
<td>1, 2-3, 4-6 and 7+</td>
</tr>
<tr>
<td>Region</td>
<td>North East, North Central, North West, South East, South South, South West</td>
</tr>
</tbody>
</table>
| **Main drinking water** | **Basic improved**: Improved source not more than 30 minutes for a round trip (such as piped water-piped into dwelling, other protected spring, protected dug well, piped into yard/plot, tube-well/borehole, public tap or standpipe, and rainwater)

**Limited improved**: Improved source more than 30 minutes for a round trip (such as piped water-piped into dwelling, other protected spring, protected dug well, tube-well/borehole, piped into yard/plot, public tap or standpipe, and rainwater)

**Unimproved**: Sources from unprotected dug well, and cart with small tank/drum

**Surface water**: Sources from dams, rivers, ponds, lakes, streams, irrigation canal |
| **Type of toilet** | **Basic Improved facility**: Facilities like flush/pour flush to septic sewer systems, septic tanks or pit latrines; ventilated improved pit latrines, composting toilet or pit latrine with slab)

**Limited Improved facility**: Use of facilities that are shared between two or more households. (Improved facilities include flush/pour flush to septic sewer systems, septic tanks or pit latrines; ventilated improved pit latrines, composting toilet or pit latrine with slab)

**Unimproved facilities** include use of pit latrines without a slab or platform, hanging latrines or bucket latrines

**Open defecation**: disposal of human faeces in fields, forest, bushes, open bodies of water, beaches or other open spaces |
| **Type of cooking fuel in the household** | **Non-solid fuel**: Electricity, Biogas, Liquefied Petroleum Gas, Kerosene

**Solid fuel**: Wood, charcoal, crops or other agricultural waste, animal dung |
Results

Background characteristics of analytical under-five children among urban poor in Nigeria

Table 2 reveals the background variables of the respondents by maternal education, which includes geopolitical zones, maternal current age, child’s birth order, household source of drinking water, type of toilet facility, and type of cooking fuel. The Table reveals that a large percentage of urban poor in the North East (62.2%) and North West (61.1%) had no formal education compared to large proportions of those in the southern part of the country who had attained secondary education and above. This result suggests that there are more urban poor in the southern Nigeria who had attained secondary education and above more than those in the northern part of the country.

Table 2: Background characteristics of the respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Maternal Education</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Primary</td>
</tr>
<tr>
<td>Geopolitical Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central</td>
<td>37.8%</td>
<td>26.1%</td>
</tr>
<tr>
<td>North East</td>
<td>62.2%</td>
<td>17.8%</td>
</tr>
<tr>
<td>North West</td>
<td>61.1%</td>
<td>17.0%</td>
</tr>
<tr>
<td>South East</td>
<td>2.4%</td>
<td>25.0%</td>
</tr>
<tr>
<td>South South</td>
<td>0.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>South West</td>
<td>10.1%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Maternal Current Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>42.6%</td>
<td>29.7%</td>
</tr>
<tr>
<td>20-24</td>
<td>44.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>25-29</td>
<td>47.0%</td>
<td>20.6%</td>
</tr>
<tr>
<td>30-34</td>
<td>39.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>35-39</td>
<td>51.7%</td>
<td>21.2%</td>
</tr>
<tr>
<td>40+</td>
<td>60.6%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Child’s Birth Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>33.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>2-3</td>
<td>37.5%</td>
<td>21.4%</td>
</tr>
<tr>
<td>4-6</td>
<td>52.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>7+</td>
<td>66.2%</td>
<td>21.0%</td>
</tr>
</tbody>
</table>
The distribution of household source of drinking water by maternal education reveals that while more than half of those with unimproved and surface sources of water had no formal education, at least 3 out of 5 mothers with basic improved sources and limited improved sources had attained secondary education and above among the urban poor. The proportion of type of toilet facility used among urban poor by the level of education took a different direction from the observed trends in the sources of water. While a large proportion of those who had no formal education utilised basic improved toilet facility (51.3%), only 3 out of 10 urban poor used improved basic facility. The percentage of those who engaged in open defecation among those with secondary education and above (50.1%) is even higher than those who...
had no formal education (16.0%).

Given that the percentage of those who had attained higher educational qualification among the urban poor engaged in open defecation is higher than those who had no formal education, the availability of the facilities in their respective locations could be a factor of concern. Nonetheless, at least 3 out of 5 urban poor who had attained secondary education and above used non-solid fuel as type of cooking fuel, while a large proportion of those with none (52.6%) used solid fuel or biomass for cooking. The wide disparity between the proportions in the use of toilet facilities and cooking fuel could be explained by the fact that while the use of toilet could be seen as involuntary call of the nature for every human being, cooking requires much more preparation than the use of toilet.

**Direct estimate of U5MR among urban poor in Nigeria**

Figure 1 shows that the direct estimate of U5MR among urban poor who had no formal education (103 per 1000 per live births) is higher than the overall rate of 85 per 1000 live births. This is indicative that the role of education in child survivability among urban poor seems to be important at reducing the chances of child mortality especially among those with secondary education and above whose rate of U5M is 64 per 1000 live births. In other words, while this cohort seems to experience lower rate of U5M, those without formal education and primary education experienced higher rate of child mortality among urban poor.

![Direct estimate of under-five mortality rate (per1,000 live births) among urban poor by maternal education in Nigeria](image)

**Figure 1: Direct estimate of U5MR by education among urban poor in Nigeria**

Table 3 further reveals U5MR by maternal education according to geopolitical regions in the country. Those who had no formal education in the North East (333 per 1000 live births) had the highest rate of U5M, followed by
those in the North Central (155 per 1000 live births) and North West (111 per 1000 live births) Nigeria. While it could be observed that those with primary and secondary education or above experienced lower rates of U5M in Nigeria, those without formal education experienced higher proportions of under-five deaths except those in the South West. This implies that the location of children especially by geopolitical regions is a strong factor in U5M in Nigeria.

**Table 3: U5MR by maternal education among urban poor in Geopolitical regions of Nigeria**

<table>
<thead>
<tr>
<th>Geopolitical Region</th>
<th>U5MR for urban poor</th>
<th>None</th>
<th>Primary</th>
<th>Secondary +</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Central</td>
<td>94</td>
<td>155</td>
<td>45</td>
<td>65</td>
</tr>
<tr>
<td>North East</td>
<td>77</td>
<td>86</td>
<td>56</td>
<td>68</td>
</tr>
<tr>
<td>North West</td>
<td>93</td>
<td>111</td>
<td>79</td>
<td>52</td>
</tr>
<tr>
<td>South East</td>
<td>71</td>
<td>333</td>
<td>48</td>
<td>66</td>
</tr>
<tr>
<td>South South</td>
<td>67</td>
<td>103</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>80</td>
<td>20</td>
<td>110</td>
<td>75</td>
</tr>
</tbody>
</table>

**Influence of Maternal Education on U5M among Urban Poor in Nigeria**

Table 3 presents the results of the logistic regression showing the influence of maternal education on U5M among urban poor by background characteristics. This is represented by the odds of experiencing under-five deaths by each category of background characteristics among urban poor in Nigeria. The Table reveals that the odds of U5M among the urban poor with no formal education in the North East is 8.3 times significantly higher than those in the North Central Nigeria. This is by implication suggesting that while the likelihood of those without formal education in the North East are more likely to experience U5M than those in the North Central, the likelihood of those with secondary education and above in the South East are 0.4 times less likely to experience U5M when compared to those in the North Central Nigeria.

**Table 3: Odds of U5M among urban poor in Nigeria**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Maternal Education</th>
<th>ALL urban poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Primary</td>
</tr>
<tr>
<td>Geopolitical region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central (ref.)</td>
<td>1.000</td>
<td>1.000</td>
</tr>
<tr>
<td>North East</td>
<td>8.280*</td>
<td>0.463</td>
</tr>
<tr>
<td>North West</td>
<td>3.460</td>
<td>0.570</td>
</tr>
<tr>
<td>South East</td>
<td>4.205</td>
<td>1.787</td>
</tr>
<tr>
<td>South South</td>
<td>NA</td>
<td>0.601</td>
</tr>
<tr>
<td>South West</td>
<td>7.065</td>
<td>0.996</td>
</tr>
</tbody>
</table>
Indeed, maternal current age is significantly related to U5M across all categories of education though with great variations in the odds of under-five deaths among urban poor in the country. For instance, the odds of those with primary education especially among the age cohorts of 30-34 (OR = 17.507, P<0.05), 35-39 (OR = 13.517, P<0.05) and 40+ (OR = 24.66, P<0.05) are significantly higher than the odds of under-five deaths among those with secondary education and above with the same age categories and educational levels. While those in age group 30-34 are 17.5 times more likely to experience U5M compared to those in age 15-19, those in the same age group, but with higher educational level are 18.5% less likely to experience U5M as compared to those in the reference category. Similar trend is observable among those in age group 40+ and primary and secondary educational level. While those who

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19(REF)</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
</tr>
<tr>
<td>20-24</td>
<td>0.898</td>
<td>0.384</td>
<td>0.176*</td>
<td>0.594</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td>0.566</td>
<td>2.873</td>
<td>0.281*</td>
<td>0.558</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>0.131*</td>
<td>17.507*</td>
<td>0.185*</td>
<td>0.305*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>0.427</td>
<td>13.517</td>
<td>0.065*</td>
<td>0.433*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40+</td>
<td>0.257*</td>
<td>24.660*</td>
<td>0.055*</td>
<td>0.352*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s Birth Order</th>
<th>1</th>
<th>2-3</th>
<th>4-6</th>
<th>7+ (ref.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.372*</td>
<td>4.168*</td>
<td>0.229*</td>
<td>0.415*</td>
</tr>
<tr>
<td>2-3</td>
<td>0.362*</td>
<td>0.983</td>
<td>0.166*</td>
<td>0.327*</td>
</tr>
<tr>
<td>4-6</td>
<td>0.664</td>
<td>0.560</td>
<td>0.108*</td>
<td>0.471*</td>
</tr>
<tr>
<td>7+ (ref.)</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household source of drinking water</th>
<th>Basic improved source</th>
<th>Limited improved source</th>
<th>Unimproved source</th>
<th>Surface source (ref.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic improved source</td>
<td>0.638</td>
<td>0.327</td>
<td>1.662</td>
<td>0.682</td>
</tr>
<tr>
<td>Limited improved source</td>
<td>0.585</td>
<td>0.101*</td>
<td>0.778</td>
<td>0.450*</td>
</tr>
<tr>
<td>Unimproved source</td>
<td>0.826</td>
<td>0.573</td>
<td>0.416</td>
<td>0.651</td>
</tr>
<tr>
<td>Surface source (ref.)</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household type of toilet facility</th>
<th>Basic improved facility</th>
<th>Limited improved facility</th>
<th>Unimproved facility</th>
<th>Open defecation (ref.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic improved facility</td>
<td>0.583</td>
<td>0.585</td>
<td>2.328</td>
<td>1.105</td>
</tr>
<tr>
<td>Limited improved facility</td>
<td>0.285*</td>
<td>1.259</td>
<td>1.727</td>
<td>0.981</td>
</tr>
<tr>
<td>Unimproved facility</td>
<td>0.753</td>
<td>0.727</td>
<td>0.692</td>
<td>1.281</td>
</tr>
<tr>
<td>Open defecation (ref.)</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household type of cooking fuel</th>
<th>Non-solid / safe fuel</th>
<th>Solid fuel/biomass (ref.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-solid / safe fuel</td>
<td>0.314</td>
<td>0.110</td>
</tr>
<tr>
<td>Solid fuel/biomass (ref.)</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>
had attained primary education are 24.7 times more likely to experience U5M than their counterparts in the reference age category, those in the same age group (40+ years), higher educational level are 6% less likely to experience U5M compared to those in the reference age group. This means that there is an inverse relationship between age and U5MR among urban poor in Nigeria.

Furthermore, there is significant relationship between child’s birth order and educational level among the urban poor in Nigeria. Although the odds of U5M seems to be less among urban poor without formal education and secondary education or above than those without formal education, yet the odds of those with primary education especially among urban poor with 1 child’s birth order, as well as, no formal education are significantly higher than those with secondary education and above. For instance, while the odds of U5M among those with primary educational level is 4.2 times higher than those with secondary education and above (OR = 0.229, P<0.05), those without formal education are 37.2% less likely to experience U5M compared to those in their reference groups. Also, the odds of under-five deaths among urban poor without formal education and with 2-3 children’s birth order (OR = 0.362, P<0.05) are significantly higher than those with the same number of birth order, but had secondary education and above (OR = 0.166, P<0.05). This result demonstrates the fact that educational level play significant roles in the experience of under-five deaths among mothers across all age groups among the urban poor in Nigeria.

Previous studies have indicated that the interaction of maternal education with household characteristics is significantly related to U5M in Nigeria (e.g. Ayinmoro, Fayehun, & Ogunsemoyin, 2019). Findings from this study have also shown that household source of drinking water is significantly related to educational level among urban poor, especially those with limited improved sources of water in the household and primary educational level (OR = 0.101, P<0.05), as well as, among overall urban poor in the country (OR = 0.450, P<0.05). This implies that while U5M had no significant relationship between urban poor with basic improved sources of drinking water, the odds of experiencing under-five deaths among the urban poor with limited improved water and had primary education are 0.10 and 0.45 times as compared to those with surface source in the country.

Additionally, while the odds of under-five deaths among urban poor with limited improved toilet facility is 0.29 times as compared to those in the reference group, there is no significant relationship between other categories of household toilet facilities and U5M in the country as well as household type of cooking fuel. Given the disparities in the odds of under-five deaths among educational categories and household characteristics among urban poor, it is indicative that those with limited improved source of water and toilet facility,
at the same time with lower educational qualification are more predisposed to the risk of under-five deaths than those with higher educational qualifications.

DISCUSSIONS

This paper focuses on the social determinants of under-five deaths with regard to maternal education. It is underscored by the belief that mothers are closer to their children than fathers. Again, mothers’ level of education is believed to have influence on other variables in the households in order to reduce the likelihood of U5M in the country. This is because maternal education has been found by scholars to relate significantly with household environment variables to influence child survival in Nigeria (Fayehun, & Omololu, 2011; Ayinmoro, Fayehun, & Ogunsemoyin, 2019).

Be that as it may, the results revealed that maternal education and geopolitical region of children are significantly related to the risk of U5M. Those who resided in the North East geopolitical region without maternal formal education are more likely to experience U5M than those in the North Central, while mothers in the South East with secondary education and above are less likely to experience U5M compared to those in the North Central Nigeria. This corroborates the United Nations (2015), Adedini et al. (2015), and Mohammad and Tabassum (2016) earlier studies that the region where an under-five child found him or herself affects his/her survival chances in the population.

The SDoH states that health outcomes are shaped and reshaped by the interconnections of social and economic determinants which is mediated by the level of education (Logie, 2012; WHO, 2012). This study has found that maternal age and educational level are significantly related to U5M among urban poor in Nigeria. Mothers whose educational levels are primary and also advance in age had higher risk of experiencing U5M than those with secondary school and above among urban poor. This finding seems to be in line with Fotso et al. (2011) who observed that there is no child health advantage among mothers with primary education when compared to those who had attained secondary or higher education. This suggests that those who had attained higher educational qualification are able to navigate their poor conditions as it relates to children’s nutrition and health care. It further suggests that those who are younger and had higher educational qualification would be able to apply basic knowledge to manage their poor conditions for the care of under-five children than those who are older but with lower educational levels.

Studies have shown that mothers’ education is a critical factor that influences family health, especially the health of the child among poverty stricken populations (Caldwell, 2009; Shiva, & Dashti, 2017). It was found that
although the child born by urban poor women, either first born, second, third or fourth is at risk of dying before his/her fifth birthday, yet there are significant variations by educational levels of mothers. For example, mothers whose qualifications are less than secondary school are at higher risk of experiencing under-five deaths than those with secondary school and above. This finding corroborates other studies (Fayehun, & Omololu, 2011; Adetoro, & Amoo, 2014; Adedini et al. 2015; Adeolu et al. 2016; Sinha et al. 2016) that mothers educational attainment is a significant socio-economic factor on child mortality, which determines to a large extent the knowledge and appropriation of adequate and beneficial health care measures in the child and taking advantage of the available health care services that will mitigate the effects of diseases among under-five children.

The notion that children of mothers in the nexus of poverty who are not educated are more likely to die before their fifth birthday by Edomwonyi (2016) could also be observed in this study as depicted by the household source of drinking water and type of toilet facility in the household. Those with primary school and limited improved source of water as well as limited improved facility had higher risk of under-five deaths compared to those who had basic improved water and toilet facility at both categories. This suggests that the interaction effects of maternal education and household environment variables as suggested by Ayinmoro, Fayehun and Ogunsemoyin (2019) and Bohra et al. (2016) are at play among the urban poor. In other words, those with basic improved household facilities are more likely to be educated and even though they are not, they have the knowledge to mitigate likely hazards that may arise from limited improved sources of basic household facilities for the survival of under-five children as compared to those who had attained higher educational level.

CONCLUSION

The number of children who do not live to their fifth year raises a lot of concern and issues bothering on the level of socioeconomic development of any country. Leaders and policy makers all over the world continue to develop various means and strategies to curb this menace and bring it to a total end. This is why the world leaders have committed a lot of resources to foster global efforts towards ending under-five deaths in the world by the year 2030 under the United Nation’s Sustainable Development Goals (SDGs, UN, 2015). If any significant achievement and success will be recorded come year 2030, there is need for serious deliberations and calculated steps to be taken from now to enhance efforts by gathering as many data as possible in order to have a holistic understanding of the needed places where resources are to be channeled.
The continuous rise in urbanization also poses a serious challenge and can make several efforts made towards curbing the further prevalence of the death of these children to be futile. There is continued and widened gap between two groups of urban dwellers (poor and non-poor) that demands necessary data to be gathered in order to know the extent of the disparity between this two distinct and imbalance sub-groups. The acquired aggregated data will help policy makers to know where to channel most of their energy and resources to putting an end to the death of under-five children all over the world. In achieving any meaningful result in this aspect of human lives, maternal education has been recognized and observed to be the best driving tool to the needed socioeconomic development that can be used to mitigate the menace of under-five mortality in Nigeria. Therefore, efforts that will promote women empowerment and maternal education should be put in place by policy makers. These may include providing more enabling environment that will support girl child education at all levels through incentives.

ACKNOWLEDGEMENTS

The authors appreciate UNICEF MIC Team for the permission to download and use Nigeria MICS -2016-17 dataset for this study.
REFERENCES


Religion, Health and Turbulence of Healing Craft in the Nigerian Context

Kabiru K. Salami and Chinwe M. Onuegbu
Department of Sociology, University of Ibadan, Nigeria

Correspondence:
Kabiru K. Salami, PhD
kabsalami@yahoo.co.uk

Abstract

One critical and engaging point of religious discourse among social-theorists and thinkers is the healing craft capacity often claimed by religious institutions. This paper explores the structure and dynamics of the nexus between religion and health in the Nigerian context, considering its complexities and pervasiveness. From a review of grey literature and data from online blogs and religious websites, findings show that there is high traffic and patronage to religious centres in Nigeria, mostly for issues ‘bothering the mind’ and terminal diseases, whereas same sources create avenue for assassination and promotion of unhealthy behaviour. Religious factors are essential in health discourse at policy level, to ensure wholesome impacts.

Keywords: healthcare delivery, healing practices, mental health, religious institutions, spirituality
BACKGROUND

Religious beliefs and practices are widespread, and constitute a fundamental part of human societies. Recent reports show that about 84% of the world’s populations have religious affiliations (Pew Research Center, 2017). The new religions (Christianity, 31.2% and Islam, 24.1%) topped the list of the choices. Others are 15.1% Hinduism, 6.9% Buddhism, 6.7% Folk religions, 0.2% Judaism, and 0.8% other religion (Pew Research Center, 2017). In Nigeria, Christianity and Islam also account for the largest followers (Owumi, Raji and Aliyu, 2013). These various religious bodies contribute significantly to cultures and lifestyles of different populations and exert influence on various aspects of people’s social life. Particularly, religion has gained recognition as an inextricable social institution in many societies, mainly as a social determinant of health and an alternative or complementary health service provider (Vanderweele, 2016). In fact, patronage to religious houses is often influenced by their capacity to provide solutions to psychological and health problems that are considered severe or terminal. In line with this, Anderson (2006) observed that many Christians in Africa are converting from Orthodox churches to Pentecostal churches, due to the latter’s emphasis on healing and deliverance from diseases, infections, diseases of the mind and those attributed to supernatural.

Religion and health have an incontrovertible relationship. The relationship dates back to pre-modern societies, when theological accounts were dominant explanations of health and wellbeing (Shaw, Dorling and Mitchell, 2002). With the emergence of modern and scientific medicine in the nineteenth century, there seemed to be an “explicit and intentional disentanglement from religion” (Hufford, 2005: 3). However, the adoption of religious rituals and practices as alternative means of medicine (Vanderweele, 2016), even in more recent times, is still a clear indication of the indispensable connection between religion and health. The affiliation of individuals to different religions also suggests the possibility of exposure to religious beliefs or practices that could shape their health decision-making, health behaviour and health-seeking behaviour (Koenig 2004; Sarri, Higgings and Kafatos, 2006; Padela and Curlin, 2012; Rumun, 2014).

The identification of religion as a major determinant of individual and community health behaviour, through its influence on lifestyles, worldviews and motivations (Benjamins, 2005) is well established. A growing body of scientific research (Dhurkeim 1987; Chiswick and Mirtcheva, 2010; Rumun, 2014; Farrell, Masquelier, Tissot and Bertrand, 2014; Walelign, Mekonen, Netsere and Tarekegn, 2014; Vanderweele, 2016; Blazer 2017) suggests strong connections between religion, spirituality, and health. It is noted that the close
connections between religion and health is due to; the perception of religion as a source of comfort in time of sickness (Owumi, Raji and Aliyu, 2013) and also a coping mechanism (Fadeyi and Oduwole, 2016); the belief in supernatural cures for severe and terminal diseases (Jim, 2015); and reliance on religious associations as means of social support (Rumum, 2014). Religious participation, mostly characterized by service attendance (Vanderwheele, 2017), is associated with better physical and mental health outcomes (Koenig, King and Carson, 2012; Johnson, Tompkins and Webb, 2008); controlled consumption of alcohol (Burdette, Weeks, Hill and Eberstein, 2012) and lower rates of smoking and drug abuse (Hufford, 2005; Koenig, King and Carson, 2012), amongst others. Even the existence of religious bodies, also referred to as ‘Faith-based Organizations’ is noted to contribute greatly to health care provision (Levin, 2016).

Religious beliefs and practices also dominate the social lives of many people in Nigeria as 50.4% of Nigerians practice Islam; 48.2% practice Christianity and the remaining 1.4% are Traditional African Worshippers (Owumi, Raji and Aliyu, 2013). Clearly, religious affiliations permeate the day-to-day activities of people, and also have an overwhelming influence on other socioeconomic, environmental and political outcomes in Nigeria. At the structural level, Faith-based organizations in Nigeria have contributed significantly to the creation of Schools, Banks, Hospitals and other relevant structures for sustainable development in the country (Iwuoha, 2014). In terms of health, religious bodies have also cooperated with public health initiatives during major health crisis in the country (Solanke, Oladosu, Akinlo, and Olanisebe, 2015). For instance, during the incidence of Ebola outbreak in Nigeria in 2014, the Catholic Churches in Nigeria suspended handshaking (which is a dominant custom of the Catholic Church) during Mass (Nairaland, 2014); disengaged from giving communion in the mouth (Huffpost, 2014); and also banned the lying of corpses in church auditorium, to avoid spread of the disease (Solanke, Oladosu, Akinlo, and Olanisebe, 2015). However, in situations where the religious organizations do not support certain health initiatives, there is delayed or withdrawn cooperation (ActionAid, 2008). As religious affiliations, beliefs and participations differ among persons in Nigeria, this influences individual and community health behaviour in distinct ways. In other words, as people associate with and/or practice different religions, their health behaviours are determined by the religious group to which they belong. For instance, in a study on the socio-cultural factors, gender roles and religious ideologies’ contribution to Caesarian-section (CS) refusal in Nigeria, Ugwu and De kok (2015) discovered that while some religious denominations support their members to consider CS, some other denominations advised women against CS and encouraged them to turn to
prayers and fasting instead. Another common example is the case of the Jehovah Witnesses, a Christian denomination which discourages its members from partaking in blood transfusion (Solanke, Oladosu, Akinlo, and Olanisebe, 2015) irrespective of whatever condition they find themselves.

Asides the connection between religious participation and health behaviour, the patronage of religion in treatment of ailments is also well established in Nigeria (Owumi, Raji and Aliyu, 2013). Miracle healings and cures from diseases are predominantly noted in religious houses in Nigeria (Amanze, 2013; Diara and Onah, 2014). However, religion has also contributed significantly to violence and strife in Nigeria, as well as in many countries in sub-Saharan Africa. Most are cacophonies! It is on the ground of pervasiveness and divisiveness nature of nexus between religion and health that this paper intends to capture the turbulence of healing craft through religion and realities in Nigeria.

Religion and Health: From Classical thinking to realities

The long standing connection between religion and health from pre-modern times to date has triggered several discussions among social thinkers and theorists. Most writings and discussions are centred on the influence of religious beliefs and participation on health status including suicide and suicidal thoughts/intention, depression, psychological wellbeing and sickness survival. Durkheim (1987), a functionalist, for instance, was one of the foremost Sociologists to link religion to correlates of health. In his classical work on suicide, Durkheim noted that social cohesion and regulation within the Catholic Church accounted for lesser cases of suicides amongst Catholics compared to Protestants. For him, social cohesion provides psychic support to group members, enhances psychological balance and suppresses stress and anxieties tendencies (Wallace and Wolf, 1995). Recent studies (Whitlock, Whyman and Moore, 2014; Cetin, 2015; Mueller and Abrutyn, 2016; Hsieh, 2017), also established that where social cohesion and regulation exists in abnormal rates, there is high tendency of suicide within such environments.

Some other theorists (Francis, 2000; Ardelt, 2013; Borges, Santos, and Pinheiro, 2015; Francis, Jewell and Robbins, 2010) recognize the essential role of religion in shaping how people perceive the meaning of human existence and their purpose in life (Galek, Flannelly, Ellison and Jankowski, 2015). In a study of religious behaviour, health and well-being among Israeli Jews, Levin (2013) observed that while synagogue attendance was associated with only greater happiness, offering prayers was associated with greater happiness and life satisfaction. Karl Marx’s (1818-1884) theoretical stance on religion also contributes to concerns on health matters.
The Marxian perspective, with its core conflict orientation, considers religion as the “opium of the masses, the heart in a heartless world”. This way, religion is perceived as a tool for suppressing the oppression, busy life and coping with the ills experienced by the Proletariat. While the masses are faced with exploitation and alienation orchestrated by the Bourgeois, religion provides solace and comfort such that it would help suppress the attainment of “true consciousness” of the situation (Marx and Engels, 1975). For instance, some religious institutions claim that there exist “eternal life after death” filled with happiness. This then encourages its members to focus on the future gains, thereby quenching any tendency of a revolution. Thus, Marxian views on religion insights that, religion provides temporary psychological comfort and wellbeing for those in distress just as opium drugs provides relief for illness or diseases (McKinnon, 2006).

The writings of Sigmund Freud have featured religion, for the most part, as an “irrational neurotic phenomenon” (VanderWeele, 2016: 1). For Freud, religion is a technique created by men to cope with psychological distress experienced in day-to-day living. These theories have shaped several researches on the relationship between religion and health. Evidences from epidemiological and clinical studies also submit that religious affiliation and involvement impact on mental and physical health in diverse ways (Chatters, 2000).

MATERIALS AND METHODS

Data for this study were sourced from review of grey literature, Nigerian online blogs, religious websites and twitter. Specifically, the study started with familiarization with grey literature and its review on those contemporary issues revolving around religion and health in Nigeria and globally. Relevant ones were downloaded and reviewed. These are online blogs where contemporary issues are discussed. These blogs were identified, listed and censored to those addressing religious issues. The blogs were visited to elicit data in discussions that revolve around religion, health, healing and turbulence of daily life. The review and cropping of discussion and data went to as far back as duration of the blogs. Also, religious websites and twitter pages/handles were identified and visited for a review. These were examined critically and consciously to avoid conflict of interest. These were done for two new religions (Christianity and Islam). A couple of sites were also referred to on indigenous religion; these were examined.

Data generated were subjected to thematic analysis (Braun and Clark, 2006) through framework approach (Spencer, Ritchie and O’Connor, 2003). The framework enabled both deductive and inductive theme identification achieved through two phases comprising five main steps. The first is managing
the data cropped from various outlets, in three steps: familiarization with the data, development of a thematic/coding framework and indexing. The second is data explanation phase including data charting

and data mapping. Both phases enhance theory-driven and data-driven analysis (Braun and Clarke, 2006). The analysis derived its strength from the admonition of Braun and Clarke (2006) that thematic analysis is highly recommended when investigating an under-researched area. Analysis of religion, health and healing craft is one core area that is not fully engaged in Nigerian literature. This analysis also benefitted from analytical rigour and guides derived from other experts in religious studies (Cornish, Gillespie and Zittoun, 2014); hence queries were raised and cleared with insights into statements and data with the hope of identifying the patterns within the whole data set. The overall analysis is presented in the results section as follows.

**FINDINGS**

**Religion, Faith and Health Risks**

Religious participation in some ways, promote adoption of appropriate health behaviours. Through its multifaceted influences on health behaviour, certain religious practices not only help to discourage risky behaviours that can result in health problems, but also encourage positive and healthy lifestyle choices (Ellison and Levin, 1998). In Nigeria, for instance, Fadeyi and Oduwole (2016) discovered that Christianity and Islam (which are the two prominent religions in Nigeria) play positive roles in reproductive health issues especially in aspects such as birth spacing, safe motherhood, antenatal attendance, premarital sex and abortion. Also, alcohol patronage and consumption is largely preached against as a form of prohibited drinks. Although alcohol plays a prominent role in traditional African religious settings (Olaosebikan, Osarenren and Okoli, 2014), modern religious organizations including Christianity (especially Pentecostal churches) and Islam in Nigeria condemn its consumption (Omonijo, Nwodo, Uche and Ezechukwu, 2016). This is one instance where the orthodox churches in Nigeria differ from the Pentecostal churches, as although some orthodox Christian churches tolerate a level of alcohol consumption, their Pentecostal counterparts out rightly condemn its use. However, Dumbili (2012) observed that many Nigerians, who claim to abstain from alcohol due to religious reasons, still consume it in deception.

In observing the strong influence of religion on positive health behaviours and avoidance of health risks, Ellison and Levin (1998) noted five major factors that contribute to the behaviour:

First, individuals may internalize strong religio-ethical norms; the prospect of violating these internalized religious norms may evoke feelings of...
guilt and shame or even fear of divine punishment (“hellfire”). Second, members of religious communities may conform to religious norms because they fear the threat of embarrassment and possible social sanctions, sometimes formal (ridicule from clergy) but more often informal (e.g. gossip, ridicule, ostracism by their fellows. Third, religious persons may alter their lifestyle to make them consistent with those of reference group members- that is, persons (e.g. influential church members) they consider worthy of emulation. In some cases, religious activities or networks may simply reduce exposure to deviant behaviours or unhealthy lifestyles. Others suggest that observed religious variations in lifestyles reflect selection mechanisms: Many persons involved with religious communities may be predisposed toward risk-averse lifestyles and comfortable with social control or be immersed in nuclear families, which have been shown to promote positive health behaviours (Ellison and Levin, 1998, P. 704).

On the other hand, religious beliefs and participation may instigate risky health behaviours and non-adherence to appropriate health action among the people. In Nigeria and other African countries, there are several records of instances where people engage in risky behaviours, to prove the efficacy of their religious beliefs. One of such instances occurred in the ancient city of Ibadan, Southwestern Nigeria in the year 1991. A certain ‘Man of God’ named Prophet Abodunrin Daniel, was reported to have deliberately entered into a Lion’s den, with faith that a miracle would occur such that God would prevent the Lions from hurting him (Dunamis Blog, 2017). It was reported that his goal was to recreate an occurrence recorded in the old testament of the Holy bible, where it was written that a Jewish kid named Daniel who was faithful and submissive to the only Supreme God, and refused to worship smaller gods, attracted the wrath of the king Nebuchadnezzar of Babylon and he was thrown into the lion’s den, but was delivered by the Supreme God (Daniel 6: 8-17). However, this was not the case for prophet Abodunrin, as it was reported that:

“........the red robed prophet with his huge Holy Bible sneaked in (into the Lion’s den),.....so convinced that God would spare his life...moved closer to the animals reciting bible verses and speaking in other tongues....the prophet approached the lions and he continues to chew the scriptures and that led to the end of the journey in the wonder land” (Dunamis Blog, 2017).

Scholars view this as extremist’s attempt to display “faith and spiritual pride by actively tempting God....and an attempt to replicate biblical or other scenarios which may have no relevance to their respective situations” (Abioye, 2004, P. 171)
In some other cases, religious affiliations of people encourage drug refusal and non-adherence to appropriate medical recommendations. For instance, Ogunleye (2013) noted that members of Christ Apostolic Churches in Nigeria believe in the notion of divine healing from the supreme God such that they refuse medical aids. This is similar to the findings of Maguranyanga (2011), who discovered that ultra-conservative Apostolic groups in Zimbabwe, through their religious teachings and doctrines, stress faith healing over modern healthcare seeking. The Jehovah Witness group in Nigeria have also been noted to reject blood transfusion, with the belief that it is against biblical injunctions (Nwadinigwe, Okwesili, Nzekwe, Ogbu and Lekwa, 2014). Although there has not been any conclusive evidence that Jehovah’s Witnesses’ rejection of blood transfusion has led to a higher mortality rate after traumatic injury or surgery (Nwadinigwe, Okwesili, Nzekwe, Ogbu and Lekwa, 2014), this affects medical procedures and creates confusion for physicians in their services.

Religious resistance to vaccinations has contributed negatively to health management in Nigeria. One of the popular instances was the boycott of polio vaccination in 2003/2004 in the Northern part of the country (dominated by Muslims) (Jegede, 2007) thereby jeopardizing global efforts to curb prevalence and incidence of polio (Anyene, 2014). It was misconstrued that the polio eradication programme was an attempt by the western governments to reduce Muslim population (IRIN, 2004). Jegede (2007) documented the factors that led to the boycott of the polio vaccination in Northern Nigeria. The most prominent factor is religious influence and religious leaders’ activities. In another case, the Catholics’ resistance to modern contraceptive use may affect the rate of success of family planning and control of sexually transmitted diseases such as HIV/AIDs.

Furthermore, some religious practices may also increase vulnerability to health risks among people. For instance; use of hijab or abaya by Muslim women during heat stress can increase thermal discomfort (Tashkandi, 2014); members of the Celestial Church of Christ (CCC) not putting on footwear with their sutana (Celestial Church of Christ Blog, 2015) may expose them to foot injuries; and prolonged fasting may be hazardous for peptic ulcer patients (Gokakin, Kurt, Atabey, Koyuncu, Topczu, Aydin, Sen and Akgol, 2012; Amine, Kaoutar, Ihssane, Adil and Dadr Allah, 2012) and duodenal ulcer patients (Kucuk, Censur, Kurt, Ozkan, Kement and Oncel, 2005; Davoodabadi, Akbari, Ghasembandi and Kashi, 2016). As noted that Nigerians are structured by religious affinity, large majority belong to Islamic religion. There may not be an accurate number of women on hijab, an estimate could be possible since it is more mandatory for Muslim women (Quran, 24: 30). Also Celestial Church of Christ has its large adherents in Nigeria. In fact, it has its headquarters located in Imeko-Afon, the
hometown of the founder, Samuel Oshoffa, in Ogun state, Nigeria. The Church annual convention attracts followers from all over Nigeria and neighbouring countries. Body contact is possible during worship, while this has implications for transmission of diseases such as Ebola virus and Lassa virus. Fasting is prescribed in the Holy Books for followers of new religions (Islam and Christianity), yet the consequences of fasting may cost more than the value attached.

**Faith Healing in Religious Centres**

One of the most important attributes of religious centres in Nigeria is their emphasis on faith healing. As such, miracle healing and *deliverance* from diseases and illnesses of ‘mind and body’ are core practices in many religious houses in Nigeria. For Christians, “healing is conceived as a comprehensive restoration of a believer to superabundant health or status accruing to him/her as a result of what Jesus Christ has wrought on the Cross” (Ukah, 2007, P. 14). Many claims have been made by ‘men and women of God’ through various media sources, to have cures for diseases, especially the most severe and medically incurable ones (Falaye, 2015).

There is a history of healing from diseases recorded in the holy book of Christians (Bible) and Muslims (Quran). The Old and New Testament of the Bible have recordings of several healings carried out ‘in the name of God’. In the Old Testament, there are twelve occurrences of individual healings and three occurrences of corporate healings (The Voice of Healing, 2011). In one instance, a devoted woman of God, through her consistent prayers, received healing from barrenness (1 Samuel 1: 9-20). In another instance, King Nebuchadnezzar (who was previously a pagan) received healing from insanity (which had plagued him for seven years) by looking up to heaven (Daniel 4: 34-36). In the new testament of the Holy Bible, more than one-third of the scriptures describe healing from several physical and mental diseases. In one instance, Jesus healed a man from leprosy (which was a common and terminal disease at the time) by simply saying to him “*Be clean*” (Matthew 8: 1-3). In the Holy Quran, it is recorded that Prophet Mohammad healed a man who had a broken leg, by wiping his hand over the sick man’s leg. Right from old times, believers perceived means of faith-healing power as an important asset for human survival (Ebhomienlen and Ogah, 2013).

The origin and proliferation of spiritual healing centres in Nigeria can be traced to the second decade of the 20th century, during the outbreak of influenza (Erinosho, Usman and Mkpume, 1981). Adegoke (2007) observed that many indigenous faith healing churches in Nigeria (including Christ Apostolic Church, Celestial Church of Christ, Cherubim and Seraphim, Christ Apostolic Faith) emerged around this period for the purpose of healing through spiritual means. The spread of these healing centres has continued even in
recent times, especially with increased uncertainties and rise in strange diseases rampaging resource-limited nations. One popular strand of Christian spiritual centres where healing is a core mission is the Aladura churches. The Aladura churches also known as African Instituted Churches- AICs, “reflect the indigenization of Christianity through its use of African symbols, traditional healing modalities and worship styles” (Harvard Divinity School, 2017, no page). The Aladura churches in Nigeria emphasize healing and deliverance from illnesses and diseases through prayers. In these churches, some days of the week, particularly Wednesdays (known as Ojo Aanu – Day of mercy) and Fridays (Ojo iwosan – Day of healing) are mapped out specifically for healing of the sick (Aiyegboyin, 2008). The Aladura movements now account for 10% of Christians in Africa, and a large number of diaspora Africans in Europe and North America (Ukah, 2007), due to their emphasis on prayers and healing practices.

The Pentecostal movements form another religious strand in Nigeria, with huge emphasis on faith healing. The rise in Pentecostalism in Nigeria is closely linked with the search for spiritual solutions to persistent social, political and economic problems in the country. Pentecostal adherents belief that certain practices such as: giving of tithe, total reliance on faith, being “born again”, etc attract material and spiritual blessings such as healing, wealth, abundant life and success. Pentecostal churches are therefore a strong reference point of spiritual healing in Nigeria. However, healing services in Pentecostal churches in Nigeria is structured in different ways. Some churches are known to have cures to particular diseases, while some others claim to have cures to all forms of diseases. For instance, while the Laughter Foundation International Ministry also known as God’s baby factory, specializes on healing barren women and blessing childless couples with children of their own (Vanguard, 2017), the Synagogue Church of All Nations, owned by Pastor T.B. Joshua, claim to heal people from all forms of spiritual attacks, illnesses and even life-threatening diseases, including HIV/AIDS, cancerous wounds and epilepsy (SCOAN, 2010). In another instance, several testimonies of healing from deadly diseases have been recorded in the Lord’s Chosen Charismatic Revival Ministries in Nigeria. The sick believers in these churches often disagree with medical procedures, but rather believe that they can be healed through spiritual means. For instance, a member of the Lord’s Chosen Charismatic Revival Ministries in Nigeria, diagnosed with breast cancer, refused medical advice to cut off the affected breast:

......I was diagnosed of breast cancer five months ago which caused me serious pain. Doctors in the hospital I visited recommended that the affected breast be cut off surgically. I quickly rejected this advice as I told them I am a child of God and my breast cannot be cut off. I was given some
drugs which I have been taking, after initially refusing to use them. Recently I decided to come to this crusade at the headquarters on Friday, because I believed I will get my healing there (Lord’s Chosen Charismatic Revival Ministries in Nigeria: Testimonies, 2017).

Attending crusades and healing services are believed to provide complete restoration of good health and wellbeing. This is often dependent on the sick person’s faith in God to provide healing from his/her sickness. In line with this, the testimony of the member of Lord’s Chosen Charismatic Revival Ministries in Nigeria, diagnosed with breast cancer continues thus:

.....As I stepped unto Chosen ground (Lord’s Chosen Charismatic Revival Ministries prayer ground in Benin, Nigeria) I felt some changes all over my body, the pains began to subside and I decided to stop taking the drugs I carried. During yesterday’s ministrations, the pastor mentioned my case and prayed over it. Since then, I noticed my system has normalized. I am now stronger. I walk normal and I feel healthy, different from the way I was when I came in here, two days ago... (Lord’s Chosen Charismatic Revival Ministries in Nigeria: Testimonies, 2017).

There are several other instances of faith-healing and deliverance in other Pentecostal churches, and this contributes to the large patronage of Pentecostal churches and even conversion of other denominations to Pentecostalism.

However, asides faith-healing within Christendom, there are also records of healing from diseases and infirmities in Islamic centres and other traditional religious centres in Nigeria. In what is described as a “Charismatic form of Islam” (Obadare, 2015), it has been observed that “African clergymen have begun performing miracle healing crusades like their Christian counterparts” (Nairaland, 2014). There is also the Islamic belief that sicknesses can be cured spiritually without the use of modern medicine. For instance, in a study by Tocco (2011) to examine Muslim’s perspectives on HIV treatment, it was discovered while some respondents claim that HIV can be completely cured by the supernatural power of the Quran (Holy book of Islam), others insist that the natural ingredients prescribed in Islamic texts can cure HIV. Healing in traditional religious centres is also common in Nigeria and other countries. This is often achieved through rituals, animal sacrifice, music, dance, possession trance, use of herbs and plants, etc (Wedel, 2004).
A major feature of healing in the religious context is the use of symbolic materials. According to Falaye (2015), “some of the Aladura/ spiritual churches (in Nigeria) allow the use of certain rituals such as bathing in flowing river, use of palm fronds, use of oil and others in curing the sick people. Some of them also make use of local herbs to cure sicknesses such as prostate cancer, stroke and paralysis successfully” (Falaye, 2015; p. 10). Ebhomienlen and Ogah (2013) noted that the use of saliva as a healing method is common in Africa, which is also linked to the miraculous healings by Jesus in the Holy Bible (John 9:6; Mark 7: 33). Rinne (2001) also observed the importance of water in traditional religious healing practices in Ile-Ife, Southwestern Nigeria. As regards the procedures used in faith healing, scholars identified; binding and casting (Gbule and Odili, 2015); music and sacred dance (Monteiro and Wall, 2011) giving in charity (Sadaqah) and reciting the Quran (Sulaiman and Gabadeen, 2013) and religious rituals such as bathing in flowing water (Falaye, 2015). In a study by Okyerefo and Fiaveh (2016), to explore the conceptions of illnesses and diseases in Accra, Ghana, it was discovered that prayer group members conducted healing services in the forest, as they consider it a ‘serene sacred place’.

The reliance on faith-healing among many in Nigeria is linked to the fact that disease causation is attributed to supernatural, mystical and natural factors, including witchcraft attacks, evil machination and repercussion for offenses (Adegoke, 2007); low cost and inaccessibility to modern health facilities. Studies have explored the relationship between socio-economic factors and utilization of faith healing centres. Adegoke (2007) discovered that there is a significant relationship between educational background, income and utilization of faith-healing centres.

**Religion and Psychosocial Wellbeing**

Religious involvement and practices have been observed to promote psychosocial and mental wellbeing among individuals (Joshi, Kumari and Jain, 2008). Past empirical evidence suggests that there is a “generally protective effect of religious involvement for mental illness and psychological distress” (Levin, 2010). Even in terms of coping with medical illness, religious beliefs and practices are reported to provide psychologically soothing effects including comfort, hope and meaning (Koenig, 2004). As such, religious factors such as religious attendance, faith, religious devotions and/or being part of congregation, functions as “opiate” for the people. For instance, the expression of faith and belief in a Supreme Being, known as God, who has declared that people should “ask and they shall receive, seek and they shall find, knock and the gate shall be opened unto them” (Matthew 7.7), reduces tension and despair in Christians. Also, among the Muslims, religious
involvements dispel thoughts and feelings of hopelessness, despair and ‘giving up’ as Allah assures that:

For those who fear Allah, He always prepares a way out, and He provides for him from sources he never could imagine. And if anyone puts his trust in Allah, sufficient is Allah for him. For Allah will surely accomplish His purpose: verily, for all things has Allah appointed a due proportion (Quran, 65:2-3).

Thus religious beliefs emphasize ‘faith’ over worry and despair, which are psychological stressors.

In Nigeria, where the level of religious involvement is high, there is a huge reliance on religious factors for the prevention and treatment of psychological or mental issues. Both past (Gureje, Acha and Odejide, 1995; Abiodun, 1995; Agara and Makanjuola, 2006) and recent studies (Jack-Ide, Makoro and Azibiri, 2013; Adeosun, Adegbohun, Adewumi and Jeje, 2013) indicate that religious centres are the first point of call in case of mental illnesses. Also, up to 70% of the mental health services in Nigeria are provided in religious and traditional homes (Adewuya and Makanjuola, 2009). Consequently, there is delay in reporting mental cases in modern healthcare centres (Adeosun, Adegbohun, Adewumi and Jeje, 2013; Ikwuka, Galbraith, Manktelow, Chen-Wilson, Oyebode, Muomah and Igboaka, 2016), as majority of the people consider mental issues untreatable using western medicine (Aneibu and Ekwueme 2009; Gureje and Lasebikan, 2006; Kabir, Abubakar and Aliyu, 2004). Even in western countries, Muslims are hesitant to seek help from the mental health professionals, to avoid being in conflict with their religious beliefs (Sabry and Vohra, 2013).

Thus, issues pertaining to mental and psychological wellbeing are perceived to be closely intertwined with religious and spiritual matters. In corroborating this line of thought, a popular Nigerian pastor, Sam Adeyemi, of the Daystar Christian Church noted thus:

The root cause of mental illness is Sin (Romans 6:23) and the foundational solution to mental health is salvation. To maintain mental health, feed your spirit and soul with healthy diet of God’s word. If you don’t get your identity in God’s word you will believe everything the enemy tells you. If you allow Satan and your circumstances define who you are, it will distort the balance in your mental state.- Sam Adeyemi (@sam_adeyemi) October 30, 2016.
The above statement by the Nigerian Clergy, in response to the increasing rates of depression and suicides among Nigerians, reflects the perceived close link between spiritual beliefs, and psychological wellbeing.

Furthermore, provision of psychotherapeutic care in Nigeria is mostly carried out by either religious or traditional leaders (Bojuwoye and Mogaji, 2013). This is achieved through church services, follow-up visits, cell meetings, group visitations among others (Nwoko, 2009). Religious leaders, through inspirational counselling, also help their members deal with a range of disturbing social and emotional issues, which could otherwise constitute psychological distress. Also, belonging to a religious group/association, provides psychosocial support that can promote mental health and wellbeing. The sense of belonging that religious groups provide its members may reduce psychological distress (Behere, Das, Yadav and Behere, 2013) and increase their capacity to cope with ill-health conditions.

**Taking Healing Outside of the Place of Worship**

Religious organizations, also known as faith-based institutions play a crucial role in the global efforts to promote health and wellbeing, especially in low-resource settings and among the most disadvantaged populations (Widmer, Betran, Meriadi, Requejo and Karpf, 2011). Reports confirm that faith-based organizations contribute up to 70% of modern healthcare services in developing countries (Kagawa, Anglemyer and Montagu, 2012). This is more evident in Africa, where about 30-70% healthcare infrastructure are owned and managed by faith-based organizations (World Health Organization, 2007). In Nigeria, faith-based institutions are instrumental in the provision of health care facilities (Iwuoha, 2014) and support of public health initiatives (Solanke, Oladosu, Akinlo, and Olanisebe, 2015), especially when they perceive such initiatives as beneficial.

Historically, the advent of modern healthcare facilities to Nigeria was facilitated by church missionaries in colonial times (Scott-Emuakpor, 2010). The first health dispensary in Nigeria was opened by the Church Missionary Society in parts of Nigeria, while the first hospital (Sacred Heart Hospital, Abeokuta) was built by the Roman Catholic Church in 1885 (Scott-Emuakpor, 2010). Currently, many hospitals located in several parts of the country, including Ahmadiyya Muslim hospital, Seventh Day Adventist hospital, Faith Clinic Foundation in Nsukka, Queen Elizabeth hospital in Umuahia, K and P hospital in Nassarawa, Shendam hospital in Gombe and countless other hospitals are owned and managed by religious bodies (Ikechi-Ekpendu, Audu and Ekpendu, 2010). Traditional religious organizations in Nigeria also own indigenous healing centres, where four categories of health services are provided: nature healing (such as bone setting and hydrotherapy), natural healing (such as telepathy prayers, hypnotism), herbal healing and Spiritual
healing (Adefolaju, 2014). However, the advent of Christianity and Islam in Nigeria has led to relegation of African traditional medicine (Chima, 2015).

Asides the creation and management of hospitals and health centres, religious organizations in Nigeria also provide social services and rehabilitative programmes to the sick outside the ‘congregation’. Burgess (2012) observed that Pentecostal churches in Nigeria were at the fore front of providing rehabilitative programmes for children in Lagos state, Nigeria. He identified two rehabilitation centres: Habitation of Hope, run by the Redeemed Christian Church of God (RCCG), the largest Pentecostal denomination in Nigeria; and the Freedom Foundation, a NGO founded by This Present House, a congregation situated in downtown Lagos (Burgess, 2012). Some other faith-based rehabilitation centres in Nigeria including Wellspring rehabilitation centre, Christ Against Drug Abuse Ministry (CADAM), House of Joy, New life Drugs Addicts Rehabilitation Centre, all located in different areas in Lagos State, Nigeria, are involved in welfare services and rehabilitation for persons who are drug-dependent (Cherry and Ebaugh, 2014).

Through hospital and clinic visitations, religious persons extend the ‘healing hands of God’ to sick in-patients. Oluwabamide and Umoh (2011) in a study on the relevance of religion to health care delivery in Akwa Ibom State in Nigeria, discovered that patients often requested for ministers of God to intercede for them in relation to their ill health, while others desired for the ministers of God to stay permanently with them in the hospital. As explained by Oluwabamide and Umoh (2011), “when Christian priest visited hospitals to pray for patients, most of them found succour in the priests’ exhortations, encouragements and prayers” (Oluwabamide and Umoh, 2011 P. 49). Thus hospital visitations is a method through which religious leaders show pastoral care to their sick members and it also provides psychological comfort to members.

**Religious Identity, Religious Diversity, Conflict and Health Threatening Outcomes**

Nigeria is not only a multi-ethnic State but also a multi-religious State, with over 350 ethnic groups practicing different religions, either Islam, Christianity, Traditional African Religion or others (Ntamu, Eneji, Asor and Ochiche, 2017). Although the country does not have a State religion, it allows freedom of choice of religious affiliation. Such religious freedom, although advantageous in terms of ensuring human rights, often leads to conflict, disorder and violence, especially when issues are often from different religious worldview (Iruonagbe, 2009). In fact, “over the past few decades, it would appear that there has been consistently more religious strife in Nigeria than in other countries in sub-Saharan Africa largely because the country is divided between Christians and Muslims” (Dowd, 2014, P. 154). Religious intolerance among Christians and Muslims, has led to conflict, injuries, and even loss of
life and property. As explained by Iruonagbe (2009): “Such religious intolerance can be attributed to some misconceived favoritism and competition for scarce resources amongst adherents of the two contending religions, Christianity and Islam” (Iruonagbe, 2009. P. 153-154).

As a result, there have been several crises and clashes between and among religious groups in Nigeria. Salawu (2010) listed some of the major crises in Nigeria: the maitatsine religious disturbances in parts of Kano and Maiduguri in the early 1980s, Jimeta-Yola religious disturbances (1984), and Zango-Kataf crises in Kaduna State (1992), Kafanchan College of Education Muslim-Christian riots, Kaduna Polytechnic Muslim-Christian skirmishes (1981-1982), the cross vs the crescent conflict at the University of Ibadan (1981-1985), Bulumkutu Christian-Muslim riots (1982), Usman Danfodio University Sokoto (1982), and the Muslim-Christian Clash during a Christian procession at Easter in Ilorin, Kwara State (1986), amongst several others. These riots and clashes have had devastating effect on the rate of morbidities and mortalities. For instance, the Muslim-Christian violence in Jos in the year 2011, claimed more than four hundred and twenty-six lives in 2011. In Kano, and the same was the case since 2009, 2010, 2011-2013 (Ojo, 2007; Ostien, 2009). In more recent times, the emergence of the Boko Haram Islamic terrorist group in Northern Nigeria, has had severe detrimental effects on the social, economic, and environmental condition of the region and the whole country (Ajaegbu, 2012). Part of the nefarious activities include bombing of churches, mosques and schools, abduction of school children, attacking of government and international organizations’ installations, etc (Blanchard, 2016). These activities have jeopardized the health and wellbeing of people in the region and also increased vulnerabilities to morbidity and death. For instance, Onuegbu and Salami (2017) noted that a large number of adolescent girls in the areas affected by the Boko Haram operations are internally displaced and their sexual and reproductive health is negatively affected.

Religious segregation even among same religious groups also affects health care delivery in negative ways. It is true religious intolerance exist not only between members of diverse religions but also among people of different sects within the same religion (Ajaegbu, 2012). Within Christianity and Islam, there are several subgroups. For instance, among Christians, there are many denominations including Catholics, Protestants, Seventh Day Adventists, Jehovah Witnesses, White garment churches, among others, while among the Muslims, there are different sects including the Ahmadiyya, Sanusiyya, Tijanniyya and Quadriyya, among which there have been conflicts (Ajaegbu, 2012). In cases whereby people of a particular sect refuse to patronise health services care from clinics that are owned by other religious organizations, this could affect health care delivery.
In more recent times, religious houses in Nigeria have become soft targets for attacks and assassinations. An example was the attack on the St Philip’s Catholic Church in Ozobulu, Anambra state, where more than 30 lives were lost, and many others were injured (Vanguard, 2017). On occurrence, there are not enough facilities to respond to emergencies. The essence of religion is to maintain order yet the institution sometimes contribute more havocs than order, while the same institution claims to offer succour to peoples’ lives.

**Religion and Health: Recommendations for Better Outcomes**

Religious beliefs and practices affect all aspects of health including health behaviour, physical and psychological wellbeing, health-seeking behaviour, health service delivery, and healthcare utilization. In other words, religion is a powerful social determinant of health, at individual, community and societal levels as is race, gender and income (Vanderweele, 2016). While this has implications for the clinical management of diseases, it also affects overall healthcare provision and utilization. In Nigeria, where large majority of the population have religious affiliations, there are clear connections between religious involvements and various dimensions of health. Therefore, it is imperative to consider religious factors in health discourse, in other to have wholesome and realizable impacts. Clearly, issues bothering the mind and terminal diseases are the most common health issues that people often take to religious institutions.

As research confirms that large majority of mental illnesses are attributed to supernatural factors and are treated either in religious centres or traditional houses in Nigeria (Adewuya and Makanjuola, 2009; Kabir, Iliyasu and Abubakar, 2004; Uwakwe, 2007), there is a need to integrate religious centres into objective ways of managing mental health. An initial step towards this, is the recognition of religious centres as “relevant referral point and as a rehabilitative and support network” (Jack-Ide, Makoro, Bip-Bari and Azibiri, 2013 P. 28) in mental health policy. Next, it is important to educate spiritual and religious leaders on socio-biological causes of mental illness and also encourage them to incorporate religious centres into mental health management. Furthermore, mental health professionals should be assigned to religious houses to educate people, train religious leaders and community members, attend to mental related issues and also encourage referrals to mental health clinics, if need be. Religious organizations need to play a crucial role in reducing stigmatization of people with mental health issues. Even more, religious organizations can help to organize stress-relief programmes such as sports, family hangouts, and regular counselling sessions to help check the psychological states of its members. In terms of health promotion programmes
and projects, there is a need for the Federal Ministry of Health in Nigeria to recognize and collaborate with religious centres given their popularity. As such, regular health awareness campaigns and counselling services should be carried out in religious houses, in other to increase overall awareness.

Religious organizations have crucial roles to play in the provision of healthcare services in Nigeria. Religious organizations need to go beyond building hospitals and clinics, to ensuring that the hospitals have an open system and are functioning without religious bias. Those religious bodies involved in charity works such as visits to Internally Displaced Persons (IDPs) camps and visit to the sick in government-owned hospitals, should carry out such activities without religious bias. Furthermore, religious bodies need to increase efforts towards contributing to development programmes such as donating clean water, free treatment, vaccinations and checks in poor communities, engaging in sanitation programmes in slums, rehabilitation for youths who engage in substance abuse or other risky behaviours.

In cognisance of the role religious beliefs and participation plays in aspects of medical procedures including coping, recovery, medical decisions, willingness to receive treatment, disease detection, and treatment compliance (Koenig, 2004), it is crucial for physicians to seek information on the patients’ religious orientation, prior to treatment. This is important to improve doctor-patient relationship and medical care provided by physicians (Koenig, 2002). Also, this approach may help physicians recognize when patients have spiritual needs and requires pastoral care (Lo, Ruston and Kates, 2002). However, incorporating pastoral care into health care provisions is an aspect that has been largely neglected. In line with this assertion, Agbiji and Agbiji (2016), noted that “one of the resources that is under utilised is the religious and spiritual resource of pastoral care, which constitutes a potentially unique social capital resource for health and healthcare for many people in the world” (no page number). However, this has to be done with caution. Finally, given the increase in the number of attacks targeted towards religious houses in Nigeria, there is a need for the government to intensify efforts to provide security for worshippers.
REFERENCES


http://dx.doi.org/10.1080/09596410701214043


The Politicisation of Policing in Democratic Nigeria

Adeniyi S. Basiru
Department of Political Science,
University of Lagos,
Akoka-Yaba,
Lagos, Nigeria

Franc Ter Abagen
Department of Political Science,
Benue State University,
Makurdi, Nigeria

Mashud L.A Salawu
Department of International Relations,
Southwestern University Nigeria,
Okun-Owa, Nigeria

Abstract

In the security architecture of modern democratic states, the police play pivotal roles, most especially, in the sphere public order management. In the performance of this important role, the police must be professional, apolitical and above all, loyal to the Constitution of the State. However, while the foregoing ideals are internalised by the police in liberal democracies, the reverse appears to be the case in Africa and other peripheral regions where the police seem more political than professional. It is against this background that this article, drawing on evidence from secondary sources, examines the implications of politicisation of policing for democratic consolidation in democratic Nigeria. It notes that politicisation of policing in the country has its undercurrents in the over-centralized Nigerian state and the attendant struggles that often characterise the struggles to capture it by different factions of the ruling elites. It concludes that as long as the over-centralised state structure which centralises public policing in Nigeria endures, public order management in Nigeria, through the auspices of the Nigeria police, would continue to be politicised.

Keywords: politicisation, police, policing, democratic consolidation, decentralization.
INTRODUCTION

Law, as an institution, is not a modern contrivance, as men, even in the most rudimentary social formations, as painted by Thomas Hobbes and other social contractarians were ruled by the law of nature. Though, life, in such society, was hellish, yet men were still governed by law of nature (Hague and Harrop, 2007:5).

Therefore, when the fiction of the state of nature is invoked by social contractarians, it was not because there were no laws governing the society but to draw the attention of mankind to the kind of social order that would arise without the corollary of law: order, and its instrument of enforcement: government (Basiru, 2016:59). However, at a point in the evolution of mankind, the need to exit this state arose and subsequently, people opted to supplant their inalienable sovereignties to a common overarching institution- the government-which is charged with the responsibility of not only making laws for order and stability of the society but also enforcing such laws (Olaoye, 2012:69).

It was against this background that the institution designed for law enforcement-the police- emerged (Bayley, 2012:29). Since then, the police have assumed primus inter pares status in the management of societal order. This is more so in modern democratic societies in which laws, processes and procedures are fundamental to the existence of the society, the state and the citizens (Basiru, 2016:60). In discharging this historic mandate, the police must be professional, apolitical, cosmopolitan and above all, loyal to the grundnorm of the State. But, while the foregoing ideals, over the years, had been internalized by the police in liberal democracies, the reverse would seem to have been the case in Africa and other neo-colonial enclaves, where the police seem more political than professional.

In Nigeria, the police, since 1999 when democracy berthed after fifteen years of military authoritarianism, have been castigated by the various stakeholders in the country’s democratic project for their low level of professionalism in the discharge of their duties as enshrined in the constitution of the Federal Republic of Nigeria and the extant police Act (Adebakin and Raimi 2012:8). Indeed, in some of the major political crises since the return of democracy, the police have been implicated for their dearth of professionalism and partisanship in the handling of some of these crises.

The major thrust of this article is the examination of the political dynamic has nurtured the politicization of policing in a democratizing
The article has been partitioned into seven sections, starting with an introduction pointing to the article’s significance, purpose and organization. Section two lays the analytical foundation for the study by reviewing literature for different models of policing a nation. The third section, in a retrospective fashion, looks at the evolution of police and policing in Nigeria. The aim here is to lay bare the dynamics of policing in modern Nigeria. Section four critically examines the roles of the police in managing major political crisis in the post-military era, with an illustration of one empirical case. In the section that follows, the article discusses the implications of political and partisan policing for democratic consolidation. In section six, an attempt is made to explain the underlying structures that may have spurred the core issue in discourse. The seventh section concludes the article.

**LITERATURE REVIEW**

**How is the Society best Policed?**

It must be emphasized that the states and the police that emerged from the embers of the old order in Europe, following the thirty years war, were not only centralized but existed to serve the wills of the sovereigns (Opello and Rosow, (2014:161). In other words, they existed to protect the monarchs against all forms of domestic subversion. However, as these countries further opened up their polities, the character and the *modus operandi* of police and policing began to change in order to reflect the evolving democratic realities. By this era, a key philosophical question arose: how best to police the territorial state? Interestingly, the foregoing background framed what in literature constitutes the paradigm of policing a society: the authoritarian and the libertarian models. The former, drawing inspiration from Hobbes, Bodin and other state absolutist theorists of the 17th century, posits that since there is only one sovereign in a state, whose power is absolute and supreme, there must be a unified police that exist only to serve the sovereign. In other words, the police exist to serve the sovereign and his functionaries (see Vincent, 1987). Further, the theory believes that the police like all other social institutions (education, religion, economy etc) must be controlled and monitored by the sovereign state. Instructively, the underlying assumption of this model is that some sort of authoritarian coercion is needed for societal stability and that can only be achieved under an authoritarian, centralized policing system.

Contrarily, the libertarian model, leaning on the Lockean philosophical framework, contends that the police exist to serve the society at large and not only the sovereign and his functionaries as the advocates of the authoritarian school contend. It insists that since there are many levels and centers of power in modern democratic societies, that is, multiple
sovereignties, policing must thus reflect such complexities (see Vincent, 1987). It submits further that it is such complexities and diversities that separate the authoritarian state and by extension authoritarian policing from the democratic state policing model. Putting the position of this school of thought in perspective, Ogunlowo (2007:87) says: ‘one way a democratic state can be distinguished from a Police State (authoritarian State) is the extent to which the police are controlled by the government and the level of accountability built into police organizational structures as well as the involvement of the public in police issues and crime strategies’. What can be gleaned from the foregoing theoretical expositions is that the first perspective places emphasis on a unified model of policing a nation while the other considers this as an anathema in modern complex nation-states (Brian, 2004). At this juncture, a question is apt: which conforms to the Nigerian realities? We will come to this soon. But before then, it is germane to put the evolution of policing in Nigeria in historical perspective.

**Policing in Nigeria: An Historical Excursion**

On the origin of policing in Nigeria, different accounts abound in literature but what is common to all of them was that modern policing in the country came with the advent of British colonialism, starting from the colony of Lagos (see Tamuno, et al, 1999; Rotimi, 2001). Before the setting up of police force for Lagos and its environment, the British for centuries, it must be emphasized, had been doing business with the indigenous people of the hinterland and by that time, the British did not see any need for policing trade but as the trade became more competitive, due to a combination of factors, some of which have been extensively discussed in literature, there emerged the imperative of creating a modern police force in the hinterland to police trade.

Precisely, in 1849, the British government appointed a Consul General for the Bights of Benin and Biafra on the Atlantic Coast of West Africa to promote legitimate trade and to prevent the incessant quarrels between the African chiefs and the British traders in the area (Tamuno, 1970). The non-abatement of the clashes between the British merchants and the local Chiefs in the hinterland forced the British consul, in Lagos, William McCosky, to act by requesting for a small-armed force to help him maintain peace in the troubled area. To this end, a Consular Guard comprising 30 men was established in October 1861. In 1863, the Consular Guard was named the Hausa Guard. By 1879, the Hausa Guard dissolved into Lagos Constabulary Force. In 1896, Lagos Constabulary Force, metamorphosed into Lagos police force (Tamuno et al, 1999:32). Interestingly, while the process of forming modern police was on, in the South, the Royal Nigeria Company, courtesy of a Charter granted it, in 1886, by the British Government, was undergoing the same process in the
North of the Niger. In 1888, the company established the Royal Niger Constabulary with the headquarters in Lokoja.

The main task of the outfit was to protect its installations along the banks of river Niger. However, with the coming into existence of the Northern protectorates in 1900, the outfit was split into the Northern Nigeria Police force and the Northern Nigeria Regiment. In the South, similar reorganization took place as, the Lagos police force and part of the Niger Coast Constabulary became the Southern Nigeria Police Force. Also, the bulk of the Niger Coast Constabulary formed the Southern Nigeria Regiment (Centre for Law Enforcement Education / National Human Right Commission, 1999:18).

The two forces, even after the 1914 amalgamation, operated distinctly, until April 1930, by virtue of ordinance No 3 of 1930, when the two merged to form the Nigeria Police Force under the command of an Inspector General of Police. By virtue of this law, all the local police forces that existed in various parts of the country were brought under the authority of Inspector General of Police, with headquarters in Lagos (Akuul, 2011: 18). As the country embraced federalism in 1954, courtesy of the 1954 Lyttelton Constitution, policing was reorganized in line with the principle of federalism. This was the pattern of policing in the country until 1966 when the military, first under General Aguiyi Ironsi and then under Yakubu Gowon, when policing, in the country, again became centralized. Instructively, since then, it has remained so. Today, the Nigerian Police, under the control of the Inspector-General, are, constitutionally, primus inter pares, in the management of public order in the country.

It clear from the foregoing that modern police and policing in Nigeria emerged in the context of colonialism. Specifically, the police emerged to serve and protect the interest of the colonial ruling elites, mainly Britons, who exercised power authoritatively and whimsically. They were not set up to serve the interests of the natives. So, ab initio, the model of policing was not democratic but authoritarian. Even, at the regional levels, in the 1950s, the police served the interests of the ruling elites in the region. The point being made here is that police during the pre-independent era, saw the populace as conquered entity, always to be intimidated, harassed and tormented at the behest of the ruling elites. At independence, the existing order was not reversed as there was change without changes. According to Chukwuma (1998:26) ‘the government that succeeded the colonial authority found it more convenient to retain all the colonial structures of coercion in dealing with the people’.
This situation was even worse under the military where the police, in order to please every praetorian regime, alienated themselves from the people that they were meant to serve and protect. A former Inspector General of Police, Alhaji Ibrahim Coomasie, was reported to have said, in March 1998, that ‘the Force has been torn between the civil populace and the military, so much so that its civil traditions are almost lost to military authoritarianism’ (quoted in CLEEN/ NHRC, 1999:8-9). By the time their patron, the military, left the political scene for the civilians, on May 29, 1999, the police like other coercive institutions of the Nigerian State had already been militarized and privatized. Thus, as democracy beckoned, the already bruised citizens expected much from the police since the military, under which they perpetrated their malfeasance against the citizen had wound up.

Public Order Management in Post-Military Nigeria: New of the Old

Irrespective of the form of government in a society, the police, as stated at the beginning of this discourse, have as their primary responsibility, the management of public order, or what is generally regarded, even in the local parlance, the maintenance of law and order. However, it appears that such role is more challenging in a democracy, especially in a society that had suffocated under authoritarian order for a long time. In such society, democracy, once enthroned, after years of struggles, most times, unleashes forces-ethnic, communal, religious- that had been suppressed by the authoritarian regime, in the past (Adebakin and Raimi 2012:10). The point bring made here is that democracies, because of its open nature, offers greater avenues for citizens’ participation in public affairs and thus often increase the tempo of political activities, most especially among politicians (O’Donnell, 2007:4). However, most times, political activities in terms of power struggles among political actors would snowball into open violence. In such scenario, the police must act accordingly, in managing, such conflagration, so as not to degenerate to the level that it would destroy the society.

In Nigeria, since the advent of democracy in 1999, the Nigerian police, in line with their constitutional mandates, have been managing political conflagration among political actors, both at the centre and the peripheries of the country’s federation. However, in most of these crises, their neutrality and level of professionalism have been called into question. One of such crises, in recent times, where the Nigerian Police, through its officers, led by a Police Commissioner, displayed unprofessionalism and partisanship and which caught both local and global attention, is the Rivers State’s political crisis (Ukpetenan, 2014). In the pages that follow, a narrative of the crisis and the roles of the police are undertaken.
It must be emphasized at the onset that the Rivers political crisis (2013-2015) had its origin in the sack by an Abuja High Court of the Godspower Ake-led executive of the People Democratic Party (PDP) on April 15, 2013, as well as the suspension of the Obio/Akpor Local Government Chairman, Mr. Timothy Nsirim, his deputy and 17 councilors by the State House of Assembly by the State legislature. It was these events that led to the factionalization of the PDP in the state that culminated into the fracas on the floor of the state legislature (Basiru, 2016:64). It is instructive to stress that the fracas ensued when five members of the state legislature, belonging to the PDP, led by Mr. Evans Bipi, attempted to impeach the Speaker, Mr. Otelemaba Amachree of the All Progressive Congress (APC) (Akasike, 2013).

In the free for all fight among members on the floor of the legislature, as reported in video footages and disseminated by social media, all over the world, Mr. Chidi Lloyd was shown hitting his colleague with a maze. Also, a policeman, joined by his State Security Service colleague, was also seen beating up another lawmaker. At another instance, another policeman was seen assisting the ‘de facto speaker’, Mr. Evan Bipi and his thugs, mobilized from outside, to gain entry into the Chambers (Abdallah et al, 2013). In the aftermath of violent conduct of the legislators, the police in order to further fracas sealed off the parliament. A day after the fracas, the Federal House of Representatives (FHOR) at its sitting in Abuja passed a resolution to take over the functions of the Rivers state legislature (Ovuakporie, et al2013). On 11th December, 2013, the FHOR’s resolution was however dismissed, as illegal, by an Abuja High Court, following a suit instituted by Mr. Amachree’s camp. However, the police, rather than obeying the Court’s ruling, disdainfully, ignored it by claiming that it was yet to be served a copy of the judgment. Thus, the Assembly remained closed (Basiru, 2016: 65).

Few days later, the police boss in the state, Mr. Joseph Mbu, held a peace meeting with both parties and enjoined them to be law abiding. Indeed, a statement by one of his key lieutenants, Mr. John Amadi, specifically instructed the lawmakers to report to the office of the Deputy Commissioner of Police in charge of the Criminal Investigation Department, to sign undertakings. Twenty-four hours later, majority of the members honoured the police invitation and signed the undertaking. Addressing newsmen at end of the meeting, Mr. Amachree, who led 21 other lawmakers to the Command Headquarters, said the screening process by the police involved all lawmakers, including nine that were absent (Abia, 2013). But despite the signing of letter of undertakings, the police, insisted that the Assembly must remain closed. It claimed to be complying with a pending application before a Court of Appeal for a stay of execution on the
decision of the Federal High Court in Abuja. The High Court had nullified the National Assembly takeover of the State House of Assembly.

In a reaction to the police’s action, Mr. Leyii Kwanee, Mr. Amachree’s deputy, says,

We have met with the police and they said we could go back to work after signing the undertaking. They (police) thought we would not sign the undertaking. We are pro-Rivers and that was why we did all that. It is sad and frustrating to notice that we are gradually turning into a police state (quoted in Basiru, 2016: 66-67)

Instructively, as the crisis festered, the streets of Port Harcourt, the state’s capital, and its suburb, became the arena of protests and skirmishes as the group loyal to the state governor, Mr. Rotimi Amaechi and the dejure speaker, Mr. Amachree and those loyal to Mr. Nyeson Wike, the Minister of state for education in the Federal Government battled each other for supremacy. Interestingly, while the crisis lasted, the police boss, Mr. Joseph Mbu was publicly alleged to have been given police cover to the Wike’s group whenever they protested against the governor. On other hand, he was berated for preventing the other group from holding solidarity rally in support of the Governor. In one of such pro-Amaechi rally on January 12, 2014, the police in the state failed to secure the lives of the people at the rally and thus allowed the thugs to unleash terror on defenceless people (Punch, 13/01/14).

Indeed, on several occasions, Governor Amaechi openly accused Mr. Mbu of being a member of the Peoples Democratic Party (PDP). One of such instances is worthy of elaboration here. In his parting message to Mr. Mbu’s successor, Mr. Tunde Ogunsakin, the Governor described Mr. Mbu as a politician in police uniform, who attempted to cripple the economy of the state. Putting this bluntly, he says,

Unlike the former commissioner, who clearly showed us that, he was a registered member of PDP, in your own case, (referring to the new commissioner) you know that we had disagreements but you realized your responsibility to ensure the security of lives and property

as the paramount responsibility of the Nigerian police. Unlike the former commissioner, who clearly showed us that, he was a registered member of PDP, in your own case, (referring to the new commissioner) you know that we had
disagreements but you realized your responsibility to ensure the security of lives and property as the paramount responsibility of the Nigerian police (quoted in Onukwugha, 2014)

It is clear from the foregoing that the police in Rivers state while the political crisis lasted did not exhibit professionalism expected of a police organisation in a democratic society. Put differently, it would seem to have taken side with a party in the crisis. As a matter of fact, Mr. Mbu, few months later, told the world what his mission was in Rivers State. In his remark at the handling over ceremony for the new police boss of the FCT Command, after being promoted to the rank of the Assistant Inspector General of police, he boastingly asserted that while in Rivers State, he was the Lion that 'tamed' Mr. Amaechi! (Basiru, 2016:67)

Political Policing: Making or Marring Democracy?

Democracy once embraced by a country must be guarded jealously by the stakeholders as to prevent it from sliding into authoritarianism (Ojo, 2008:170). This is what, in literature, is meant by democratic consolidation. Suffice to stress that the concept of democratic consolidation assumed global currency with the arrival of the third wave of democratization (see Huntington, 1991). Bratton (1998) conceptualizes it as the wide-spread acceptance of roles to guarantee political participation and political competition. From a slightly different angle, Ojo (2008:171) sees it as the process by which democracy becomes so broadly and profoundly legitimate among citizens that it is very unlikely to break down. Aside from conceptualizing and contextualizing democratic consolidation, democratic theorists have also attempted to identify the pre-conditions for its attainment vis: the substantive and stability factors (see Svolik, 2007). The first encompasses the multiplicity of institutions, norms and beliefs that could nurture democracy in a given society (Guillermo and Philippe 1986).

The second and the most fundamental, most especially, in new democracies such Nigeria, is stability. In the words of Ogundiya (2010:235) ‘the tiny gap between stability and consolidation is that stability begets consolidation. Indeed democracy must be stable for it to be consolidated’. What is implied here is that stability is a *sine qua non* for democratic consolidation. In the light of this, any phenomenon that threatens the stability of a community inevitably arrests development and could ultimately undermine the process of democratization. How does this apply to policing? It may happen this way: when public coercive institutions such as the police that ought to prevent, contain, curtail and
manage violence fail and even get embroiled in political struggles, rule of law, a core element of democracy, might be in abeyance. In such scenario, democracy itself might be in the reverse gear.

In the case of Rivers examined earlier, perhaps, it would have been a more serious crisis if the party that was against the action of the police boss had countered the action of the police via violence! May be, while the crisis lasted, the state would have been embroiled in greater political conflagration. This would have made the Federal Government to declare a state of emergency. Resultantly, constitutional rule would have been suspended as were the cases in the Western Region and Ekiti State, in 1962 and in 2006 respectively. To be sure, no matter how one views it, emergency rule symbolizes democratic reversal and not democratic consolidation. The thesis here is that politicisation of policing in a democracy could have serious implications for democratic consolidation especially in countries that have just emerged from a long period of dictatorships.

The Crux of the Matter: The Triple Syndrome of Statism, Authoritarianism and Centrism

The seeming politicisation of public order management in post-military Nigeria, really, cannot be treated in isolation. At the root of the problem is the structural character of the Nigerian state and the politics it engenders. As Ake (1996:7) puts it:

Much of what is uniquely negative about politics in Africa arise from the character of the state, particularly its lack of autonomy, immensity of its power, its proneness to abuse, and lack of autonomy and lack of immunity against it. The character of the state rules out a politics of moderation and mandates a politics of lawlessness and extremism for the simple reason that the nature of the state makes the capture of state power irresistibly attractive.

As fascinating as the above contention is, it cannot be divorced from the country’s political history. The precursor of the post-colonial state, in Nigeria, emerged in manner that was nothing but undemocratic. Unlike the American federal state that emerged organically through the franchise of the peoples, the Nigerian colonial state was forcefully cobbled together by the forces external to it (Ezonba, 2012:326). So ab initio, the state that emerged in Nigeria was a product of force. Upon its consolidation, it also depended
on force to extract surplus from the natives. Its raison d’être was hard policing of the colonial economies for the benefit of the metropoles (Onoja, 2012:22).

Interestingly, the post-colonial state that succeeded it, in 1960, was not structurally different from its precursor as there were changes without change. Momoh (2010), talking from the general African perspective has this to say: ‘the post-colonial state in Africa was deracialized and Africanized but it was not democratized’. Therefore, all the apparatuses of repressions inherited from the ex-colonial masters were indiscriminately applied without being dismantled. At independence, the inheritors of the colonial state, in their race to catch up with their counterparts in the metropoles, institutionalized state capitalism. This soon generated its own antitheses. In the first instance, the state became an avenue for access to wealth and protection and capturing it thus became a matter of life and death. In the struggle for power, the political system was polarized into two blocs. In the first bloc was the party in power and its core gladiators, both at the centre and the regional levels. In the second bloc are the opposition party and its core gladiators, at the centre and the regions, as well.

The intra-class struggles to control power for purpose of wealth accumulation became so intense that police and occasionally the Judiciary, also got entangled in the crisis. The war-like politics soon paved the way for the specialists in violence, the military; to come into the picture (Basiru, 2013:8). Precisely, on 15 January, 1966, the Nigerian military abandoned their liberal constitutional role of defending the sovereignty of the nation to fill the vacuum created by the warring politicians. By their entrance into politics, they became the new overseers of wealth accumulation (Basiru and Ogunwa 2016:42). Lacking in legitimacy but imbued with coercive power, the military while they ruled had to depend on raw force to win the allegiance of the citizens. To achieve this objective, countless draconian decrees were made and the police became the major enforcers of these laws. In order to ensure smooth administration of the country, the military centralized all coercive agencies in the Federal Military Government. They were deployed for purpose of intimidation and harassment of individuals and groups that each regime considered as its enemies.

Interestingly, it was this structure of public order management that was imposed on the people through the 1999 Constitution. Thus like, the old order, the police are responsible to the Federal Government and not to the state governments. The implication of this anti-federal arrangement is that the party that controls the Federal Government controls the police. Put differently, the loyalties of members of the Nigerian police are to the Inspector-General of Police, who in turn, owes his loyalty to the President
of the country. Therefore, in any political struggle that the presidency is involved, the police had always tended to ally with the president. For example, few days after Mr. Mbu blocked the way leading to the Rivers state government house, APC indicted the presidency.

In a reaction to Mr. Mbu’s action, APC’s National Publicity Secretary, Lai Mohammed, says,

*the Nigeria Police Force, NPF, under Jonathan’s administration had increasingly become a lawless force whose allegiance is only to the president and not to the Constitution of Nigeria. Since the onset of the President Jonathan-inspired political logjam in Rivers State and the implosion of his party, the PDP, the president has been depending on the Nigeria Police to shore up his dwindling political fortune. The insubordination of the Rivers State Super Police Commissioner, Mbu; the police-sponsored fracas in the Rivers State House of Assembly; the assault on the five visiting governors by thugs working under the direction and protection of the State Commissioner of Police (quoted in Owete, 2013).*

It would thus appear that Mr. Mbu was acting the script of those opposed to Governor Amaechi style of governance. Mr. Mbu was just a loyal officer doing his job. After all, he was not responsible to the governor but to the president through the Inspector General. The issue here is clear: Mr. Mbu might have been a victim of the Nigerian structural problem. It thus implies that if Mr. Ogunsakin, Mr. Mbu’s successor, had found himself in similar situation, he would not have behaved differently. He would have probably pitched his tents in the anti-Amaechi camp so as not to face dire consequences: redeployment, demotion, retirement, e.t.c. He would only have taken side with Governor Amaechi if the organisation he works for is controlled by the Rivers State Government.

**CONCLUDING REMARKS**

The article sought to examine the politicisation of policing and its implication for democratic consolidation in democratic Nigeria. In furtherance of this objective, it clarified concepts that are germane, sketched out the theoretical framework, reviewed extant literature and provided explanatory framework for understanding the core problematic.

From these reviews and analyses, it found that professional policing is a *sine qua non* for democratic consolidation but in Nigeria and other post-colonies the police are more political than professional. It notes and argues that as long as extant structure which centralizes public policing in Nigeria
endures, public order management in Nigeria, through the auspices of the Nigeria police, would continue to be politicized. Against these backgrounds, what should be done? One, in the short run, there is the urgent need for the decentralization of the public policing system in Nigeria. In other words, policing must be made a concurrent matter between the federal government and the state governments as was the case in the country before 1966. A unified policing method, with its attendant authoritarianism, is not sustainable in a polyglot society like Nigeria. Two, the power to appoint the head of the police establishment should no longer be solely in the hand of the President. Such power should now be shared with the President by the Legislatures and other independent bodies that are not answerable to the president.

REFERENCES
https://ibadanjournalofsociology.org


University Press)


Onukwugha, A.(2014)“Rivers: As Amaechi, Mbu return to the trenches”, *Premium Times online*, 4 November


IBADAN JOURNAL OF SOCIOLOGY

The Bi-Annual Journal of the
Department of Sociology,
University of Ibadan,
Nigeria.

https://ibadanjournalofsociology.org
ARTICLES

Confusion in Parity and Sex Preferences: Yoruba Thoughts and Challenges for Population Control in Nigeria
Kabiru K. SALAMI¹, Abolaji AZEEZ² and Maryann C. DANJIBO³

Differential Treatments of Prison Inmates and Implications on Nigerian Criminal Justice System
Richard A. ABORISADE

International Migrants’ Remittances, Kinship Networks and Social Constructions
Olayinka Akanle¹ and Otomi Augustina Orohome²

Maternal Education and Under-Five Mortality among Urban Poor in Nigeria
Olufunke A. FAYEHUN¹, Adegoke MAJEKODUNMI² and, Aboluwaji Daniel AYINMORO³

Religion, Health and Turbulence of Healing Craft in the Nigerian Context
Kabiru K. Salami¹ and Chinwe M. Onuegbu²

The Politicisation of Policing in Democratic Nigeria
Adeniyi S. Basiru¹ Franc Ter Abagen² and Mashud L.A Salawu³

This issue is available at: https://ibadanjournalofsociology.org

Copyright © 2014-2019 Ibadan Journal of Sociology (IJS)