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LIVELIHOOD DIVERSIFICATION STRATEGIES AMONG FOREST ENVIRONMENTS’ DWELLERS IN EDO STATE, NIGERIA

By

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Abstract

This study was carried out to examine livelihood diversification strategies of fringe communities around Sakpoba Forest Reserve as a result of pressure and threats. The study specifically examined the impacts of human activities in terms of pressure and threat on the forest reserve and suggested possible ways of mitigating the impacts of such activities on the reserve. The study also examined the livelihood diversification strategies resulting from the threatened forest reserve. Two hundred and forty (240) copies of structured questionnaire were used to elicit information from the respondents. Two main data collection approaches were used for this study. These included use of structured questionnaire, with component of Rapid Assessment and Prioritization of Protected Area (RAPPAM) and 12 Key Informant Interviews (KII) to elicit information from respondents. Twelve (12) community leaders, one from each of the twelve selected communities, were interviewed through the KII approach. RAPPAM technique was used to examine the impact of human activities on the reserve. It was observed that the various human activities in the reserve have negatively affected the forest reserve because most portion of the reserve has been greatly degraded. Findings show that there is a severe degree of pressure on Sakpoba Forest reserve from Logging, Non timber Forest Products (NTFPs) collection and conversion of forest for farming with each having a degree of 36. In addition, the degree of threat on logging \(27^0\), NTFPs collection \(36^0\) and conversion of the forest for farming \(27^0\) are severe in the reserve. The degree of pressure from grazing and hunting were indicated as moderate and high by \(8^0\) and \(12^0\) respectively, Consequently, the livelihood of the people were also significantly affected, owing to the fact that the land was no longer fertile enough to produce good crop yields that can sustain the livelihood of the people living around the reserve.

**Keywords:** Livelihood diversification, threats, pressure, Sakpoba, Forest.
Introduction

The contribution of forest and forest resources to sustainable livelihoods cannot be over-emphasized. They remain significant to many development efforts and are critical to the reduction of poverty and hunger. They provide livelihood to a greater proportion of world’s population (Eric, Braimah, and Asamoah, 2014). Forest provides household with income, fuel wood, food security, reduce vulnerability to shocks and adversities and generally increasing well-being (Eva and Fred 2013, Fisher and Shively 2005).

A study by International Union for the Conservation of Nature (IUCN, 2010) points to the fact that forest resources form the basis of the livelihoods of forest fringe communities and for that matter the development of the fringe communities. The study has therefore established that fringe communities derive products such as canes, pestles, mushrooms, game and fish, as well as snails from the forests and water bodies and also support activities such as farming, fishing, hunting, gathering and tourism. However, the overarching issue of contention is that while forest communities derive their livelihood from the natural resources, it is increasingly becoming obvious that if conservation plans are not put in place, the resources would be depleted within the next few years. This is a pointer to the fact that natural resource conservation is critical for the sustainability of natural resources (Eric, Braimah, and Asamoah, 2014).

Forest fragmentation and deforestation remain as central problems in Nigeria, primarily, to both legal and illegal timber exploitation and arable crop farming (Amisah, Gyampoh, Sarfo-Mensah and Quagrainie, 2009). The consequence has been a dramatic evolution of strategies to sustain rural livelihoods. In most African countries the spate of deforestation has increased over the past four decades, with significant effects on rainfall, temperature, water resources, wildfire frequency, agriculture and livelihoods (Amisah, Gyampoh, Sarfo-Mensah and Quagrainie, 2009).

In developing countries, particularly those in Africa, livelihood insecurity remains a major problem (Shepherd, Arnold and Bas (1999) in Tropenbos International, 2005). Forest dependent communities in these countries, rely heavily on their farmlands. Many forest dependent people employ a diversity of means to help meet basic needs: food and cash crop production, forest and tree product gathering and income-earning enterprises both on and off the farm. Often, the poorer the household, the more diverse the sources of their livelihood, as the needs for the year must be made up from various off-farm as well as on-farm natural resources, and often from migrant labouring as well (Shepherd, Arnold and Bas (1999) in Tropenbos International, 2005).
The geometric rate at which the once evergreen forests are fast diminishing at the expense of forest communities’ livelihoods and development is very alarming, especially with regard to meeting the needs of future generations. An estimated 130 million hectares of forest were lost between 2000 and 2010 worldwide due to deforestation (Food and Agricultural Organization, 2010) and some 8.5 million hectares of forest could be lost in 2015 alone (World Wildlife Fund, 2015) Deforestation rates remain high and will probably increase in the coming years as the population grows and demand for new settlements, wood for construction, fuelwood, charcoal and food increases as a consequence (Amisah, Gyampoh, Sarfo-Mensah and Quagrainie, 2009).

This spate of forest degradation potentially poses enormous adverse effects on forest reserves. These forest communities exert excessive pressure on forest reserves as many of those living in such communities have their livelihoods predicated on the availability, access and utilization of forest products (Appiah, 2009). The concomitant repercussions associated with this forest degradation include exposing such degraded forest communities as well as their farmlands to high risk of erosions and floods (Edusah, 2011). Additionally, forest degradation risks the quality of life in forest communities and beyond, militates against the stability of climate and local weather, threaten the existence of other species and undermine the valuable services provided by biological diversity. Ultimately, these effects affect the livelihoods in such forest fringe communities who have suffered considerable setbacks in their livelihoods due to changing forest cover thereby causing livelihood diversification.

Livelihood diversification refers to attempts by individuals and households to find new ways to raise incomes and reduce environmental risk, which differ sharply by the degree of freedom of choice (to diversify or not), and the reversibility of the outcome. Livelihood diversification includes both on- and off-farm activities which are undertaken to generate income additional to that from the main household agricultural activities, via the production of other agricultural and non-agricultural goods and services, the sale of waged labour, or self-employment in small firms, and other strategies undertaken to spread risk; included in this are what has been termed 'activity or environment diversification’ in agriculture (Mugagga, Buyinza and Kakembo, 2010).

According to Ellis and Allison (2004), livelihood diversification strategies are the combination of activities that people choose to undertake in order to achieve their livelihood goals. Diversification as a livelihood strategy is defined as a process in which the person or the rural family unit builds a group of activities and goods looking for better ways of living (Ellis,
When area access difficulties are eliminated and opportunities of means of subsistence are identified and extended, the farmer or the family community develops the capacity to generate livelihood and improve their lives. This livelihood diversification is however necessary for the forest environment dwellers in Edo State as the land could no longer provide the required livelihood support, due to over exploitation and excessive degradation. Hence, there is the need for additional sources of livelihood support.

The objectives of the study are thereby to assess the degree of pressure and threats posed by the activities of these forest environments’ dwellers on the forest reserve and to examine the livelihood diversification strategies adopted by the forest environment dwellers. Possible ways of mitigating the impact of the forest environment dwellers on forest reserve will be suggest

**Methodology**

**Study Area**

This study was carried out in Sakpoba Forest Area in Orhionmwon Local Government Area of Edo State. This study area was chosen due to increasing level of human activities within the forest reserve and the resultant level of degradation in area. Edo state is located between latitude5°51'N - 7°33'1 N and longitudes 5°E-6°40'1E (NPC, 2006). It shares common boundary with Ondo State in the west, Delta State in the east and Kogi State in the north. The vegetation of the state is moist rain forest in the south and derived savanna in the north. Sakpoba Forest Reserve lies between latitudes 4° - 4° 30' and longitudes 6°- 6° 5'1E (Idumah, Owombo. and Ighodaro, 2014) It is bounded on the south by Delta State, on the East by Urhonigbe Forest Reserve and on the west by Free Area, B.C. 30. It is located in Orhionmwon Local Government Area, about 30 kilometers South-East of Benin City. Some of the major villages located within and around the reserve are Ugo, Ikobi, Oben, Iguelaba and Amaladi in Area B.C 32/4, and Ugboko-Niro, Iguere, Idunmwowina, Evbarhue, Idu, Evbueka, Iguomokhua, Ona, Abe, Igbakele, Adeyanba, Evbuosa (Idumah, et al., 2014). The major occupation of the villages is farming, which possibly explains their activities within the reserve. This therefore necessitated the choice of the study area.
Both purposive and random sampling techniques were used in the study. Purposive sampling was applied in selecting the forest reserve (Sakpoba Reserve), due to the particular concern on the degraded state of the reserve and interest in knowing various anthropogenic activities going on in the reserve and the impact of such activities on the reserve. However, random sampling technique was used in selecting the communities and respondents for the study. Twelve of the communities were randomly selected. These were Idu, Iguemokhua, Evbuwa, Sakpoba, Ona, Abe, Aideyanoba, Evbuosa, Iduumwina, Igbekhue and Iguere. Twenty copies of structured questionnaire were randomly administered on respondents in each of the twelve communities. Two hundred and forty (240) copies were administered in all, only two hundred and thirty-four (234) copies were found analyzable and were used. The remaining six were discarded due to mismatched information. Focused group discussions were conducted on respondents to obtain information on the challenges faced by the communities and the needs of the communities. Both purposive and random sampling techniques were used in the study. Purposive sampling was applied in selecting the forest reserve (Sakpoba Reserve), due to the degraded nature of the reserve and the impact of human activities on the reserve. However, random sampling technique was used in selecting the communities and respondents for the study. Twelve of the fringe communities were randomly selected. These were Idu, Iguemokhua, Evbuwa, Sakpoba, Ona, Abe, Aideyanoba, Evbuosa, Iduumwina, Igbekhue and Iguere. Twenty copies of structured questionnaire were randomly administered on respondents in each...
of the twelve communities. Two hundred and forty (240) copies were administered in all, with only two hundred and thirty-four (234) copies found analyzable for use. Rapid Assessment and Prioritization of Protected Area Management (RAPPAM) approach was used to assess the degree of pressure and threats posed by human activities to the reserve. This was done in line with World Wildlife Fund (2003) recommendation for assessing the pressure and threats posed by human activities to protected areas. This was done through the use of Key Informant Interviews (KII) to elicit information from twelve (12) community leaders, one from each of the selected communities around the reserve. This was done on the basis of their perceived pressure and threats posed by various human activities to the reserve. Twelve community leaders (three of whom had been a forest field officer at one point or the other) were interviewed. These field officers and other community leaders who were interviewed were considered knowledgeable in light of their involvement in protected area management over time.

Likert scale was used to determine the Extent, Impact and Permanence of the various human activities in Sakpoba forest reserves as recommended by WWF (2003). It was also used to assess the perception of people of the surrounding communities about the forest reserve. The choice of Likert scale was because it is the recommended tool by World Wildlife Fund for assessing the perceived impacts of human activities on forest reserves. This is indicated in tables 1.
### Table 1

**Impact/Extent of Human Activities on Protected Area**

<table>
<thead>
<tr>
<th>Likert scale</th>
<th>Impact/Extent</th>
<th>Proportion of Forest Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Localized</td>
<td>&lt; 5%</td>
</tr>
<tr>
<td>2</td>
<td>Scattered</td>
<td>5-15%</td>
</tr>
<tr>
<td>3</td>
<td>Widespread</td>
<td>15-50%</td>
</tr>
<tr>
<td>4</td>
<td>Throughout</td>
<td>&gt;50%</td>
</tr>
</tbody>
</table>

**Permanence of Impact of Human Activities on Protected Areas**

<table>
<thead>
<tr>
<th>Likert scale</th>
<th>Permanence</th>
<th>Recovery period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short term</td>
<td>&lt;5 years</td>
</tr>
<tr>
<td>2</td>
<td>Medium term</td>
<td>5-20 years</td>
</tr>
<tr>
<td>3</td>
<td>Long term</td>
<td>20-100 years</td>
</tr>
<tr>
<td>4</td>
<td>Permanent</td>
<td>&gt;100 years</td>
</tr>
</tbody>
</table>

**Degree of Pressure and Threats from Human Activities to Protected areas**

<table>
<thead>
<tr>
<th>Range</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Mild</td>
</tr>
<tr>
<td>4-9</td>
<td>Moderate</td>
</tr>
<tr>
<td>12-24</td>
<td>High</td>
</tr>
<tr>
<td>27-64</td>
<td>Severe</td>
</tr>
</tbody>
</table>

In addition, on-the-spot assessment of the forest reserve was conducted to identify various species of trees, shrubs and climbers that were within the forest reserve with a view to determine prevalence.
Results and Data Presentation

Table 2: Socioeconomic Characteristics of Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30 years</td>
<td>10</td>
<td>4.27</td>
</tr>
<tr>
<td>30-40 years</td>
<td>44</td>
<td>18.80</td>
</tr>
<tr>
<td>41-50 years</td>
<td>68</td>
<td>29.06</td>
</tr>
<tr>
<td>51-60 years</td>
<td>58</td>
<td>24.79</td>
</tr>
<tr>
<td>Above 60 years</td>
<td>54</td>
<td>23.08</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>182</td>
<td>77.78</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>22.22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>180</td>
<td>76.92</td>
</tr>
<tr>
<td>Islam</td>
<td>4</td>
<td>1.71</td>
</tr>
<tr>
<td>Traditional</td>
<td>50</td>
<td>21.37</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>10</td>
<td>4.27</td>
</tr>
<tr>
<td>Married</td>
<td>202</td>
<td>86.32</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>0.85</td>
</tr>
<tr>
<td>Widowed</td>
<td>20</td>
<td>8.55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farming</td>
<td>202</td>
<td>86.32</td>
</tr>
<tr>
<td>Trading</td>
<td>14</td>
<td>5.98</td>
</tr>
<tr>
<td>Artisanship</td>
<td>16</td>
<td>6.84</td>
</tr>
<tr>
<td>Civil service</td>
<td>2</td>
<td>0.85</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Educational Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>56</td>
<td>23.93</td>
</tr>
<tr>
<td>Primary education</td>
<td>90</td>
<td>38.46</td>
</tr>
<tr>
<td>Secondary education</td>
<td>78</td>
<td>33.33</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>10</td>
<td>4.27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Household Size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5</td>
<td>20</td>
<td>8.55</td>
</tr>
<tr>
<td>5-10</td>
<td>150</td>
<td>64.10</td>
</tr>
<tr>
<td>11-15</td>
<td>44</td>
<td>18.80</td>
</tr>
<tr>
<td>Above 15</td>
<td>20</td>
<td>8.55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Tribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>192</td>
<td>82.05</td>
</tr>
<tr>
<td>Urhobo</td>
<td>16</td>
<td>6.84</td>
</tr>
<tr>
<td>Yoruba</td>
<td>4</td>
<td>1.71</td>
</tr>
<tr>
<td>Igbo</td>
<td>4</td>
<td>1.71</td>
</tr>
<tr>
<td>Esan</td>
<td>8</td>
<td>3.42</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
<td>4.27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey, 2015

Table 2 shows the socioeconomic characteristics of the people of the forest environments’ dwellers around the Reserve. The results showed that 4.3% of the respondents were less than 30 years while about 73% were between 30 and 60 years of age and those that were above 60 years
accounted for about 23.08%. On gender distribution, about 78% of the respondents were male while female accounted for about 22%. In addition, 76.92% of the forest environment dwellers were Christians while 1.71% practice Islamic religion and 21.37% of them practice traditional religion.

From the educational distribution, 76.06% of the respondents had formal education and at least primary education while 23.93% had no formal education. It was also discovered from the study that the inhabitants of the communities were mostly of Benin extraction, as they accounted for 82.05%. Tribes like Yoruba, Urhobo, Igbo, Esan and others accounted for 17.95%. Majority of the respondents (64.10%) were from homes with household size of 5-10. At least 91.45% of the respondents had a household size of 5. Furthermore, it is also revealed that the major occupation of most of the forest environment dwellers is farming, which accounts for about 86.32% of the total respondents.

Table 3: Socioeconomic Attributes of Respondents Continued

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>126</td>
<td>53.85</td>
</tr>
<tr>
<td>No</td>
<td>108</td>
<td>46.15</td>
</tr>
<tr>
<td>Mode of Land Acquisition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inheritance</td>
<td>82</td>
<td>35.04</td>
</tr>
<tr>
<td>Purchase</td>
<td>36</td>
<td>15.38</td>
</tr>
<tr>
<td>Rent</td>
<td>112</td>
<td>47.86</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>1.71</td>
</tr>
<tr>
<td>Farm Size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5 hectares</td>
<td>144</td>
<td>61.54</td>
</tr>
<tr>
<td>5-10 hectares</td>
<td>82</td>
<td>35.04</td>
</tr>
<tr>
<td>More than 10 hectares</td>
<td>8</td>
<td>3.42</td>
</tr>
<tr>
<td>Ownership of Livestock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>166</td>
<td>70.94</td>
</tr>
<tr>
<td>No</td>
<td>68</td>
<td>29.06</td>
</tr>
<tr>
<td>Source of Feed for Livestock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From the forest reserve</td>
<td>76</td>
<td>45.78</td>
</tr>
<tr>
<td>From my compound</td>
<td>58</td>
<td>34.94</td>
</tr>
<tr>
<td>From the market</td>
<td>20</td>
<td>12.05</td>
</tr>
<tr>
<td>From the bush other than the reserve</td>
<td>12</td>
<td>7.23</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2015

Several reasons could be adduced to human activities in the reserve. Some of these are closeness of some of the communities to forest reserve, lack of awareness of members of the communities of the boundaries of the reserve, as about 46% of the respondents claimed they didn’t know the boundary of the reserve (Table3). This explains the reason why many of them use the reserve illegally without knowing it. Many who use the reserve knowingly claimed they do so because they didn’t have adequate land they could use for farming, though a large proportion (95.73%) of them claimed they had land. However, about 35% of them claimed they got their land through inheritance, while majority (47.86%) of them asserted that they got
their land through rent. It was observed from the findings that most of the acquired land by the people within the surrounding communities was actually within the forest reserve, especially for those who claimed to have rented their land. In addition, most of these land holdings were actually small in size, as majority of the respondents (61.54%) had land less than 5 hectares, as depicted in Table 3. This possibly explains their increased use of the forest reserve in order to use the reserve to complement their small land holdings.

The livestock holding status of the people in the communities is shown in Table 3. With such a high percentage of livestock holdings, it is expected that their feeding will bore down to the reserve. The implication of this is that they had to cut down some tree branches and fell some young trees in their quest to get fodder for their livestock. This therefore contributes to the depletion of the forest reserve.

In addition, some of the respondents claimed that because they had no jobs, they had to result to farming and the use of the reserve, since their livelihood is dependent on the reserve. They claimed the existence of the reserve had affected their lives positively as it serves as source of food and income to them. However, if the reserve is continued to be used unsustainably by the people, in their quest for means of livelihood, the forest reserve might be completely degraded and will as well have serious implication on the livelihood of the people as it may no longer be able to provide necessary livelihood support to the people as a result of over exploitation and degradation. This therefore calls for the provision of alternative sources of livelihood to help the people diversify their income sources. This will help in reducing the pressure being mounted on the reserve by the people.
Table 4: Perceptions of Surrounding Communities About Sakpoba Reserve

<table>
<thead>
<tr>
<th>Perceptual Statements</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regulation of the forest resources help maintain</td>
<td>158</td>
<td>56</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Sustainable livelihood</td>
<td>(67.52)</td>
<td>(23.93)</td>
<td>(4.27)</td>
<td>(4.27)</td>
<td>(0.00)</td>
</tr>
<tr>
<td>2. Livelihood of people taken into consideration</td>
<td>130</td>
<td>58</td>
<td>4</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>When regulations are made</td>
<td>(55.56)</td>
<td>(24.79)</td>
<td>(1.71)</td>
<td>(12.82)</td>
<td>(5.13)</td>
</tr>
<tr>
<td>3. There is cordial relationship between forest officers</td>
<td>140</td>
<td>30</td>
<td>42</td>
<td>54</td>
<td>22</td>
</tr>
<tr>
<td>And the people</td>
<td>(59.83)</td>
<td>(12.82)</td>
<td>(17.95)</td>
<td>(23.07)</td>
<td>(9.40)</td>
</tr>
<tr>
<td>4. The forest plays important role in protecting and</td>
<td>178</td>
<td>54</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enriching the natural environment</td>
<td>(76.07)</td>
<td>(23.07)</td>
<td>(0.85)</td>
<td>(0.00)</td>
<td>(0.00)</td>
</tr>
<tr>
<td>5. Forest plays an important role in local traditional</td>
<td>164</td>
<td>36</td>
<td>24</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Religions, beliefs and practices</td>
<td>(70.06)</td>
<td>(15.38)</td>
<td>(10.26)</td>
<td>(1.71)</td>
<td>(2.56)</td>
</tr>
<tr>
<td>6. It affects the economic lives of the people by</td>
<td>176</td>
<td>44</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>providing Income and jobs</td>
<td>(75.21)</td>
<td>(18.80)</td>
<td>(0.85)</td>
<td>(0.85)</td>
<td>(1.71)</td>
</tr>
<tr>
<td>7. It impacts on the people by providing products</td>
<td>186</td>
<td>42</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Which satisfy basic needs of the family</td>
<td>(79.48)</td>
<td>(17.95)</td>
<td>(2.56)</td>
<td>(0.00)</td>
<td>(0.00)</td>
</tr>
</tbody>
</table>

Stronly Agree (SA), Agree (A), Undecided (U), Disagree (D), Strongly Disagree (SD)

In order to examine the perception of the people of surrounding communities about Sakpoba Forest Reserve, 7 perceptual statements against a 5-point Likert Scale ranging from strongly agree (5), agree (4), undecided (3), disagree (2) and strongly disagree (1) was administered to the respondents as shown in Table 4. About ninety one percent (91.45%) of the respondents perceived the regulation of forest resources as being helpful in maintaining sustainable livelihood and 80.35% of these people agreed that the livelihood of the people living around forest reserves is taken into consideration when forest regulations are made. While 94.01% of the respondents either strongly agree or agree that forest affects the economic lives of the people by providing income and job, nearly all the respondents (99.14%) agreed that the forest plays important role in protecting and enriching the natural environment. This therefore necessitates adequate attention from appropriate authorities to help regulate human activities in the reserve, thereby protecting the natural environment.
Figure 2: Showing the Degree of Pressure on Sakpoba Forest Reserve

Figure 3: Showing the Degree of Threat on Sakpoba Forest Reserve
Figure 4: Livelihood Diversification Strategies of Fringe Communities of Sakpoba Forest Reserve.

From the key informants’ interview, it was discovered that poor infrastructural facilities, particularly poor roads, are major contributing factors accounting for low income levels and poor living standards of the people in the forest communities. It was explained that they find it difficult to transport their farm produce to marketing centers in town (Figures 5 and 6). Therefore, when asked on their perceived needs that if provided, will help improve and sustain their livelihood and by extension, will help reduce the pressure and their activities within the reserve; the people of the surrounding communities stated that they needed good roads, electricity, health centers, construction of town hall, modern market, building of schools (secondary school), provision of telecommunication network as well as the provision of potable water.

This was evident when about 90% of them claimed that they would wholeheartedly accept an alternative means of livelihood that will reduce their use of the reserve, if provided within the community while 74.4% claimed they were ready to accept alternative source of livelihood if provided outside the community. This implies that most of the people in the fringe communities of the forest reserve were willing to reduce their activities in the reserve if alternative sources of livelihood were provided them. Majority of
them affirmed to the willingness to protect and conserve the forest reserve if adequately motivated.

Finding shows that most parts of the reserve are threatened by a majority of threat factors, implying that conservation in the forest reserve is greatly at risk. The ever increasing land demand in the country due to the increasing human population in rural areas has also put more pressure on protected areas as evident in threat levels for the conversion of forest for farming and other activities in the Forest Reserve. A respondent in an IDI further presented this scenario this way:

We have problem feeding ourselves as our expectation of having a better future is not guaranteed. Most of our children we sent to school still join us here at the end of the day because of joblessness that is why we are having a teeming population of young able bodies. They end up requesting for their own private farmland

(IDI/Male/68years/Evbuosa /2015)

From the key informants’ interview, it was discovered that poor infrastructural facilities, particularly poor roads, are major contributing factors accounting for low income levels and poor living standards of the people in the forest communities. It was explained that they find it difficult to transport their farm produce to marketing centers in town (Figures 5 and 6). some of the respondents have this to say,

We labor to cultivate here but have problems moving our products to town. What we resolved to is selling for the marketers that bring their trucks here at their own price. We can’t blame them; some trucks will get stocked on the road for days before they can assess the main road

(KII/Female/46years/Ona /2015)

Also the political terrain and corruption has not helped matter. A respondent lamented thus

I spent all my years here, things are just going from bad to worse. There were times when if you come here the trees canopy will so closed that you won’t know the difference between noon time and dusk. All we just saw is people coming to log the trees we planted when we were younger, our labor gone under
our nose. Since about 18 years now, its politician we see when election is around to deceive us and off they are gone, we have no choice than to help ourselves with available land (KII/Male/76 years/ Iduomwina /2015)

Therefore, when asked on their perceived needs that if provided, will help improve and sustain their livelihood and by extension, will help reduce the pressure and their activities within the reserve; the people of the surrounding communities stated the following:

There is no development here as you can see and you can imagine the revenue Government generated on this reserve when the going was good. Top on our list of needs is good road. Let them give us access to town so that we can sell our agricultural products at reasonable price. No investor will be interested in coming here as we are.

(KII/Male/41 years/ Idu /2015)

Some of the other requirement mentioned include, provision of electricity, Provision of potable water, provision of health centers, Building of schools (secondary education), provision of telecommunication network, Construction of modern market and Construction of Town hall. On some of the amenities, a respondent has this to say:

You won’t believe that we don’t have good source of drinking water. The overhead tank you are looking at afar off was installed by a politician and since then, we can’t get light or fuel to power it, that’s why you see it abandoned. Even though, the borehole in Gbekhue is working, it’s quite a distance from here. An okada will charge you between $0.99 and $1.30 to carry two 25 litre kegs

(KII/Male/52 years/ Abe /2015)

It was evident when about 90% of them claimed that they would wholeheartedly accept an alternative means of livelihood that will reduce their use of the reserve, if provided within the community while 74.4% claimed they were ready to accept alternative source of livelihood if provided outside the community. This implies that most of the people in the fringe communities of the forest reserve were willing to reduce their activities in the reserve if alternative sources of livelihood were provided them. Majority of
them affirmed to the willingness to protect and conserve the forest reserve if adequately motivated.

The on-the-spot assessment of the forest reserve showed that various species of trees, shrubs and climbers were found within the reserve, as shown in Table 5.

Table 5: Timbers, Shrubs and Climbers Found Around The Fringe Communities Of Sakpoba Reserve

<table>
<thead>
<tr>
<th>Tree species</th>
<th>Shrubs</th>
<th>Climbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irvingia gabonensis</td>
<td>Rytigynia nigerica</td>
<td>Discorea bulbifera</td>
</tr>
<tr>
<td>Chrysophyllum albidum</td>
<td>Glyphea brevis</td>
<td>Similax crussiana</td>
</tr>
<tr>
<td>Dacryodes edulis</td>
<td>Alchonia cordifolia</td>
<td>Cissampelos owariensis</td>
</tr>
<tr>
<td>Mangifera indica</td>
<td>Massularia acuminate</td>
<td>Gloriosa superba</td>
</tr>
<tr>
<td>Ceiba pentandra</td>
<td>Senna alata</td>
<td>Pyrenacantha staudtii</td>
</tr>
<tr>
<td>Newbouldia laevis</td>
<td>Trema oricutalis</td>
<td>Alatia banteri</td>
</tr>
<tr>
<td>Triplochiton scleroxylon</td>
<td>Chassalia kolly</td>
<td>Landophia owariensis</td>
</tr>
<tr>
<td>Rauvolutia vomitoria</td>
<td>Myrianthus arboreus</td>
<td>Canavalia virosa</td>
</tr>
<tr>
<td>Pycnanthus angolensis</td>
<td>Manniophyton fuluum</td>
<td>Paulinia pinnata</td>
</tr>
<tr>
<td>Milicia excelsa</td>
<td>Euginea malaccensis</td>
<td>Pegularia daemia</td>
</tr>
<tr>
<td>Triplesium madascariensis</td>
<td>Phyllanthus muellerianus</td>
<td>Gongronema latifolium</td>
</tr>
<tr>
<td>Hollarheua floribunda</td>
<td>Baphia nitida</td>
<td></td>
</tr>
<tr>
<td>Rothmania hispida</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chrysophyllum kinito  
Trichilia monadelpha  
Pentaclethra macrophylla  
Albizia adanthifolia  
Khaya grandifolia  
Macaraye barteri  
Bombax buonopozense  
Cleistopholis patens  
Albizia ferruginea  
Albizia zygia  
Myrianthus arboreus  
Anthocleista vogelii  
Ficus capensis  
Ficus mucuso  
Trichilia priureana  
Spathodia campanulata  
Spondia mombin  
Ricinodendron huedelotii  
Anthonata macrophylla  
Ficus exasperate  
Terminalia superba  
Canthium hispidum  
Hevea brassiliensis
Discussion

The study revealed that the inhabitants of the forest environments cut across different age groups and most of the inhabitants were still within the working age group and this could explain their activities in the reserve, since most of them were still agile and could easily move around. This implies that the younger generation of the forest environment dwellers used the forest more than the older generation, thereby depleting the forest resources more than the older generation through various activities they engaged in. Findings also showed that the forest environment is male-dominated; probably due to the fact that the main occupation of the people in the area is farming and male are more actively involved in farming activities than female.

It was discovered that the people in the study area practiced the three major religions in Nigeria; namely Christianity, Islam and Traditional; but majority of them were Christian. This implies that the people of the communities were mostly Christians. Findings also revealed that larger proportion of the respondents had at least primary education, which is an indication, that majority of the people could possibly read and write. It was also discovered from the study that the inhabitants of the communities were mostly of Benin extraction, as they accounted for the highest proportion of the tribes. Tribes like Yoruba, Urhobo, Igbo, Esan and others accounted for 17.95%. The high percentage of Benin tribe could be attributed to the fact that the study was conducted in Edo State. This is also an indication that forest environment dwellers in the study area are of different ethnic and tribal extractions and the encroachment into forest reserves is not limited to indigenes only.

In addition, findings from the study revealed that household sizes in the study area were large as majority of the households had at least household size of five people. This shows typical rural household size setting and this was not unanticipated, as it is a common belief in rural setting that you can have as many children as you wish so that they can help in farming activities. However, this large household size may have grave implications for the future existence of the reserve. This is because as the members of households increase and grow older, the demand for farmland may also increase and this may lead to agitation for the release of more portions of the reserves for farming activities. Likewise, large households mean more
mouths to feed and consequently an increased demand and harvest of NTFPs from the reserves. Experiences in developing countries indicate that large household size is associated with poverty and poverty is a catalyst for environmental degradation in rural areas (Kola-Oladiji and Olutayo 2014). Furthermore, it is also revealed that the major occupation of most of the forest environment dwellers is farming, which accounts for about 86.32% of the total respondents. This possibly explains why the people of the surrounding communities continue to encroach on the reserve and convert it to farmland for their farming activities.

Human Activities in The Reserve

Findings from the study show that various human activities were going on in the Sakpoba Reserve. Prominent among these activities were logging, conversion of the forest for farming, collection of non-timber forest products such as fuel wood, leaves and fodders for livestock, hunting and some level of grazing by Fulani herdsmen. Several reasons could be adduced to human activities in the reserve. Some of these are closeness of some of the communities to forest reserve, lack of awareness of members of the communities of the boundaries of the reserve. This explains the reason why many of them use the reserve illegally without knowing it. Many who use the reserve knowingly claimed they do so because they didn’t have adequate land they could use for farming. Others claimed that because they had no jobs, they had to result to farming and the use of the reserve, since their livelihood is dependent on the reserve. They claimed the existence of the reserve had affected their lives positively as it serves as source of food and income to them. However, these human activities have impacted negatively on the forest reserve, as most part of the reserve has been severely degraded.

Pressure and Threats of Human Activities to The Reserve

The findings show that there is a severe degree of pressure on Sakpoba Forest reserve from Logging, Non timber Forest Products (NTFPs) collection and conversion of forest for farming with each having a degree of 36. Also, the degree of threat on logging ($27^0$), NTFPs collection ($36^0$) and conversion of the forest for farming ($27^0$) are severe in the reserve. The degree of pressure from grazing and hunting were indicated as moderate and high by $8^0$ and $12^0$ respectively, as all shown in Figure 2 and Figure 3. Information from the respondents revealed that hunters scarcely get wild animals to harvest in the reserve, hence the mild pressure and threat. Possible clashes between Fulani Herdsmen and indigenous farmers could be attributed to moderate degree of pressure from grazers that intruded into the reserve. But the result however shows there is possibility for increase in the level of grazing, given the high degree ($12^0$) recorded for threat from grazing in the forest reserve. This shows that most part of the reserve is being threatened by a number of threat factors. This is in line with the work of Oduntan, Soaga, Akinyemi and Ojo (2013) where it was stated that most of
the protected areas in Yewa division of Ogun State were threatened by a majority of threat factors. Finding therefore shows that most parts of the reserve are threatened by a majority of threat factors, implying that conservation in the forest reserve is greatly at risk. The ever increasing land demand in the country due to the increasing human population in rural areas has also put more pressure on protected areas as evident in threat levels for the conversion of forest for farming and other activities in the Forest Reserve.

Livelihood Diversification Strategies

In the study area, smallholder farm households obtained their household income from three major categories of livelihood activities in line with the work of Yizengaw, Okoyo, and Beyene, (2015). These include on-farm, non-farm, and off-farm activities. On-farm activities are focused on both crop production and animal husbandry activities. Different crops are grown in the study area. Findings show that some of the major crops grown in the study area include maize, plantain, cassava, and yam. Goats and poultry are reared for both income and consumption purposes. Based on the survey results, majority (70.74%) of the respondents were engaged in rearing of livestock, while 29.06% do not participate in livestock rearing activities. Off-farm activities refer to agricultural activities which take place outside an individual’s own farm. The activities include local daily wage labour at village level or the neighboring areas in return for cash payment or the agricultural work at another person’s farm in return for part of the harvest in kind. Natural resource based activities like firewood collection and selling is another source of off-farm income for some households in the study area. From the sampled respondents, only about 30% of them claimed they participated in off-farm activities while about 70% of the respondents did not participate in any one of the off-farm activities. Non-farm activities in this study refer to activities taking place outside the agricultural sector. It includes artisanship activities (weaving, spinning, carpentry, house mudding, etc), petty trade (grain trade, fruits and vegetables trade), selling of local drinks, trading of small animals. From the study, 13.68% of the households are engaged in non-farm activities while 86.32% of them were not engaged in any non-farm activities. Rural farm households in the study area have followed one, two or a combination of these livelihood activities to pursue their livelihood strategies. Accordingly, four livelihood strategies were identified which include the on-farm only strategy, on-farm plus non-farm, on-farm plus off-farm and a combination of on-farm off-farm and off-farm activities. As shown in
Figure 4, 58.6% of the households entirely depend on the on-farm-only livelihood strategy, 17.4% households depends on on-farm plus off-farm, 10% of the respondents depends on on-farm plus non-farm, and the remaining 14% of sampled respondents depended on on-farm plus off-farm plus non-farm livelihood diversification strategy. This corroborates the work of Bathke (2002) that rural world is no longer an exclusively agricultural place, now it has got new economical activities followed by a farmer that matches agricultural and non agricultural activities to complement livelihood and generate employment for the rest of the family members.

Conclusion and Recommendation

The livelihood diversification strategies of fringe communities of Sakpoba forest reserves have been studied and analyzed, with the impacts of the various activities of the people on the forest reserve examined. The diversification strategies in the study area were found to be on-farm, non-farm and off-farm activities.

It was observed from the study that human activities in the reserve have impacted negatively on the forest reserve, as most part of the reserve has been severely degraded. The finding shows that there is a severe degree of pressure on Sakpoba forest reserve from logging, non-timber forest products collection and conversion of forest for farming, with each having a degree of 36. This revealed that most parts of the reserve are threatened by a majority of threat factors, implying that conservation in the forest reserve is greatly at risk. The ever increasing land demand in the country due to the increasing human population in rural areas has also put more pressure on protected areas as evident in threat levels for the conversion of forest for farming and other activities in the Forest Reserve. This will also significantly affect the livelihood of the people as the land would no longer be fertile enough to produce good crop yields from their farming activities. This therefore necessitated the need for livelihood diversification among the people. This explains why about 30% of the people engage in off-farm activities as safety-net.

It is therefore recommended that activities of the surrounding communities of the reserve should be regulated by government through the appropriate institutions saddled with such responsibility. In addition, the people should be enlightened and sensitized on the need for tree planting and the associated benefits. There should also be proper delineation of the boundaries of the reserve by government authorities to avoid excessive encroachment into the reserve. Adequate infrastructural facilities should also be provided for the people in the study area, particularly good roads, electricity and other social amenities to enable the people diversify their income sources through their engagement in other activities in addition to
farming. This will therefore reduce their activities within the reserve, and by extension, will reduce pressure and the resultant threat to the forest reserve.

Figure 5: Poor road network showing open canopy from over exploitation

Figure 6: A functioning and moribund water source in some the community
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VISUAL ARTS AS A TOOL FOR PEACE AND CONFLICT RESOLUTION: AN ANALYSIS

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VISUAL ARTS AS A TOOL FOR PEACE AND CONFLICT RESOLUTION: AN ANALYSIS

Abstract

This article presents a contextual analysis of selected artworks on peace and conflict resolution in Jos, Plateau State, Nigeria. The quest for peace and conflict resolution is as old as man. Johan Galtung, a leading peace studies expert and sociologist, and other authors like Shank and Rank, give impetus to this work. Performing arts like Music, dance and drama have been in the know in the paradigm of peace building, visual arts, however, which is a potent area to advance and advocate for peace and conflict resolution, is being relegated, or is not properly placed in context, which is a gap in the peace building studies paradigm, and a problem which this article aims to address and articulate. Artists stand at the crossroads as mediators, and the emotive power of the visual arts helps to stimulate dialogue in the society, which is a veritable tool for conflict resolution. The conclusion arrived at, propagates peace in the society and the inclusion of the understanding of visual arts symbols in peace and conflict resolution.

Keywords: Tool, visual arts, peace, conflict, resolution.
Introduction

Artists have created works which serve as statements on certain crisis situations during wars and ravaging famine, as a result of conflicts (ethnic and religious), or even outrage to certain social, economic or political manipulations. In Jos, Plateau State, for instance, the recurring crises, have made the authors like Best (2007), Osaretin and Akov (2013) and Krause (2011) to discuss the root causes of such conflicts, which mostly are stemming from religious, ethnic and socio-political undertones. Thus, the best solution is to sustain peace in Jos, which ironically, has the popular slogan “Home of peace and tourism”, but which such conflicts have turned into “Home of pieces and conflict”.

The terms peace building and conflict resolution emerged in the last 41 years after the work of Johan Galtung, who called for the creation of peace building frameworks to promote sustainable peace by addressing the root causes of violent conflicts and supporting indigenous capacities for peace management and conflict resolution. Peace as a term is a synonym for stability, or equilibrium, the state of calmness, the absence of war and armed conflicts, cessation of hostilities and absence of violence. Galtung (1967:12) talks of peace in relation to an individual at peace with himself, without necessarily involving the absence of violence. He gives an example of a soldier at peace with himself on the battle front. Peace can also be the absence of organised collective violence, usually referred to as negative peace, and positive peace, which, according to Galtung, is “synonym for all other good things in the world community, particularly cooperation and integration between human groups, with less emphasis on the absence of violence.” Peace building usually arises from conflict situations and the need for amicable mediation and conflict resolution. Peace and conflict resolution is all-encompassing, and as Shank (2008:2) opines, “By peace building, the authors mean a wide range of efforts to prevent, reduce, transform, and help people recover from violence in all forms...” All the efforts it takes to reduce violence and transform the society or build peace, is a welcomed idea. In a similar way, Rank (2008:1) posits that, “In Peace Studies, we talk about ‘negative peace’ as that which is defined by the absence of war, and ‘positive peace’ as all the conditions that contribute to a sustainable peace”. Rank goes on to emphasize that, “In parallel to that, we have anti-war art (negative imagery) and ‘peace art’ (positive imagery).” Using positive and negative peace imageries, which connotes conflict resolution and peace building respectively, and drawing attention to peace issues is paramount.

Barrett (2005:75) used this method of combining negative and positive imageries in his documentation of world peace symbols. However, indigenous symbols are not represented in the works of Barret, which has necessitated attempt at understanding the context of such imageries, within the creation of peace art in Jos, Plateau State.
Peace building is two sides of the same coin, hence, peace and conflict resolution go hand in hand, and therefore, an integral paradigm in peace studies. Thus, this article is presented under two subheadings, to place in context, the various works that are presented in this article. The essence of this is, to achieve the aim of this article, which is to articulate peace and conflict resolution efforts made by artists through their exhibits, in the visual arts. Hence, the discussion falls under the following headings: Works that intrinsically provoke and postulate peace issues and symbolisms, and the mediatory role of art in peace and conflict resolutions. Buhari (2015:5) argues that “a work of art may be considered as ‘successful’ if it provokes obvious feelings, reactions and response from the viewer.” The emotions generated from the exhibits and workshops need to be properly propagated for optimal impact in the society, hence, using artworks as the basis for argument is what this article aims to achieve by articulating discussions on the emotions and mediation roles visual arts have in peace and conflict resolution. More so, Cohen (2003:3) avers that, artists “can serve as mediators.” She further opines that:

In divided communities where violence has impaired people’s capacities to listen, artists can use the qualities of receptivity to facilitate expression, healing, and reciprocal understanding. The qualities of listening associated with aesthetic attention—alert but calm, emotional but cognitively aware, engaged but detached—are precisely the kinds of presence that can help people put their experiences into words. Also, artists’ listening to those who have been traumatised by violence can begin to restore a victim’s capacity and willingness to hear the stories and experiences of the other.

The potency of the artists’ exhibits and statements gives credence to the peace process, hence the need to advance in the art historical parlance, this article to give purview to the efforts of visual arts and artists in raising issues through their artworks for dialogue and mediation in the society.

These sub-headings, form the hub of the discussion, and give a diarthrodial paradigm to peace building and conflict resolution, through the visual arts. The poignant statements of artists are better understood through discussions with the artists, and alluding meanings to visual symbolisms in some cases. Some works are illustrative and capture the core of the artists’ thoughts, while others are aphorisms in colours, shapes and forms, using the underlying principles of art to communicate ideas, thoughts and philosophies.
Works That Intrinsically Provoke and Postulate Peace Issues and Symbolisms.

Visual art forms are varied, however, painting and sculpture are among the widely used forms of expression by visual artists. The creation of works is in response to certain issues in the society, either is veneration or vilification, in this instance, peace building is the driving force of most artists in Jos, Plateau State. Works created are to provoke peace issues among the people and also to warn about the devastations of conflicts and crisis situations. In a focus group discussion conducted with the Society of Nigerian Artists (SNA), Jos, Plateau State, all the participants unanimously agreed to the use of visual arts as a potent tool to provoke and postulate peace issues. Some work created and identified to have made this noble objective include thirty-nine (39) works, these are listed as; Return of Peace on the Plateau, Peace, No More Fighting, Justified, United we Stand. Others are Face of Peace, Plateau the Beautiful, Even in Times like this, Yet Another Mountain, The Pain and The Turbulence, the Malady and the Vulnerable are some works that explicitly symbolise negative and positive peace images. More works identified include; My Wish, Refugees During Jos Crisis, The Burning, Skeleton, After the Crisis I & II, and The End of the Tunnel. The Future Assured, Local Champions and Fresh Breath of Peace. The list goes on with; New Dawn, Plateau: Hope Re-born, Banquet, No Violence, Shawl of Peace, Circle of Life, We, Bond, Npul pul (Butterfly), Justified, Sunrise Nigeria, Alertness, Horse Rider, Let there be Peace and the Market on Canvas (Palace of Oppression I - III ) series. Some of the aforementioned works are analysed to give a purview into visual arts in peace and conflict resolution.

Fig.1: Return of Peace on the Plateau, Mark Rwang, Oil on Canvas, 61 x 91.44 cm, 2014. A collection of Mr. Hamisu Rogo, Jos. Photograph: Mark Rwang.
Return of Peace on the Plateau (Fig.1) is an impressionistic landscape painting of a Riyom Rock formation, it shows rocks in various sizes and shapes, naturally arranged in a pyramidal formation. The foreground is painted with various colours of greens, light yellows and yellow ochres, to indicate grasses, with some rock boulders painted with browns, reds and yellows, on the grasses. The contrasting colours of the background, middle ground and foreground give the composition a harmonious finish. The background is painted with various hues of blue, purple and speckles of yellow, to create depth of field and warmth, to the composition. The skyline is also accentuated with white hues, to form clouds of doves in flight.

The work carries a symbolic message of peace on the Plateau. A form of salutation like Shalom, a Hebrew text for peace, which usually is depicted with the dove. The doves, in a descending flight motion on the rock formation, are indicative of peace coming to Plateau State, as affirmed by the artist, which represents a divine intervention in Plateau State.

The Riyom rocks, also called three rocks, are synonymous with the State, a view of the rock from a particular angle, shows the resemblance of the map of Plateau State, a natural illusion to relish. The Riyom rock formation has been used, as a symbol, representative of the State, in various logo designs and backdrops, by media houses and currently, Channels News, uses it as a backdrop montage for the weather report. This goes to underscore the visual importance of the rock, as symbolising the landmark of Jos, Plateau State. The doves in the background of the rock are also the universal symbol of peace, and have been used by artists over time to draw attention to peace issues. The emotions contained in viewing, the work and the context of the creation, appeals for peace and mutual coexistence in Jos, Plateau State. In the same vein, Pablo Picasso’s Dove draws attention to peace issues on a universal scale. According to Rwang (2016) the “dove is a symbol of peace, and sometimes on our own truly, we cannot solve issues, perhaps, that is why we pray to God, to intervene in whatever we are facing. I think if people can’t, on their own resolve, God can make things work”. The work is in the collection of Mr. Hamisu Rogo, a one - time General Manager of Plateau Radio Television Corporation (PRTVC). Rwang affirmed that, Mr. Rogo bought the work because to him, it is in tandem with the slogan of the corporation.
Peace (Fig.2), this painting, is an Islamic calligraphy painting, with the inscription *al salaam* translated “peace”. The background of the painting is made up of variegated blue. The central piece shows a yellow scroll-like design, with the inscription *al salaam* painted white, within the *al salaam* inscription, are silhouettes of buildings. Surrounding the scrolls are butterfly motifs in warm yellow and orange colours, standing out in contrast to the cool bluish background.

This artist uses known symbolisms to mediate for peace and coexistence in the society. The background is predominantly blue, a cool colour symbolic of peace. The yellow background, on which the word peace was written in Arabic using white, connotes hopes, aspiration and peace respectively. The silhouettes of the buildings within the write-up, represent places of worship and the global community, as opined by the artist. In the words of Tijjani (2016),

My painting is titled "peace" and is written in Arabic meaning "peace". It portrays a piece of paper with part of it torn and folded and the word "peace" is written in the middle, within the inscription, there are drawings of worship houses (Mosques and Churches) there is also butterfly around the inscription. All the images used represent peace and unity.

The painting has a religious connotation and aims to captivate the viewer towards peace, which is painted on the canvas, using a variety of colours and butterfly motifs. The butterfly is a symbol used for peace, the beauty of the colours, the symmetry of the insect in flight, the science of impeccable sight of the butterfly; make it a good symbol for peace. Shank (2008), draws
attention to all efforts it takes, to advocate for peace, in this instance, the artist has used the butterfly motif and the calligraphy to pass her message of peace.

This exhibit, which is in the collection of the National Gallery of Art in Jos, Plateau State, is a salutation to the viewer of the painting, and reinvigorates peace building and conflict resolution. Seeing peace as a visual allegory, psychologically enhances the peace building process and calms frayed nerves, from crisis situations. The tedious process of metamorphosis of the butterfly, is also sublime in this painting. Peace is a long tedious journey from conflicts, however, if allowed to take place carefully, naturally and painstakingly, it will come out as the beautiful butterfly, symbolic of peace.

My Wish (Fig.3), is a multiple figure composition by Mark Rwang and depicts various activities on the picture plane. There are eight figures in the composition engaged in various activities, a pregnant woman wearing a cross necklace, showing she is a Christian, and carrying a tray of two watermelons. She is wearing a pinkish red dress and a green skirt. Her dark greyish shadow in the foreground, painted with yellows, speckles of browns and orange, tend to lead the eye into the composition, with two faceless men, wearing a green tunic and blue turban, and the second figure with a blue tunic and white turban. The figures are engaged in a conversation, while walking. Another figure is walking into the picture plane, wearing a yellow hat and pinkish flowing gown. To the right of the composition, which is the woman’s left, in the foreground, is a man wearing a predominantly blue tunic and turban, carrying a reddish orange kettle, walking into the background.

![My Wish, Mark Rwang, Oil on Canvas, 91 x 61 cm, 2015. A collection of the National Gallery of Arts, Abuja- Nigeria. Photograph: Mark Rwang.](image-url)
In the background, to the right, is a woman wearing white hijab on a blue dress, walking by a wall with Northern-like architectural design. Beyond the wall, is the silhouette of a mosque and other buildings, treated in aerial perspective. The extreme left of the composition shows two children, one wearing yellow, with its hands on the head, and the other wearing a lemon yellow and red shorts, gazing.

In *My Wish*, the artist uses a positive image to make a religious statement of tolerance and peace, using a Christian woman selling fruit, in a predominantly Muslim environment. She is very vulnerable; like the fruits she is carrying. If cut open, the colours of the interior of the fruit is what she is seen wearing, and the exterior of the fruit’s colour, forms the colour of her skirt. Doing commerce in a community divided along religious line, is only a wish expressed by the artist, in the composition. The onlooking children in the background, left, of the work; display a sense of awe, by placing hands on the head, a gesture common in conflict situations. A pregnant fruit seller, carrying the next generation of an unborn child, stands in anticipation of a free and egalitarian society, where peace is possible and movement in and out of any area is possible. In buttressing these points, Rwang (2016) explained that:

This lady is pregnant and is carrying a baby…Our women work hard to make sure that the baby has the basic things on arrival, to supplement whatever efforts the husband is making, but my coloration here is to suggest that she too is a vegetable. If you cut through the watermelon, you will see the colours she is wearing.

The artist continued by stating that:

She is situated where at this time, that I am talking to you; people like her will hardly imagine entering into communities like this. These are not just Muslims. Remember I told you she is a Christian entering a community of not just Muslims, but faceless Muslims who are extremists. If extremists can tolerate a vulnerable woman like this, we can live peacefully.

This positive note by the artist, sets the tone for the context of the creation of *My Wish*. This positive imagery, helps to buttress the works of an author like Krause (2011), who affirms that, “…neighbourhoods become religiously segregated, ‘no-go areas’ alter patterns of residency, business, transportation, and trade”. *My Wish*, philosophises allegorically, reversal of roles by making the movement of the Christian pregnant woman to “no-go areas” possible in a positive image for trade, also, the visuals are clear from the discussions on exhibition, as the various parties in religious divide can identify with a positive and careful placement of a pregnant woman in a society that is predominantly Muslim - oriented seeing the attires and
background architecture. The artist used the work to raise issues of free movement of people and goods in Jos, arising from the recurring crises.

Plateau the Beautiful (Fig. 4), presents the Riyom rock formation also known as the three rocks with various coloured butterflies flocking around the top of the rock. The background is painted with light bluish grey, light hues of magenta and yellows. The dark shaded portion of the base of the rock, contrasts with the light colour of the top of the rock. Harmony and balance are achieved through the use of light and shade.

Fig. 4: Plateau the Beautiful, Hauwa Tijjani, Oil on Canvas, 76.2 x 53.3 cm, 2012. Private Collection, Jos.

The use of butterflies in this work is symbolic of fragile peace and the transformation process. The butterfly undergoes a rigorous process of change through the process of metamorphosis. The final outcome of the insects is, however, beautiful. The long walk to peace is tedious, and hence, like the fragile, beautiful butterfly, it should be protected and allowed to breed freely and beautify the environment. This work is a positive image of peace in symbolic allegory.
The Mediatory Roles of Art In Peace and Conflict Resolution

Mediation is a role in peace building and conflict resolution which involves the parties in a crisis situation and a neutral party, in this case, the visual art work and the artist. A classical work like Guernica by Picasso, was veiled in the United Nations office, when America was to declare war on Iraq. The reason being that, it will be antithetical to discuss war, close to a work that was created to prevent war and the devastation of wars. It means that, visual arts are a potent tool for mediators’ processes.

Fig.5: The Future Assured, Mark Rwang, Oil on canvas, 121.9 x 76 cm, 2015. A collection of the National Gallery of Arts, Abuja- Nigeria. Photograph: Mark Rwang.

The Future Assured (Fig.5), for instance, shows a sleeping baby with a green military helmet, strapped to the back of a supposed adult figure (mother). The strap is coloured green and white, suggesting the national colours of Nigeria. The background is coloured with geometric shapes of various colours and motifs. This work draws attention to peace issues, and the role of the military in protecting vulnerable citizens of the country, as symbolised by the child wearing the helmet, and strapped in national colours. The background colours and motifs are indicative of the various ethnic groups found in the country and the harmony of peaceful coexistence, suggested through the colours used. For peace to reign during conflicts, a strong back, typical of mothers, is necessary. Mothers are often at the receiving end in conflict situations; however, their place, in peace building, cannot be overemphasised.
There is a popular saying that, “the hands that rock the cradle, rule the world”. Mothers play intractable roles in moulding the next generation of peace builders in Nigeria and the world in general. The unpleasant hardships, deprivations and other troubles suffered by women, in conflict situations, which by all means are negative, need the supportive backing of everyone, just like, given the support of the Military to secure a future that will be assured. This work also draws attention to the role of the military, in serving as mediators to protect vulnerable civilians in a conflict situation. The military stands as a neutral body, to mediate peace between warring factions. Like the child in the painting, the presence of the members of the armed forces, give people a relaxed atmosphere, to sleep peacefully with the backing of the nation.

No Violence (Fig.6), victory hand is a symbolism used by artists to make statements of triumphs. This relief sculpture (Plate 6) shows a stylised figure with legs astride and hands upraised in a “V” shape formation holding the map of Nigeria with the bold caption “DURING ELECTION, LET THERE BE PEACE”. The background is seen with several figures engaged in various activities. Some with raised placards, others with their hands raised in frenzy celebration. The background is suggestive of riots and demonstrations during the electioneering process. Some peaceful and others wild and chaotic. The central focal figure, however, stands for peace, which is the heart cry of several people in Nigeria. This premonitory work draws attention to the aftermath of the Nigerian election of 2015, in which the then incumbent President, Goodluck Ebele Jonathan conceded defeat to the current President of Nigeria, Mohamadu Buhari. This singular gesture helped to calm the polity and restored peace to the nation, which otherwise was tensed and agitated for conflict.

Fig.6: No Violence, Barris Adenle, Wood relief on board, 2014. A Private Collection. Photograph: Artist
of Life (Fig.7), is a mixed media abstract work. It shows various motifs and symbols harmoniously combined to form this exhibit. The finishing on a circular board gives it a liking to Egyptian hieroglyphics and symbols. The choice of the circular disk draws attention to global issues and holistic approach to the subject matter of peace by the artist. Jerry Buhari has works on the global series, which draws attention to environmental issues and other related genre. Jai Mariali on the other hand, has used his unique style of expression to draw attention to peace and other issues.

Fig.7: Circle of Life, Jai Mariali, 76 cm diameter, Wood Chip Carving and Painting on Board, 2014. A Collection of the artist.

Viewing the work from the epicentre, one sees a white circle, representing the sun and the source of all natural energy on earth. There is radiation around the sun, which the artist says is symbolic of the dove. Surrounding the radial energy is a representation of the sea, painted in black and bluish grey hues. The dynamics of the lines in wavy, straight, calm and slanty lines are indicative of the various phases of the sea. High and low tides, representing conflicts and peace. The outlet lines stand for stability and balance, in the midst of turbulence, the sea can stabilise from the external prevailing weather, which is a form of mediation.

The external ring has several motifs and designs, representing different cultures and ethnic groups. A careful look at the motifs shows a repetitive motif like the Mpatapo Adinkra sign from Ghana, which, according to Koutonin (2013) is “symbol of reconciliation, peacemaking and pacification… It is a symbol of peacemaking after strife”. The repetitive symbol in Circle of Life evokes the feeling of peace and reconciliation, which in Africa, forms a circle. Conflict and reconciliation, life and death, war and peace among several other aphorisms. The exhibit states unequivocally the tensions and harmonies of life. Peace and conflict is a circle, and with the
proper understanding of the phases of the circle, mediation and reconciliation are possible for peace building efforts. Symbols have universal appeal, and the use of a particular symbol can reflect deep meanings in African societies. The artist stated that, his work is to maintain peace in the society.

We (Fig.8), this work is a relief sculpture on board. It shows geometric shapes representing different cultures and ethnic groups in Nigeria. The work is an abstract representation of the three major ethnic groups in the country. The left side depicts the Igbo man, with the crescent shape of red, symbolic of the Obi and cap for a title holder, the middle figure represents the Yoruba with the beaded crown and paraphernalia of royal attire, while the figure to the right is representative of the Hausa. We (Fig.8), shows the commonality between the ethnic groups through the use of some repetitive motifs like the triangles, which signifies a tripartite relationship. The use of the umbrella as a covering of the three figures is symbolic of peace.

Fig.8: We, Jai Mariali, Wood Chip Carving and Painting on Board, 36 x 61cm, 2015. A collection of the artist.
In Nigerian ceremonies, the chiefs are usually seen under umbrellas; hence, having all the groups under one umbrella is to draw attention to peace issues and dialogues, a kind of conference. The artist explains the work by saying that, “This (pointing to the figures in the work) represents the Igbo man with his Obi with his red cap. This (pointing) is the Oba with his regalia, you know, well decorated and this (points) is the Emir with his Rawani”. He goes on to state that, “these represent the nation, let me call this one. So this is like a dialogue. ‘We’ let us come together to talk about peace, to talk about harmony”. The artist who has worked extensively on African motifs and symbols, created this work with the intent to discuss peaceful coexistence and dialogue among warring ethnic groups.

**The Burning (Fig. 9)**, this exhibit predominantly painted with warm colours of red, orange and magenta in the foreground, shows some figures moving, some dead, burnt silhouette of buildings, trees and other unidentified elements. The upper right background, depicts the sky with shades and tints of blues and yellow. The contrasting warm and cool colours give the exhibit a sense of harmony and balance in the composition.

![The Burning](image)

Fig.9: The Burning, Ezekiel Udubrae, Oil on Canvas, 61 x 91 cm, 2010. A collection of Udubrae Art Gallery, Jos. Photograph: Researcher.

The cataclysm created in the exhibit, graphically captures the wanton destruction of lives and properties in a conflict situation. The entire picture plane is engulfed in flames, the figures represented in dark hues suggestive of charred corpses and lost hopes. Some other figures are dead in the inferno, and the ones alive are seen walking towards the right of the picture plane, where there is some semblance of cool atmosphere, depicted with the colour of blue, also symbolic of calmness and peace. This work has captured a war situation between some parties, which led to destruction and was documented by the artist in 2010. This is negative imagery, intended to document the pains of war and warn against similar future occurrences. The understanding that peace is not the absence of war, rather, making efforts to warn about
Let there be Peace (Fig.10), simplicity is the vogue of modern design. This statement is encapsulated in Peter Ogblabo’s work *Let there be Peace*. The stylised work shows two figures in an embrace with the heart symbol painted in a red hue, between them. This symbol represents love and togetherness. The Muslim clerics at the left of the composition, and the Christian cleric at the right, are seen wearing white attires, symbolic of peace and purity of purpose. The foreground reveals motif-like lines and colours, which give support to the figures, in a rhythmic movement. This lyrical rendition helps to draw attention, to the notes that resonate from a love relationship. The work was created in the context of religious harmony, to encourage religious tolerance and peace building. Ogblabo (2016) states that,

There was a time we (S.N.A) actually took or showcased our paintings in Lagos, through an exhibition and it talks about peace. In my work that was also captured in THE NATION newspaper, you have two people there, the Imam and also the Reverend, not standing by themselves or just facing each other, but they are embracing themselves, and that is to tell you that, these are the people that know religion in the nation, you find them holding each other, showing the rest of the people that are followers, that it is time for peace. And the colours that I used there, are not red, but they are colours that you will find the Imam and also the Priest using, which is white, which shows and symbolises peace.
Colours play a great role in artistic mediation for peace, however, the connotation of colours, differs from society to society. For instance, in the African society, red means danger, flight and conflicts, while in some Asian countries like China and Japan, red is a colour of Joy and celebration. The understanding of the context a work was created from, and the geographical location, helps in the furtherance of understanding peace symbols, using colours and icons.

Conclusion

The works presented in this article are just a few of several works that postulate peace and conflict resolution issues. In the words of Albert Einstein in Brainy Quotes (2016), “Peace cannot be kept by force; it can only be achieved by understanding”. A good understanding of visual arts, symbols and statements in peace building can go a long way to ending long-standing conflicts. Works like Return of Peace on the Plateau (Fig.1), uses conventional symbol of peace, the doves and the famous Riyom rock formation to drive home the issue of peace, while and esoteric work like Circle of Life, places peace and conflict in a circle, and with proper understanding of the phases of the circle, mediation and reconciliation are possible for peace building efforts. Artistic statements are better understood in context of the creation of the work in the society. Peace and Conflicts make artists to create aesthetic nuances, with the intent to bring about dialogue and reconciliation among warring parties. Such works which also serve as propaganda, brings to the fore policy makers and other stakeholders to sue for peaceful resolutions. Ronald Reagan in Brainy Quotes (2016) states that, “Peace is not the absence of conflict; it is the ability to handle conflict by peaceful means”. In arts, the symbolism of visual expressions, can be used to enhance peace building efforts and aid in conflict resolving through dialogues in exhibitions, inclusion of contextualised symbols in peace building articles and use of visual arts, symbols on t-shirts to raise peace awareness and propaganda tools in the society as practiced across the globe. The practice of using art as no violent protest can encourage peace building in a society where conflicts are recurring. Art can indeed move one in many ways that have never been thought of before now. Artists and their works stand at the crossroads in mediation through advocacy imbued statements in works consciously created to mediate in peace and conflict situations. Works like Return of Peace on the Plateau, Peace, The Future Assured and Let there be Peace can add to peace building and conflict resolution, mediation and symbolic documentation, if people give attention to the potency of visual arts as a tool, which this article tries to advance.
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THEORETICAL REFLECTIONS ON RACE, ETHNICITY, INTERNATIONAL MIGRATION AND REMITTANCES

By

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Abstract

Race, ethnicity, migration and remittances have taken the central stage in scholarly discourse in recent times. Race and ethnicity have often been discussed in isolation of international migration and remittances. This paper views race and ethnicity as important factors in scholarly and theoretic discourse of international migration and remittances. On the one hand, migrants utilise bonds founded in ethnic values (especially kin connections) to emigrate and influence chain-migration. Migrants subsequently send back remittances which are highly valued and imbued with modernity and wealth symbolism, thus triggering emigration interests in local recipients. In countries of destination, migrants blend into contextually defined existing races and ethnicities. However, migrants retain memories of their ethnicities in countries of departure and network with kins at home and in countries of destination to retain ethnic/racial memories thus forming trans-national dual ethnicity, even as they strive to integrate. Continual chain-migration consequently presents growing population of migrants who retain “home” memories and consequently voice recognition as ethnicities, and/or within ethnicities and races in countries of destination.

Keywords: Race, Ethnicity, International Migration, Transnational-Dual Ethnicity, Integration, Third World
Introduction

Race and ethnicity depict notions of common ancestry, descent and history within which a people’s identity is constructed together (Jenkins 2008, Eriksen 2002). More specifically, race more or less depicts physical and biological differences such as colour and facial types through which people are categorised as Black or White as well as Asian, African, American or European (Spohn 2012, Ahluwalia 2006). Ethnicity exists within races. Ethnicity is determined by common descent, history and language. For example among Africans, there are numerous ethnicities such as Yoruba, Hausa, Igbo, Ijaw (Nigeria); Zulu, Xhosa and Afrikaner (South Africa); and Arab, Copt, Berber and Nubian (Egypt). Race and ethnicity structure communal and social relations building notions of brotherhood across a network of people who accept common heritage. Race and ethnicity symbolically reflects identity, which in fact is a socially constructed reality (Anagnostou 2009, Chandra and Wilkinson 2008, Aspinall 2007). Race and ethnicity create the notions of “us” and “them”. They depict social inclusion and exclusion of in- and out-group members respectively. They convey certain rights and privileges to in-group members while members of the out-group are excluded. Indeed, the inclusion-exclusion processes ensure overt and covert contests over resources and supremacy among contending races and ethnicities (Jenkins 2008, Norris 2007, Nagel 1994).

Due to global migration processes, which have been integral with human cultures from time immemorial, peoples of diverse cultures, races and ethnicities have traversed traditional geographical boundaries. Despite global migration and nationality integration, ethnic and racial differentiations have remained an integral part of human social structures worldwide; through which people are identified, segmented and structured in local, national and international social relations and politics (Lenard 2006, Wimmer and Glick Schiller 2002). As human populations migrate from one geographical location to another, new identity-based groupings are formed and migrant populations are assimilated into new or existing ethnicities and races as determined by established dominant classes or institutions in countries of destination. Otherwise, migrants may not be ethnicised and/or racialised, and thus remain just migrants lacking citizenship rights with the possibility of expulsion. Therefore, global migration does not deemphasise

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1The Afrikaner are of Dutch descent. The Afrikaner are racially White in South Africa (see Blignaut 2013, Du Toit 2003)
ethnic and racial affiliations. Rather, the ethnicisation and/or racialisation of migrants, especially through assimilation, possibly assures integration albeit unequally; at least, it assures the right to residency and existence within the land of sojourn. This essay discusses ethnicity as a global phenomenon. It theoretically shows how migrant groups are assimilated into existing ethnicities and races or socially constructed into new ones within which their rights are recognised. Migrants, therefore, have dual and/or multiple ethnicities due to existing connection with kin and kin in their home countries that may also depend on them for remittances.

Social Identification and Racial - Ethnic Integration of Migrant Populations

The primary destination of most migrants is the developed world. The countries of preference include the United States of America, Great Britain, France, Germany, Japan, Canada and Australia among others. The pull factor usually is the real and perceived economic opportunities that abound in the developed world as against the deplorable socio-economic conditions in the migrants’ countries of origin (Parkins 2010, Doerschler 2006, Aptekar 2009, van Dalen, Groenewold and Schoorl 2005). An initial social experience of migrants in destination communities and/or countries is social classification as “migrants”. This classification, also accepted by migrants, depicts an out-group who has geographically transmuted into the present location. Depending on the migration laws of the country of destination, at the initial stage of arrival, migrants may be designated unwelcome and have their movement restricted with a potentiality of repatriation (Toft 2007). Migrants could also be welcomed, registered and allowed residence by benevolent recipient countries with the potentiality of integration (Galeano 2011, Kancs and Kielyte 2010). Contemporary migration processes are regulated by country-specific codes. Migrants who move without satisfying the codes are termed illegal migrants. This is in fact the experience of many Africans, Asians and Latin Americans who form a huge population of illegal migrants in the developed world (Tanen and Sow 2013, Hanson 2006, Lianos 2001).
In the countries of destination, naturalization policies enhance the process of assimilation of migrants, especially those who satisfy naturalization requirements. Otherwise, they remain either illegal migrants or are granted only residency statuses and therefore may not be accorded full citizenship rights (Gilbertson and Singer 2003, Bloemraad 2002). Socially and symbolically, naturalisation recreates the world and experience of the migrant. It gives a reflection of acceptance and infusion into the social structure of the country of residence. It allows a degree of citizenship to the migrant who swears an oath of allegiance to the country of sojourn. For the migrant, the new allegiance and the process of assimilation allow access to productive resources without which survival may be unachievable.

As much as naturalization symbolises acceptance and assimilation, it is important to note that assimilated migrants are also reconceptualised and reconstituted into new or existing ethnicities and/or races on the basis of their perceived or real ancestry and physical appearances (Aptekar 2009, Pluss 2005, Husain and Bagguley 2005, Takenaka 1999). For example, in the United States of America, naturalised migrants are ethnically categorised as Hispanic, Black, Asian or White on the basis of their descent (Nayak 2006, Winders 2005). In this context, irrespective of the original ethnic identity in the country of origin, an Argentinean migrant becomes part of the Hispanic community while a Nigerian migrant becomes Black, and a Japanese migrant becomes Asian while a white Briton becomes White. This shows that ethnicity is location bound. Its definition in each location is dependent on socially constructed conceptualisations with which meanings of specific social identification infused with ethnicised and/or racialised values are attached. In the countries of sojourn, migrants’ indigenous ethnic classifications in countries of origin are institutionally unrecognised. Thus, a Yoruba from Nigeria becomes Black and a Banjara from India becomes Asian in the USA respectively. This is true for all migrants of diverse descents across nations. Hence, the social classification in each country of destination determines the social construction of ethnicity and racial groupings.
New classification directly impacts social class and the opportunities the migrant may access (Erel 2010, Campbell and Roberts 2007). Assimilation therefore first and foremost starts with the newly adopted ethnic group within which new networks and brotherhoods are constructed (Tilly 2007, Baldassar 1999). Since in real terms the migrant may not directly access resources just by claiming citizenship, the new alliances he or she forms through the adopted ethnicity and/or race connects him or her socially and gives social meaning to being, existence and survival (Erel 2010, Campbell and Roberts 2007, Tilly 2007). Thus a migrant transmutes from notions of exclusivity as a migrant with little or no right to a citizen with ethnic and/or racial identity who could at least access some right, even if unequally. A migrant’s ethnic and/or racial identity in the country of destination however is also somewhat infused with elements of primary ethnicity deriving from the country of origin.

Migration and Transnational-Dualisation of Ethnicity

In the developing world, migration to the developed world and eventual acquisition of citizenship is generally viewed as a desired achievement and/or privilege by many (Omobowale, Omobowale and Ajani 2010, De Haas 2005). This is partly due to the opulent lifestyle, remittances and accounts of successful wealth generation by migrants who have somewhat integrated into the social structure of destination countries (Togunde and Osagie 2009, Osili 2007). More often than not, family members in developing countries view migration of a member as an indication of success worthy of celebration (Omobowale 2015). The success stems from the fact that; in the country of origin (a developing country), a mere short travel to the developed world attracts congratulatory greetings because of the notions that describe physical presence in developed nations within the confines of the privileged. Migrants are seen as privileged, elitist and advantaged. Omobowale’s (2013) work on *Tokunbo* context among the Yoruba for example describes the privileged celebration accorded international migrants, especially those who have migrated to the developed world. Hence, migrating to a developed country with the possibility of gaining at least residency status, socially promotes an individual and his or her immediate family; and thus the kins celebrate their perceived and real possibility of joining the class of the privileged. For example, in Nigeria in particular and Africa in general, parents whose children have migrated to developed countries are celebrated as having children “abroad” whether or not such children have achieved career or material success (Omobowale
2015, Biney 2011, Omobowale, Omobowale and Ajani 2010). This is so because of the social value of superiority attached to Western nations. To migrate to the West equals exposure to standards beyond the “ordinary”. That the migrant stays in the USA, Great Britain, France, Germany or any other country deemed developed, conveys special statuses and recognition on close family members. Still, the special status and recognition are further accentuated by a culture of remittances. Migrants are culturally expected to extend assistance to close family members and associates. The continual transfer of remittances to family members and friends in the country of origin thus socially solidifies migrants’ special status and recognition locally and also socially depict migrants as caring (Omobowale, Omobowale and Ajani 2010, De Haas 2005). In addition, family members who have been privileged to receive remittances in form of goods and cash develop the interest to chain-migrate to the developed world; through their contacts with migrant relations, in order to attain high social status speedily among family members, friends and compeers locally.

The foregoing shows a continuous network with families and friends in the country of origin. Thus, as much as the migrant is re-structured into a new ethnicity in the country of destination, the existing memory of ethnicity and kinship in the country of origin persists. In the USA, a migrant may be Black, and yet, he/she retains his/her ethnicity back in the country of origin. Aside allegiance to the country of destination, a migrant’s ethnicity is, consequently, trans-nationally dualised. This is especially so for migrants who retain links and contacts with their countries of origin. Their being and existence is thus further structured by the memories of primary ethnicity, which is further transmuted into their social reality in their countries of destination. Thus, in many countries with large concentration of migrants, socio-cultural organizations based on migrants’ primary ethnicities, (e.g. The Alliance of Yoruba Organizations and Clubs USA (http://www.yorubaalliance.org/about.html)) are organised to accentuate socio-cultural origin, unity, norms, values and custom, and thus advance members’ concerns, interests and culture, not only in the countries of origin but also in those of destination. Memories so constructed and retained, sustain the consciousness of home within the land of sojourn. Even when residency and/or citizenship statuses have been granted, memories of local ethnicity in the country of origin accentuate enduring connection to “home”. These are transferred to the upcoming generation by giving local names to new-born, extending local norms and values to kids and exposing family members to socio-cultural groups grounded in local identity and ethnicity
that are derived from the countries of origin (Fokkema and de Haas 2015, Vertovec 2011). Kins, friends and associates in countries of origin, view such socio-cultural groups as some sort of Diaspora groups that are determined to advance the interest of an ethnic group nationally and internationally. At the country of destination, the socio-cultural groups become part of wider ethnic pressure groups that are advancing the interest of migrants under the “umbrella” of institutionally and nationally recognised ethnicities. Thus, basically the social realities and interests that migrants have to face and protect in both countries of origin and destination lead to transnational-dualization of migrant ethnicities such that a migrant of Yoruba ancestry, for example, combines his/her primary ethnicity with the adopted ethnicity in the country of destination. In other words, the migrant’s dual ethnicity contributes deep meanings in the actualisation of social construction of “self” based on dual ethnic identification and reality. Hence, a Yoruba migrant who claims American citizenship and Black/African race, also retains the memories of Yoruba ethnicity and Nigerian nationality. Both memories fuse in the continual building and sustenance of the migrant’s self-concept.

**Ethnicity: The Social Value of Remittances and Chain Migration**

As mentioned earlier, in the developing world, emigration to wealthy countries is a socially appreciated phenomenon. It is celebrated as success with expected concomitant positive impact on family and friends in countries of departure. Closely accompanying migration is remittances and chain migration (Perez and McDonough 2008, Banerjee 1983). As at 2005, an estimated US$167 billion (doubling the value of Official Development Assistance to Third World nations) was remitted by migrants in wealthy countries to the Third World (Haas 2006). By 2015, remittances sent by Third World migrants in developed nations had risen to US$432 billion (World Bank 2016). Continuous inflow of highly valued remittances into the Third World serves as an impetus for chain migration. Hence, chain migration occurs through the network of successful migrants and kin (and close associates) in countries of origin. Thus, through their experiences, privileges and networks, migrants are able to influence onward migration of close peers and family members.

Beyond the material value remittances and chain migration may convey, it is important to note that both social phenomena are imbued with social value. Remittances convey meanings of migrants’ retention of memory of kin and associates in countries of origin. It shows a degree of appreciation
and network with family members and friends even when such people are not physically present (Omobowale, Omobowale and Ajani 2010). The value of the good remitted transmutes beyond the material benefit to convey meanings of acceptance, love and appreciation among both recipients and senders. The remitted goods socially enhance the statuses and prestige accorded recipients as they are appreciated as privileged, who are fortunate to have loving kins and friends in developed countries who continually send them material wealth. The value of remittances does not necessarily need to be high. It does not always have to be a car or transfer of huge sums in hard currencies. Remittance of even just an item of clothing or a few dollars (as little as US$20-50) to a close associate or family member symbolically conveys deep socio-cultural meanings of social bonding still. Even when the recipient is relatively affluent and financeable capable to afford much more than the material good that has been sent, the mere symbolism of receipt of remittances conveys a degree of privilege and appreciation of existing relationship between the recipient and the diaspora sender. Furthermore, remittances socially convey meanings of superior and enduring affluence transferred from the developed world. Remittances are in fact symbols of the developed world, brought into the local social structure, thus giving a reflection of exposure and modernity (Omobowale 2013). As a symbol, it attracts attention and conveys the meaning of the developed world as a “destination hope” for intending migrants.

By networking with migrants in the developed world, an intending migrant is chain-migrated. Indeed, the processes sustaining remittances and chain-migration are closely related to social values that are based on ethnicity and primordial social bonds of friendship, love and assistance to beloved friends and families. These values demand the extension of assistance to relations and friends in the developing world. The assistance so given in form of remittances and chain migration more often than not revs the culture of looking up for more from diaspora kits and kin. As remittances convey meanings of wealth and good quality locally, potential migrants continually desire to emigrate too by whatever means possible. Subsisting ethnic network with kit and kin in the developed world are therefore used to chain-migrate. In the countries of destination (usually the developed world), chain migration impacts demographic structures, swelling “migrant” ethnicities and evolving migrant structures into powerful voices for rights and recognition within the countries of destination where they were but negligible minority in the recent past.
Conclusion

Ethnicity depicts a group of people who attest to common ancestry, affinity and identity. Irrespective of the potential impact of migration at weakening ethnic bonds, this article submits that ethnic affinities are still created, recreated and sustained through the experiences of migrants in countries of destination. These experiences integrate migrants into existing ethnicities in countries of destination and also transnationally sustain their original ethnicity within their consciousness even in the land of sojourn. Indeed, the sustenance of indigenous ethnicity advances memories of the local ethnic-social structure and thus ensures the conveyance of remittances imbued with socially constructed meanings of remembrance, appreciation and bonding. Remittances, hence socially advance recipients as part of the privileged class among compeers and other observers. Finally, as remittances satisfy the needs of recipients, it also depicts the developed world as prime destination in order to have direct access to the opportunities and goods that have rather been coming as remittances. Thus, intending migrants are chain-migrated using existing ethnic networks that have over time been sustained within the by “memory value” that ensures regular remittances. And finally in the countries of destination, migrants increasingly evolve into voice group who are able to demand recognition and rights.
References


PSYCHOSOCIAL PREDICTORS OF EMPLOYEE JOB INSECURITY AND TURNOVER INTENTION IN THE BANKING INDUSTRY LAGOS NIGERIA

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Abstract

The study examined the psychosocial predictors of perceived job insecurity and turnover intention among bank employees. The study purposively selected eight banking organizations in Lagos, Nigeria and conveniently sampled 200 employees from these organizations. The ages of the employees ranged from 21 to 50 years with a mean of 30.21 years and standard deviation of 5.91. A structured questionnaire was used to collect data. Multiple Regression and Independent t-test were employed in testing the hypotheses. The result revealed that self-monitoring and extraversion personality traits significantly mainly and jointly predicted turnover intention \[R= 0.35; R^2=0.12; F (2,199) =13.63, P<.05\] accounting for 12% variance in turnover intention among bank employees. Extraversion independently predicted turnover intention \[\beta= 0.35; t=5.11; P<.05\] as well as job tenure \[\beta 0.35; t=2.74; P<.05\]. Age however did not independently predict turnover intention \[\beta= -0.35; t= -1.32; P>.05\]. Self-monitoring and extraversion did not independently and jointly predict perceived job insecurity \[R= 0.10; R^2=0.01; F (2,199) =0.95, P>.05\]. The predictor variables were only able to account for 1% variance on perceived job insecurity. Independently, self-monitoring \[\beta= 0.08; t= 1.04; P>.05\] and extroversion \[\beta= 0.05; t= 0.70; P>.05\] did not independently predict perceived job insecurity. Also, age, marital status, religion, education, job tenure and job status did not jointly and independently predict turnover intention. These result findings have implications for recruitment retention and training. It was therefore recommended to bank managers that personality should be used to complement situational factors during recruitment, retention and training programs.
Introduction

The current Central Bank of Nigeria (CBN) policies has thrown up several issues in the banking industry and which has also directly or indirectly affected other sectors. The most affected aspect of the socio-economic facet of the country is perhaps employment. The central bank of Nigeria’s resolve to carry out reforms in the banking sector was borne out of the past ills that had bedeviled the nation’s banking industry. Between 1994 and 2003 a space of nine years, no fewer than 36 banks in the country closed shops due to insolvency. In 1995 four banks were closed down. The year 1998 may go down well in history as the saddest year for the banking industry as 26 banks closed shops that year. Three terminally ill banks also closed shops in that year. Three terminally ill banks also closed shops in 2000. In 2002, at least a bank collapsed.

The failed banks had two things in common-small size and unethical practices. Of the 89 banks that were in existence as at July 2004, when the banking sector reforms were announced, no fewer than 11 banks were in distress. According to the CBN, between 69 and 79 of the banks were marginal or fringe players. Furthermore, promotion in most of the banks in the pre-consolidation era was to a large extent dependent on the value of deposits a bank staff could mobilize. This gave rise to the emergence of unprofessional bankers in the top management levels. Due to cut-throat competition among banks, only the top 10 controlled 70% of the total assets of bank in the entire industry (Gunu, 2009). They also controlled about 62.3% of 487 deposit liabilities and 80% share of the industry’s savings deposit yet, they could only give between 3.5% credit to productive sector. Interestingly, after 18 month of racing to raise their capitalization, only two banks Intercontinental Bank and United Bank for Africa, UBA – had shareholders’ funds in excess of N50 billion (Okoroafor, 2012.).

This, the CBN said was far from making them mega banks. They were closely followed by First Bank of Nigeria (FBN) Plc which had N44.67 billion in shareholders’ funds, while about eight banks were in the N31 billion to N40 billion range. Industry analysts were of the view that banks of the future were to emerge from this group. As at the last week of December 2005, when the industry was awaiting the CBN’s final pronouncement on the process, 25 banks had crossed the N25 billion target. These were banks that embraced the mergers and acquisition options as well as a few of those that
were able to raise their capitalization alone. Prior to the re-capitalization process, only two banks in the country had shareholders’ funds in excess of N25 billion – First Bank and Union Bank. But as the reality of the reforms stared the industry players in the face, many banks hurriedly signed memoranda of understanding to merge (Ernest, 2012.)

Many others headed for capital market either to meet the new requirement or enhance their bargaining power for mergers and acquisitions. In the process of consolidation many bank CEOs and chairmen of boards lost their positions as a result of Merger and Acquisition. But more devastating has been the job losses across cadres in the industry. In many banks this was done quietly, while in other banks, workers were encouraged to resign with benefits. The governor of CBN had, at the beginning of the process admitted that “there will be job losses but the questions then is whether, on a net basis, there will be more job losses after the consolidation than would have occurred” (Manukas, 2006).

Again, in 2010-2011, 5 banks were recapitalized by the CBN up to a tune of 400 billion naira due to insolvency. Some of these 5 rescued banks were later taken over by the apex bank and subsequently sold to some investors. These banks were Union Bank of Nigeria Plc (UBN), Intercontinental Bank (IB) Plc, Oceanic Bank Plc and Afribank Plc. For instance, Union Bank Plc was bought by the Enterprise Group, while Eco Bank Africa acquired Oceanic Bank Plc. This event marked the demise of banks that had hitherto been said to be one of the future banks in Nigeria.

These spates of event point to the fact that job insecurity could be most prevalent in the banking industry. For instance, before the acquisition of Intercontinental Bank Plc, the bank management announced a year before its acquisition that it has laid off 3,500 workers nationwide due to its resolve to cut down on its recurrent expenditure and improve on its financial clout. Similar option was also taken by other banking organizations that the CBN marked as troubled banks. Those at the receiving end of this policy are the employees who are obviously aware of the consequences of this policy on the security or otherwise of their jobs.
There are two approaches to job insecurity: it may be conceptualized as quantitative job insecurity. That is worrying about losing the job itself and qualitative job insecurity. That is, worrying about losing important job features. While the quantitative job insecurity is related to general, comprehensive (and most used) operationalization of the construct, the qualitative job insecurity refers to the feelings of potential loss in the quality of organizational position such as worsening of working conditions, lack of career opportunities, decreasing salary development (Sverke & Hellgren, 2002).

However, these two conceptualization of job insecurity have in common the underlying assumption that job insecurity is intended to be a subjective experience based on individual perception and understanding of the environment and the situation, and refer to the anticipation of the stressful event of losing the job itself (Sverke & Hellgren, 2002). As one would expect, “objective” job insecurity originated by situations, such as organization downsizing, restructuring dismissals, generally leads to greater “subjective” job insecurity (Probst, 2003). In the current study however, the focus is on quantitative job insecurity, which refers to the perception that one may lose one’s job.

Voluntary turnover refers to an employee’s inclination to leave an organization, whereas organization’s initiated turnover is an involuntary turnover initiated by an organization or its management. The importance of turnover intention which is the focus of the current study is that it is the employees valued by management of an organization that tend to quit and not those not valued (Robins, 2005). Turnover is disruptive to an organization because the money spent on training employees who are valued by the organization is lost when they eventually leave. Little wonder that some organizations are skeptical of training new employees because of the fear that they might eventually leave after the acquisition of skill and experience.

Indeed, personality traits have also been noted to have salient effects on employees’ attitude and behavior (Barrick & Mount, 1991). Personality was defined by Allport (1948) as the dynamic organization within the individual of those psychophysical systems that determines his unique adjustments to the environment. Different personality traits have been identified as having implication for employees’ behavior and attitudes. However, the current study focused on self-monitoring and extroversion.
Self-monitoring personality refers to a trait characterized by ability to detect social situational cues (Snyder, 1974). People who are high in self-monitoring tend to be sensitive to situation cues and have been found to be good at cross-boundary spanning (that is, a job that requires incumbent to work in different departments or organizations). Whereas people who are low in self-monitoring cannot act in this way; they are usually who they are and they cannot change their behavior or match with prevailing circumstance or condition (Robins, 2003). Therefore, self-monitoring has been shown to have influence on a host of job outcomes.

Statement of Problem

The current state of the affairs in the banking subsector calls for proper scrutiny. The banking industry is currently the most vulnerable industry to high turnover rate. The extent to which employees are seeking employment in other industry and quitting the banking subsector is alarming. This, as being envisaged may lead to an intractable problem in the industry. If the analysis of turnover is done in this industry, it may perhaps be the industry with the highest number of turnover rate at the moment. Whilst, if not checked now, shortage of man power may be experienced in the banking sector and applicants’ willingness to apply for jobs in the industry may have fallen abysmally low. Moreover, high level of job insecurity has further exacerbated employment condition in the banking subsector leading to high rate of employees’ initiated layoff and job dissatisfaction. It is currently thought that many bankers in Nigeria will really rather work with the federal government instead of the banking subsector.

Although plethora of empirical research has been conducted relating to antecedents of perceived job insecurity and turnover intention (Hegney, Rogers Clark, Gorman, Baker & McCarthly, 2001: Kirschenbaum& Weisberg 2002), but majority of these studies did not investigate simultaneously the antecedents of these psychosocial predictors on job insecurity and turnover intentions in the banking sector especially the Nigerian Banking sector. The dearth in literature has made it difficult to then understand the recent CBN policies as they affect employment in the banking industry.
Review of Literature

Personality and Perceived Job Insecurity. A small number of studies have investigated whether certain personality dispositions are related to experiences of job insecurity. The results from a few of these studies suggest that persons with a predominantly external locus of control are more likely to report higher levels of job insecurity (Ashford et al., 1989; Kinnunen et al., 1999; Sverke et al., 2004). In contrast, higher levels of self-esteem have been related to lower level of job insecurity (Hartley et al., 1991). There is also some evidence that negative affectivity increases the likelihood of job insecurity perceptions (Sverke et al., 2004).

Day et al (2002) reported that self-monitoring was significantly related to nine important work-related criteria and demographic correlates. They concluded that (high self-monitors vs low self-monitors) are likely to be younger and male, to be more involved in their jobs, and to perform at a higher level and are more likely to emerge as a leader. High self-monitors are also more likely to experience more role stress and show less commitment to their organizations as compared with low self-monitors.

Concerning work attitudes, self-monitoring has been associated with weaker relational bonds and stronger need for social status (Gangestad & Snyder, 2000), characteristics contributing to a higher propensity to leave organizations for more advantageous positions elsewhere (Jenkinds, 1993). A negative relationship with organizational commitment was found in the previous review (\(p= -13\)), with behavioral commitment (i.e. turnover) having a stronger negative relationship than attitudinal commitments (Day et al, 2002). The weaker organizational bonds associated with self-monitoring can be masked by positive organizational citizenship behaviors (Bolino, Turnley, Gilstrap, & Suazo, 2010) and job involvement (Dubinsky & Hartley, 1986).

As the responsibility for others diminishes, the vulnerability to job loss may also decrease, and result in lower levels of perceived job insecurity, particularly, amongst older employees. However, studies have also reported evidence that older employees may experience higher levels of perceived job insecurity (e.g., Mohr, 2000; Naswall & De Witte, 2003; Hartley et al., 1991). This has been attributed to the fact that it may be more difficult for older employees to finds new employment, which would leave them more vulnerable to job loss (Hartley et al., 1991).
Gender and Perception of Job Insecurity

Gender may play a role in how a person prepares for different occurrences throughout life. Some of the few studies focusing on how gender influences perceptions of job insecurity have found that, men tend to report higher levels of perceived job insecurity than women (Kinnunen et al., 1991; Rosenblatt, Talmud & Ruvio, 1999). This has been explained by the suggestion that traditional values may prompt men to experience higher levels of perceived job insecurity than women since this role traditionally requires the man to be the breadwinner of the family. Men would then tend to be more vulnerable to the threat of job loss, as it would not only threaten their sources of income, but also their identity, to a higher degree than it would for women. However, what complicates over generalizing about the influence of gender is that, according to this argument, a woman who was the main breadwinner for her family could similarly be expected to experience greater perceived job insecurity than a man who did not have this responsibility to the same extent (De Witte, 1999). Some studies also provide empirical evidence that women report higher levels of Perceived job insecurity than men (Naswall & De Witte, 2003). The issue of how gender influences job insecurity perceptions is, however, not yet settled. Based on the fore goings therefore, it was hypothesized that:

1. Self-monitoring and extroversion will independently and jointly predict perceived job insecurity.
2. Self-monitoring and extroversion will independently and jointly predict turnover intention.
3. Age, marital status, education, job tenure and job status will independently and jointly predict perceived job insecurity.
4. Age, marital status, education, job tenure and job status will independently and jointly predict turnover intention.
5. Male bank employees will differ significantly from their female counterparts on perceived job insecurity from senior employees.
6. Male employees will differ significantly from their female counterparts on turnover intention.

Methodology

The study adopted an ex-post facto research design since the events of interest had already occurred prior to the study. The study was conducted in Lagos state; Nigeria. Two hundred bank employees using (Krejcie and Morgan sample size calculator) were selected from purposively selected banking organizations in Lagos state, Nigeria. These banks comprised four new and old generation banks. The new generation banks comprised Zenith
Bank Plc, Diamond Bank Plc and First City Monument Bank Plc. The old
generation banks were First Bank Plc, WEMA Bank Plc, and Union Bank
Plc. The ages of the participants ranged from 21 to 50 years with a mean
average of 30.21 years. Their job tenures ranged from 6 months to 26 years
with a mean average of 4.29 years.

**Instruments**

A structured questionnaire was used in data collection. Section A
was used to tap into the socio-demographics characteristics of the
participants. Other instruments are discussed as follows:

**Perceived Job Insecurity Scale:** The scale was developed by
(Caplan et al. 1975). The scale was made up of 4-items with an internal
consistency of 0.67 as reported by the scale’s author. The correlation scores
from the standardized items ranged from 0.30 to 0.35 with a reliability alpha
coefficient of .55.

**Self-monitoring Scale:** The scale comprised of 25 items as
developed by Snyder (1974). The author of the scale reported a reliability
alpha coefficient of 0.74. However, the scale was re-validated in a pilot study
with some items expunged afterwards. The standardized scale was made up
of 17 items with a reliability alpha coefficient of 0.76.

**Personality Scale:** The scale prior to standardization comprised 60
items as constructed by Costa and McCrae (1992). The extroversion subscale
comprised 12 items originally. However, the extroversion subscale was re-
validated resulting in the deletion of 3 items. Eventually, an extroversion
subscale made up of 9 items was used in the main study. The revalidated
scale yielded a reliability alpha coefficient of 0.73.

**Turnover Intention Scale:** The scale was developed by Ferris and
Rowland (1987). It comprised 5 items with an internal consistency of 0.87.
The scale was subjected to re-validation leading to the deletion of 2 items.
Eventually, a 3 item scale was used for the main study with a reliability alpha
coefficient of 0.65.

**Procedure:**

Explanations were given to the participants as to what was expected
of them before the study, while also requesting their consent to participate in
the study. Copies of the questionnaire were distributed to them individually
and they were required to read and answer the questions that followed. No
time limit was given to them to fill the questionnaires. After the completion
of the questionnaires, a total of two hundred and fifty (250) were retrieved and subjected to statistical analysis.

Results:

Table 1: Multiple Regression Analysis Showing Self-monitoring and Extroversion Independent and Joint Prediction of Perceived Job Insecurity among Bank Employees.

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>T</th>
<th>P</th>
<th>F</th>
<th>R²</th>
<th>R</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-monitoring</td>
<td>0.08</td>
<td>1.04</td>
<td>&gt;.05</td>
<td>0.95</td>
<td>0.01</td>
<td>0.10</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Extroversion</td>
<td>0.05</td>
<td>0.70</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[R= 0.10; R²=0.01; F (2,199) =0.95; P>.05]. From the result in Table 1 above, self-monitoring and extroversion had no significant joint and independent influence on perceived job insecurity. The predictor variables accounted for 1% variance on perceived job insecurity. Therefore, the hypothesis that self-monitoring and extroversion will independently and jointly predict perceived job insecurity is rejected as result findings did support it.

Table 2: Multiple Regression Analysis Showing Self-monitoring and Extroversion Independent and Joint Prediction of Turnover Intention among Bank Employees.

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>t</th>
<th>P</th>
<th>F</th>
<th>R²</th>
<th>R</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-monitoring</td>
<td>0.01</td>
<td>0.12</td>
<td>&gt;.05</td>
<td>13.63</td>
<td>0.12</td>
<td>0.35</td>
<td>&lt;.05</td>
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<tr>
<td>Extroversion</td>
<td>0.35</td>
<td>5.11</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[R= 0.35; R²=0.12; F (2,199) =13.63; P<.05]. From the result in Table 2 above, self-monitoring and extroversion had significant joint influence on turnover intention. The predictor variables accounted for 12% variance on turnover intention. The result findings further showed that, extroversion had a significant independent influence on turnover intention [β= 0.35; t=5.11; P<.05]. This finding suggests that, bank employees who are high on
extroversion will report higher turnover intention than bank employees who low on extroversion. However, self-monitoring had no significant independent influence on turnover intention \([\beta=0.01; t=0.12; P>.05]\). Therefore, the hypothesis that self-monitoring and extroversion will independently and jointly predict turnover intention is accepted regardless of the fact that, self-monitoring had no significant independent influence.

**Table 3: Multiple Regression Analysis Showing Joint and Independent Influence of Age, Marital Status, Religion, Education, Job tenure and Job status on Perceived Job Insecurity and Turnover Intention amongst Bank Employees.**

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Independent Variables</th>
<th>B</th>
<th>t</th>
<th>P</th>
<th>F</th>
<th>(R^2)</th>
<th>R</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Insecurity</td>
<td>Age</td>
<td>-0.34</td>
<td>-2.76</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Marital Status</td>
<td>0.13</td>
<td>&gt;.05</td>
<td></td>
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<tr>
<td></td>
<td>Religion</td>
<td>-0.52</td>
<td>&gt;.05</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Education</td>
<td>-0.14</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job tenure</td>
<td>2.74</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job status</td>
<td>0.72</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover Intention</td>
<td>Age</td>
<td>-0.19</td>
<td>-1.32</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marital Status</td>
<td>0.01</td>
<td>0.41</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Religion</td>
<td>0.05</td>
<td>0.03</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>-0.03</td>
<td>0.65</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job tenure</td>
<td>-0.02</td>
<td>-0.03</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job status</td>
<td>-0.02</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\([R=0.22; R^2=0.05; F(6,199)=1.70; P<.05]\).
From the result in Table 3 above age, marital status, religion, education, job tenure and job status had no significant joint influence on perceived job insecurity. Though, the predictor variables accounted for 5% variance on perceived job insecurity, it did not approach a significant value as shown in Table 3. However, age [β = -0.34; t = -2.76; P<.05] and job tenure age [β = 0.35; t = 2.74; P<.05] had a significant independent influence on perceived job insecurity. This finding further suggests that, younger bank employees reported higher perceived job insecurity than older bank employees. Also, bank employees who had longer job tenure were more likely to report higher perceived job insecurity than those who had shorter job tenure. The hypothesis that age, marital status, religion, education, job tenure and job status will have a significant joint and independent influence on perceived job insecurity is partially accepted.

[R = 0.20; R^2 = 0.04; F (6,199) = 1.29; P<.05]. Still on the results in Table 3 above, age, marital status, religion, education, job tenure and job status had no significant joint influence on turnover intention. Similarly, none of the demographic variables independently predicted turnover intention. Therefore, the hypothesis that age, marital status, religion, education, job tenure and job status will have a significant joint and independent influence on turnover intention is rejected.

**Table 4: T-Test for Independent Groups Showing the Comparison between Male and Female Bank Employees on Perceived Job Insecurity and Turnover Intention.**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sex</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job insecurity</td>
<td>Male</td>
<td>100</td>
<td>13.69</td>
<td>3.65</td>
<td>198</td>
<td>-0.29</td>
<td>&gt;.05</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>100</td>
<td>13.94</td>
<td>3.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover int.</td>
<td>Male</td>
<td>100</td>
<td>16.29</td>
<td>2.92</td>
<td>198</td>
<td>0.59</td>
<td>&gt;.05</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>100</td>
<td>15.53</td>
<td>3.59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the result in Table 4 above, there was no significant difference between male and female bank employees on perceived job insecurity [t = -0.29; df = 198; P>.05]. Similarly, result findings in Table 4 above showed that there was no significant difference between male and female bank employees on turnover intention [t = 0.59; df = 198; P>.05]. Therefore, the hypothesis that there would be a significant difference between male and
female bank employees on perceived job insecurity and turnover intention is rejected as result findings didn’t support it.

**Discussion**

The study found that self-monitoring and extroversion did not jointly and independently predict perceived job insecurity. This finding was not in consonance with results from previous studies. For instance, (Hartley et al., 1991) found that employees with high self-esteem were more likely to experience less perceived job insecurity than those with low self-esteem. Similarly, the findings of this study were in sharp contrast to (Day et al., 2002) who found that, higher level of self-monitoring was associated with lower perceived job insecurity.

The study found out that self-monitoring and extroversion jointly and independently predicted turnover intention. This finding was consistent with previous works that had established a link between personality and turnover intention. In the study by, (Shaffer et al., 2006), they found that emotional stability was negatively related to withdrawal cognitions among expatriates and Conscientiousness and Agreeableness were less strong but also negatively related to withdrawal cognitions. Self-monitoring ought to have independently predicted job insecurity particularly because self-monitoring as defined by (Borman & Motowildo, 1997) involves the ability of people to regulate their behaviors and attitudes so as to be in correspondence with the prevailing circumstances in their environment. Upon this assertion, it then suffices to suggest that higher level of self-monitoring may lead to lower perceived job insecurity which was not so in this study.

McShane and Von Glinow (2000), noted that though, the salient factor responsible for many work outcomes is the situation (i.e. how workers perceive the prevailing condition in their organization), personality factors may equally influence some form of work attitude. For instance, persons high in self-monitoring personality have been noted to vary their reactions to situations based on external cues (Synder & Monson, 1975). Therefore, persons who score high on the self-monitoring scale are more likely to consider the characteristics of the social situation in presenting themselves to others and upon this ability to vary their reactions to situational factors or cues, they are more likely to feel secured on their jobs.

The study also discovered that self-monitoring and extroversion had a significantly joint influence on turnover intention. Extroversion alone had a
significant independent influence on turnover intention. These findings were consistent with previous findings which had established a link between personality and turnover intention. (Caligiuri, 2000) in a study that concerned expatriates found emotional stability as a likely predictor related to the desire to terminate an assignment. This was further corroborated by (Shaffer et al., 2006) conclusions who found that, emotional stability was significantly related to withdrawal cognitions among expatriates with conscientiousness and agreeableness less strong to withdrawal cognitions.

Age, marital status, religion, education, job tenure and job status was found not to have significant joint influence on perceived job insecurity. However, age and job tenure independently predicted perceived job insecurity. This finding was corroborated by the findings of (Robins 1998) who found that younger works were more occupationally mobile because of availability of options open to them in contrast to older individuals who have fewer opportunities.

The study further found that there was no significant difference between male and female bank employees on perceived job insecurity and turnover intention. Prior studies have however reported significant influence of sex on job insecurity with men found to have higher level of perceived job insecurity than women. (Kinnunen et al., 1999; Rosenblatt, Talmud, & Ruvio, 1999). The reason adduced for this is that traditional values may prompt men to experience higher levels of job insecurity than women, since this role traditionally requires the man to be the breadwinner of the family. Men would then tend to be more vulnerable to the threat of job loss, as it would not only threaten their source of income, but also their identity, to a higher degree than it would for women. However, what complicates over generalizing about the influence of gender is that, according to this argument, a woman who was the main breadwinner for her family could similarly be expected to experience greater job insecurity than a man would who did not have this responsibility to the same extent (De Witte, 1999). Some studies also provide empirical evidence that women report higher levels of job insecurity than men (Naswall & De Witte, 2003). The issue of how gender influences job insecurity perceptions is, however, mixed.

On turnover intention, just as it was revealed in the current study, no significant difference exists between men and women on turnover intention (e.g. Griffeth et al., 2000). These authors also cited evidence that gender moderates the age-turnover relationship (i.e. women are more likely to remain on their job as they getolder, than do men).
Implications/Recommendations:

The study found that self-monitoring and extroversion did not independently and jointly predict perceived job insecurity. This result implies that situational variables are more salient predictors of perceived job insecurity than individual differences. Despite this finding, bank managers should use personality as a complement to situation variables during recruitment, Realistic Job Preview (JRP), and performance management. Such effort can decrease the anxiety which bank employees experience while working. Although to some extent, anxiety is normal because it motivates individual to take charge of the future. But anxiety to an abnormal extent can result into many negative outcomes including poor job performance and ill health. In view of this, bank managers should try to allay the fears of their employees by guaranteeing them that their employment remains secure in as much as they work to the best of their ability and they are well committed to the organization.

It was found that self-monitoring and extroversion did not significantly and jointly predict turnover intention. But extroversion significant independent prediction of turnover intention was supported. This result has implications for retention strategy, recruitment and training. To this end, bank managers should use personality measures as complimentary tools during recruitment, training and in their effort to retain star performers who are more likely to leave the organization. This can be done by administering valid and reliable measures of self-monitoring and extroversion during recruitment of prospective employees as well as when identifying training needs of bank employees.

The result of the study also revealed that socio-demographic variables did not significantly and jointly predict perceived job insecurity. However, age and job tenure significantly and independently predict perceived job insecurity. This result implies that socio-demographic variables are very important in retention, recruitment and training. Therefore, bank managers should ensure these variables are given due to consideration during training, development of more effective retention efforts and recruitment of prospective employees.

Age, marital status, education, job status and job tenure did not independently and jointly predict turnover intention. Again this finding implies that situational variables are more salient in turnover intention than personality factors. Yet, personality measures are still important in the
recruitment of future employees in order to decrease the rate at which employees are quitting. It is also important for training.

Male and female employees did not differ significantly on perceive job security ad turnover intention. This finding has implications or gender based recruitment, should give equal opportunity to both male and female employees by giving them a level laying ground. This will ensure that performance is the basic instrument for measuring effective of employees irrespective of their sex.

**Limitation of Study:**

The finding of this study was ill affected by certain factors some of which are the use only self-report to collect data from the participants and the use of non-probabilistic sampling method to select participants. All these have limited the generalization of the findings to other setting other than where it was carried out.

**Suggestion for Further Study:**

Researches who are interested in replicating the findings of the study should adopt more effective selection technique that is probabilistic in order to remove any form of bias. Also, the study should not be confined to the banking sector. Selecting other industries will make the findings more generalizable. Self-report should be complemented with interview while also suggesting that open-ended sections should be provided so that participant can also express themselves as they wish in relation to the subject matter of the study.
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HEALTH SECTOR DEVELOPMENT AND SUSTAINABILITY IN NIGERIA USING THE RESILIENT HEALTH SYSTEMS FRAMEWORK

By

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Abstract

Health care delivery in Nigeria is complex and dependent on several determinants of health. While, re-emerging health threats such as the Ebola which occurred in Nigeria and some other parts of West Africa in 2014 have given rise to the need to understand what it means for a health system to be resilient. Although the present health system in Nigeria remains less resilient, the work of Kruk, Myers, Varpilah, and Dahn (2015) on resilient health systems (RHS) framework is beneficial to develop and sustain it. The resilient health systems framework offers insights on the need for health systems to be aware, diverse, self-regulating, integrated and adaptive in their approach to public health and primary care matters. This paper focuses on how Nigeria can develop, strengthen and sustain its health system by becoming more resilient using the RHS framework.

Keywords: RHS framework, health sector development and sustainability, health systems strengthening, public health and primary care, Nigeria
Introduction

Despite the misconception of merging Nigeria into one indivisible indigenous unit with varied cultures among communities (Nwokocha, 2008), Nigeria operates a pluralistic health care delivery system with the orthodox and traditional health care delivery systems both in operation. There exists minimal collaboration or hardly any collaboration between the orthodox and traditional form of health care in the country (NPC-ICF Macro, 2009). That is, health care delivery in Nigeria is diversified and complex as many social actors are actively engaged in the provision, management, and evaluation of health services offered by the sector. The sector however is highly dependent on these actors who interact closely with one another to maintain and sustain the nature of health care delivery in Nigeria which dates back to the pre (Bull, 1954-55), and post-independence eras of the country such that the forms of health care delivery varied across the various regions of Nigeria.

Although, the pre-independence era which was largely under the administration of the colonialist controlled all aspects of modern health care delivery, the post-independence period and later years of civilian and military rule led to the increased multiplicity and diversification of the sector with the growth of private medical enterprise. In addition, it brought about an increase in the use of traditional forms of health care due to the failure of the public sector to deliver effective and efficient forms of modern health services. This period also culminated in the rise of out-of-pocket expenditure for health as the cost of care became expensive for some Nigerians. This paper focuses on how Nigeria can strengthen its health system and become more resilient in its approach to public health and primary care with the use of the resilient health systems (RHS) framework. This paper highlights how the resilient health systems (RHS) framework can be used to guide health care practitioners and policy makers on how to mitigate against adverse health challenges and consequences before, during and after the occurrence of a health crisis. The paper shows that with the use of the RHS framework, Nigeria’s health system can be developed and sustained to further ensure optimum population health.
Health Care Delivery in Nigeria

While the nature of health care delivery in Nigeria has been widely researched across different disciplines such as medicine, public health, sociology, biology, economics, and mass communication, with it being analysed using various perspectives and approaches. The health sector in Nigeria over the years has grown and developed with the aim of making health care delivery more accessible, affordable, available, acceptable and adequate for the people. The nature of healthcare delivery in Nigeria is based on existing salient traditional ideologies such as “health is wealth” or “a healthy people, are a wealthy people”. These ideologies have been transformed to form the core nature of healthcare offered to Nigerians as documented in its first national health policy of 1988 such that the fundamentals of health care delivery in Nigeria are informed by existing structures and institutional frameworks organised by social actors and reproduced daily to meet the health needs of the people. According to Giddens (1984), all social action, including those that are health related, involves structure, and all structure that is health inclined involves social action. Therefore, the agency and structures of health are intricately linked with one another both in activity and practice. Simply put, the production and reproduction of the structures of health are dependent on the actors of health and vice versa at all levels of health care delivery.

To understand the existing actors of health which form the core of the Nigerian health system is to understand closely the structures of health which must be strengthened to further provide better health services to the public. Although, health care delivery in Nigeria is faced with many challenges, some progress has been achieved which has contributed to reducing the high national burden of disease. For example, in the past decade, Nigeria has eradicated polio meningitis especially with its massive prevalence in the north of the country. More so, the reduction in maternal and child mortality, the increase in family planning and contraceptive use, the improvement in ante-natal and post-natal care, reduction in the spread of HIV/AIDS and STDS and more recently the eradication of the Ebola virus are all worthy of note. As such structures and actors must continually interact within the health system to improve health care delivery and guarantee its sustainability in the years to come. But with the non-implementation of the national health bill, unequal access and utilisation to health services both in rural and urban areas, and the non-nationwide coverage and use of the national health insurance policy at all levels, the Nigerian health system will
remain unproductive. Hence, health systems strengthening which will enable Nigeria’s healthcare to become more resilient thereby mitigating against adverse health challenges is paramount.

As the population of Nigeria increases and rapid urbanisation continues into the 21st century, existing and new challenges to health care delivery will emerge. Challenges such as the emergence of Ebola virus in 2014 within the West Africa region pose a significant threat to the Nigerian health system. Likewise, the poor management of some communicable diseases such as HIV/AIDS, Malaria and Cholera, and the continued prevalence of non-communicable diseases such as hypertension, cancer, diabetes, and obesity amongst others hinders health care delivery measures at all levels. Besides, increase in suicide, road traffic accidents and physical injuries add to the burden of health care delivery, exposing the lapses and inefficiencies of Nigerian hospitals, health care centres, maternity homes and community health centres, and traditional health care providers. In addition, the existing and new challenges of the Nigerian health care delivery system will reinforce a surge in the national burden of disease leading to a reduction in the gains achieved in the past decade. In view of the low resilience level of the current democratic health system, all actors of health especially health providers and policy makers must have a good understanding of the challenges that confront health sector development and systems strengthening in Nigeria.

Health Systems Strengthening, Development and Sustainability In Nigeria: Some Existing Challenges

Health systems’ strengthening is an integrated and holistic process which ensures that health systems optimally perform to meet the health needs of the people. Health systems strengthening as a global strategy offers insights on how to improve and maintain the workings of national health systems across the globe. Both in theory and practice, health systems strengthening enhance the development of health sectors with the focus on both the macro and micro elements. According to WHO (2007) health systems strengthening is a compilation of initiatives, strategies, or activities that improves one or more of the core functions of the health system which are labelled “Building Blocks” by the World Health Organization. These building blocks (health financing, health workforce, leadership and governance, medicines and vaccines, health service delivery, and health information) all contribute to better health, protect citizens from catastrophic financial loss and impoverishment due to illness, and ensure consumer
satisfaction, all in an equitable, efficient, and sustainable manner (Islam, 2007). Health systems’ strengthening is aimed at improving and equipping health systems to optimally deliver. In Nigeria, the focus on health systems strengthening among public health and non-public health experts is on the rise as new systems thinking is required to revamp the entire health sector. That is, key issues must be addressed as they remain vital to ensuring that the entire health system is well strengthened. There are some existing and emerging challenges facing the health sector in Nigeria which includes:

Health Policy, Legislations, Declarations, Frameworks and Programme Interventions

The existence of more than two health policies enacted in the past three decades in Nigeria and the various health frameworks such as the National Strategic Health Development Plan (NSHDP) 2009-2015, indicate the country’s commitment to the health sector. However, the poor implementation of the policies, legislations, declarations and national frameworks for health thus far has affected the performance of the entire health system. For example, between 1988 and 2015, Nigeria has implemented a total of two health policies, one national policy on population and development, a development strategy at the national, state and local (NEEDS, SEEDS, LEEDS) levels, a declaration on health for all in Africa, and several legislations. Despite all these, the Nigerian health system remains grossly unproductive, performing at a very low capacity. Such is attributed to low and middle income countries whose budget and expenditure for health below the recommended fifteen percent by the World Health Organisation. Over the years, the failure of government, non-governmental organisations (NGOs), and multi-lateral agencies to effectively implement such health policies, legislations, declarations and frameworks has limited the performance of several health programmes that have been introduced to address specific health issues affecting the people in Nigeria.

Health Professionals and Allied Practitioners

The varied array of health care practitioners (Doctors, Nurses, Midwives, Traditional birth attendants, Bone specialists, Herbal mixture providers, Patent medicine vendors, Pharmacists, Chemist shop owners and Laboratory attendants) engaged in public and private practice of health care delivery within the Nigerian health system has equally hindered the performance of the health system. Even though various health professionals and allied practitioners are present and function within the health system, the
improper regulation of such practitioners by a national body or association, absence of continuing medical education, or regular certification examinations and the non-centralised coordination of their activities all negatively affect the performance of the Nigerian health system.

**Health Policy Makers**

Health policy makers play a fundamental role in every country’s health sector. Policy makers for health are mainly saddled with the responsibility of translating policy documents into programmes and interventions to promote public health and primary care. In countries where health policy makers have been unable to implement useful policies and health legislations, the health systems tend to under-perform. Therefore, the role of health policy makers remains crucial to the development of any health system. When Nigerian health policy makers fail in their duties such as ensuring that policies for health, health legislations, declarations, frameworks and programmes interventions are the properly implemented at all levels, then the health systems under-performs.

**Complex Nature And Structure Of Health Care Delivery/Health System**

According to Olakunde (2012), the organisation of health care services in Nigeria is complex with multiple providers of health services (see figure 1 and 2 below). The implementation of this is that, the much uncoordinated complexity in the provision of health services over-time has contributed to the low performance in the country’s health system. In countries where the nature and structure of health care delivery are very complex and unregulated, studies (Hill, Pavignani, Michael, Murru & Beesley, 2014; Basu, Andrews, Kishore, Panjabi, & Stuckler, 2012; NBR, 2012; Deogaonkar, 2004; Standing & Bloom, 2002) have reported that such health systems tend to under-perform. However, in countries where the structures of health care delivery is better established, properly developed, and maintained with strict health laws and regulations, such as Ireland (Health Service Executive), Norway (Regional Health Authority), Germany("Statutory Health Insurance" also known as GesetzlicheKrankenversicherung and "Private Health Insurance" called Private Krankenversicherung), United Kingdom (National Health Service), USA (Medicaid and Medicare), Canada (Medicare) and Australia (Medicare). These health systems, despite their peculiar complexities tend to perform better.
Social Determinants of Health

The health sector in Nigeria does not function exclusively. It is widely affected by several social determinants of health; these include the economic, cultural, religious, political, agricultural, environmental etc. The World Health Organisation (2008:1) describes social determinants of health thus:

“The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives; their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities, and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities within and between countries”.

These health inequities to a very large extent affect the health of the people leading to poor performance in a country’s health sector. In Nigeria, these social determinants of health remain pervasive and their effect on the health system has hindered it from performing efficiently to meet the health needs of all Nigerians. The WHO social determinants of health give a holistic understanding and provide an agency-structure perspective to health care delivery. The WHO social determinants of health advocates for three principles of action which includes: (a) to advance daily living conditions of life, that is, the circumstances in which people are born, grow, live, work and age; (b) to tackle the unbalanced distribution of power, money and resources, that is, the structural drivers of those conditions of daily life-globally, nationally and locally; (c) to measure and comprehend the problem, evaluate action, expand the knowledge base, grow a workforce that is trained in the
social determinants of health, and increase public awareness of the social determinants of health (WHO, 2008:2).

The Commission’s work expresses a new approach to development. Although health and health equity tend not to be the focus of all social policies enacted within a country, they will be a fundamental result in this line. For example, the fundamental policy importance given to economic growth: being that economic growth is, without question, important, particularly for poor countries, as it gives the opportunity to provide resources to invest in the improvement of the lives of their population. However, such economic growth by itself, without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefit to health equity (WHO, 2008:1). The issue of social determinants of health is not often advocated for as a key point in Nigeria, and this has inhibited the performance of the country’s health system.

Dearth in Research, Funding and Research Output Utilization

In countries where national funding for research is low, the health system tends to underperform because the reproduction of new knowledge is limited. In Nigeria not until recently, the country has suffered from low funding for research across various disciplines which includes social sciences, biomedicine and public health. More so, research into the social aspects of health have equally not received sufficient funding in the past two decades as government appreciation for research has remained low. Compared to some other countries in the world whose national bodies are well funded such as the UK Economic and Social Research Council (ESRC) which spends approximately £200 million on research and training, supports over 5,000 teachers and studentsvi, and the US National Institute of Health (NIH) which invests nearly $30.3 billion annually in medical research for the American peoplevii. In Nigeria, the total intervention budget allocation for public tertiary education through the Tertiary Education Trust Fund (TETFUND) has been between 127 million naira in 2009 to 645 million in years2013viii. Due to such low funding for research and training in Nigeria, individual research outputs by academics and research institutes tend not to achieve significant outcomes compared to those done by foreign universities. This has led to the low utilisation by the government of previous and ongoing research outcomes aimed at improving the health system of the country.
Health Facility Monitoring and Evaluation

The monitoring and evaluation of health facilities (public or private) across the 774 local government areas of the country at regular intervals is necessary. This is to ensure that facilities adhere to laid down regulations and carry out their duties accordingly as expected of them whether it is operating as a primary, secondary or tertiary institution of health care (Figure 1). In addition, the proper evaluation of private health care provider’s facilities will equally contribute positively to the entire health system of Nigeria, because private health care delivery now accounts for 66% of available health care services in the country (Onah & Governer, 2014). At present, health facilities in Nigeria are not well monitored to ensure compliance with medical ethics, laws and codes of conduct. Similarly, health facilities are not evaluated on a regular basis to establish whether they have the required skilled manpower to function at the capacity at which they presently do, while health facilities are not evaluated to ensure that they are well equipped to perform and offer specific types of health services, the delivery of babies, conduct of minor and major surgeries, response to emergencies such as accidents, and provision of emergency obstetric care and counselling.

Corruption and Mismanagement

Corruption has a negative effect on people and systems, leading to poor health outcomes, statistics and performance. It is a major hindrance to health systems strengthening. Corruption remains a persistent problem in the health sector, with negative effects on people’s health status, social welfare programmes (Vian, 2008) and the entire health system. In Nigeria, as a result of the wide spread corruption in many sectors of the economy which has thrived over the years, the health care sector has equally been affected. Indeed, corruption is a cog in the wheel of progress of Nigeria and continues to frustrate the realisation of national goals (Ijewere, 2015). Gross mismanagement of funds for health facility maintenance and upgrading of infrastructure, the sale of substandard and counterfeit drugs in pharmacy stores and chemist shops (Akinyandenu, 2013), the lack of funds for staff training and capacity development, to mention but a few lapses has contributed to the poor state of the health system. Corruption in health care systems has been well researched as Ibrahim & Majoor (2002:24) explained that “there is a strong case based on the circumstantial evidence that the current health system is rotten. The evidence includes the level of under-use, over-use and misuse of health care services, the new standards asking for respect, dignity, honesty and transparency from health services, the
corporatisation of health and the existing inequalities in power and health outcomes”. Azuh (2012) reported that the following factors which include cost of service, staff development, non-availability of drugs and consumables, and equipment inadequacy among others were positively and significantly related to corruption, and diminish the delivery of healthcare services at the grass root level in Nigeria.

**Weak State Institutions and Structures for Health**

The existence of weak state institutions in a country tends to have a negative implication on the health care delivery system. According to Adinma & Adinma (2010), the health system in Nigeria is characterised by chronic underfunding, which results in poor performance of the sector. Such poor performance leads to poor reproductive health outcomes. Poor health indicators and vital statistics reflect the weakness of the state institutions and structures for health in existence.

**Quality of Health Service**

Findings on the quality of care and health service in emerging communities and urban slums of south west Nigeria, as reported by Lawal (2014), indicated that the quality received was low. This is because health workers at the facilities were not well organised in carrying out their duties. Also people experienced long waiting times before services could be delivered to them. In some situations, patients did not receive the treatment they sought because of the long time they spent waiting before being attended to. Long waiting time at a health facility tends to reduce service quality (Jack-Ide & Uys, 2013), discourages users and leads to the underutilisation of existing health facilities (Haddad & Fourier, 1995) even in emerging communities and urban slums of south west Nigeria. Quality of care remains an important indicator in determining the performance of a health system (Ibrahim, 2001; Ballard, 2003; Weiner, Alexander, Shortell, Baker, Becker, & Geppert, 2006). A decline in the quality of care may cause frustration among patients (Hutchinson, Do & Agha, 2011), especially the poor, who usually suffer poor treatment, as health workers are likely to give preference to wealthy patients who offer tips and bribes. Low quality of health service affects the performance of the entire health system in Nigeria.
Inadequate Manpower And Unequal Distribution Of Trained Personnel

Hospitals that lack adequate manpower often tend to underperform in executing their duties and obligations to the people in communities where they are located. A major factor which remains a challenge facing health systems in developing countries such as Nigeria is the shortage of a health workforce (Ezeonwu, 2013; Awofeso, 2010). There exists a shortage of health professionals working in rural areas worldwide (Hamilton & Yau, 2004; Grobler, Marais, Mabunda, Marindi, Reuter, & Volmink, 2009), due to their preference to work in urban areas (Awofeso, 2010). In addition, shortage of health workers in informal settlements is also high (Ziraba, Mills, Madise, Saliku, & Fotso, 2009; Mutua, Kimani-Murage, & Ettarh, 2011) thereby affecting the performance of health facilities. According to Lawal (2014), health facilities in emerging communities and urban slums of south west Nigeria, do not have enough staff to work and provide health services to patients. For those presently working in these facilities, they suffer from stress and exhaustion due to work overload. Health workers tend to work overtime by assisting their colleagues on duty. Working overtime is a regular occurrence among the health workers as it is expected that others would do the same even when they are not on duty.

Low Health Literacy, Health Education and Advocacy

According to Nutbeam (2000) in developing countries, health education and literacy remain low, especially in rural areas where people do not have easy access to a health facility. Lawal (2014) reports that people are not well educated and informed about their health and how to stay healthy at all times and this makes it impossible for people to make right health choices. That is, not knowing the importance of visiting a certified midwife at the health centre instead of an unqualified nursing practitioner within their community because the latter is cheap, can cause people to put their life at risk. In Nigeria low levels of health literacy can be attributed to the low adult literacy rate in the country. Health education is important for people to stay healthy. More so, health literacy has to with the knowledge and competencies of persons to meet the complex demands of health in modern society (Sorensen, Van den Broucke, Fullam, Doyle, Pelikan, Slonska, & Brand, 2012). Low adult literacy level, negatively affect people’s health and this is detrimental to the entire health system.
Newly Emerging, Re-Emerging and Deliberately Emerging Health Threats

The re-emergence of the Ebola virus disease (EVD) in 2014 since it was first recorded to have occurred in 1976 has shown the lapses which exist in the health system of the West African countries that were affected which include Nigeria. Such re-emerging health threats as the Ebola virus disease are a global challenge to public health in various countries. Fauci (2006) stated that “Re-emerging, or resurging, diseases are those that have been around for decades or centuries, but have come back in a different form or a different location”. He gave some examples as the West Nile virus that occurred in the Western hemisphere, monkey pox which occurred in the United States, and the resurfacing of dengue fever in Brazil and other parts of South America and the Caribbean. He posits further that deliberately emerging diseases are those that are intentionally introduced into the health system. These are agents of bioterror, the most recent and important example of which is anthrax. According to Morens, Folkers & Fauci (2004), newly emerging, re-emerging, and deliberately emerging diseases are all treated much the same way from a public health and scientific standpoint. In any given health system, several factors, including culture, economic development and land use, human demographics and behaviour, and international travel and commerce, contribute to the emergence and re-emergence of infectious diseases (Morse, 1995 in Facuci, 2006).

Lack of Political Will for Public Health Performance

The importance of political will for development and the lack of it have been reported (Mahler, 1986; USAID, 2000; Gerald, 2001; Lezine & Gerald, 2007; Michael, 2009; Little 2010; Jiatong, Edward, Zhong, Zhigang & Jian, 2011; Sahr, 2012) in previous studies. Lack of political will (action, advocacy, participation and sustainability) has affected health systems strengthening in Nigeria. Government’s poor attitude towards the improvement of the health system has led to poor health outcomes which have affected the entire health systems performance. Such poor attitude includes the non-implementation of the National health bill that would avail all Nigerians the opportunity to obtain health service at all times. Also, the inequities in access to healthcare services (PSN, 2011), high out-of-pocket expenditure (FMoH, 2004), and the non-availability of health insurance to cover all Nigerians irrespective of their social status, class, income, occupation, and location are also indicators of the poor attitude of government.
Improper Application of The Who Health Systems Framework

The WHO health systems framework offers a general comprehension of how health systems operate from a global health perspective. However, based on systems thinking, the WHO framework has been implemented in different countries to better improve the performance of the entire health system. In Nigeria, the application of the WHO framework is not very popular as health programmes and interventions over the years have adopted a horizontal approach with specific focus on diseases (communicable and non-communicable) and less emphasis on the entire health system. The modern health care system is bureaucratised as a system of coordinated units (building blocks) linked together by the goal of care and service (Amzat & Razum, 2014). Each of the coordinated units engages in specialised functions that contribute to care and support the patients and service users (Amzat & Razum, 2014:224).

Resilient Health Systems Framework

Resilience is a term derived from the physics of materials that has been applied in ecology, developmental psychology, and psychiatry (Kirmayer, Shedev, Whitley, Dandeneau, & Isaac, 2009). Today, the concept of resilience is relevant to public health. Resilience means that states can better withstand environmental, political, economic and social shocks and stresses (OECD, 2014). Resilience is the ability of households, communities and nations to absorb and recover from shocks, whilst positively adapting and transforming their structures and means for living in the face of long-term stresses, change and uncertainty (Mitchell, 2013).

In global health care delivery across different countries, a resilient health system is that which is dynamic, inclusive, proactive and sustainable by providing an enabling environment for people to enjoy optimum health at all times. According to Kruk, Myers, Varpilah & Dahn (2015:1910), “health system resilience can be defined as the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it”. That is, health system resilience is dependent on both existing micro and macro factors which include the health professionals, health advisors, health policy makers, health ministries, hospitals and the people within various communities.
Health systems can be categorised as being resilient if they protect human life and produce good health outcomes for all persons in any given country during a crisis and in its aftermath (Masten, 2001). In addition, resilient health systems can also provide everyday benefits and positive health outcomes. This double benefit-improved performance in both bad times and good-is what has been called “the resilience dividend” (Rodin, 2014). Although a resilient health system becomes established during the advent of a health epidemic, crises or occurrence, in the absence of a health crisis, the resilience of a health system is being determined daily in its quest to meet the everyday health needs of the people it serves.

In countries where health systems currently underperform, the resilience of such health systems is low and prone to disruption when a health crisis occurs. In such countries where resilience levels are low, there exist structural and institutions lapses which make their response to a crisis, whether a disease outbreak or a distortion which results in a surge of demand for health care (Kruk et al, 2015) very alarming. In countries where the resilience of the system is average, their ability to respond to a crises is hampered by some factors which may include the unavailability of well-trained health personnel. The resilience levels across countries differ as seen in figure 3 below. Although the resilience of any given health system is a fundamental aspect of the health system as a whole rather than a single element.

Building resilience according to (Kruk et al, 2015:1910) is “thus context-dependent and iterative, needing advance assessments of system capacities and weaknesses, investments in vulnerable components of the system before a crisis, reinforcements during the emergency, and review of performance after a crisis”. Resilience therefore is not a static construct-for example, the rapid pace of recovery from crisis is a cardinal measure of success (Rodin, 2014), but its remains a dynamic element of any given health system. Therefore, a country with low resilience levels can improve over time by becoming aware, diverse, self-regulating, integrated and adaptive in its approach, thereby transcending into a health system with high resilience levels as seen below.
Figure 3: Resilience levels of global health systems

<table>
<thead>
<tr>
<th>High Resilience Level</th>
<th>High Income Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Resilience Level</td>
<td>Middle Income Countries</td>
</tr>
<tr>
<td>Low Resilience Level</td>
<td>Low Income Countries</td>
</tr>
</tbody>
</table>

Source: Lawal, 2016

Fundamental Elements of Resilient Health Systems Framework

**Aware:** Prompt awareness is a key element of any health system based on the Kruk et al (2015) framework. Awareness will mean that health systems are at alert and always ready to respond to the occurrence of any given health crisis. This awareness cuts across all levels of health care delivery especially at the local and grassroot level that offer primary care to people in communities. Health systems that are aware must have in place an up-to-date database on the physical geography of communities, and human, and information assets that highlight areas of strength and vulnerability (Kruk et al, 2015).

Health systems must be aware of all occurrences and happenings within itself as a whole and what constitutes, “potential health threats and risks to the population from biological and non-biological sources. Awareness within any given health system requires strategic health information systems and epidemiological surveillance networks that can report on both the status of the system and impending health threats in real time, allowing predictive modelling. Information can come from traditional (facilities, audits, surveillance, population surveys), and less traditional sources (social media, health worker call in, satisfaction surveys). This information should in turn inform planning, including table top exercises to simulate the logistics of a response to crisis”, Kruk et al, (2015:1911) within any given health system. The Nigerian health system must become more aware using available health information to inform and to safeguard the health of its public.

**Diverse:** Having a diverse health system is important. Therefore, having a resilient health system in Nigeria, will mean that it must be all-encompassing to meet the challenges that arise within the health system itself. Kruk et al (2015:1911) state that “health systems that have the capacity to address a broad range of health challenges rather than a targeted few are more stable and capable of detecting disturbances when they arise. One
example of a diverse platform is primary care. In a well-functioning primary care clinic, a patient presenting with an unfamiliar constellation of symptoms triggers a systematic investigation for new pathogens rather than dismissal because the patient fails to fit into known algorithms”. The Nigerian health system must maintain its health policy that “Primary Health Care (PHC) shall remain the basic philosophy and strategy for national health development” (NHP, 1988). By so doing the health system will “increase the number and quality of people’s interactions with the health system, enhancing public trust and enabling more rapid recognition of a new health threat, realising the resilience dividend” (Kruk et al, 2015). This approach will work in a system built on the concept of universal health coverage (UHC) which is an essential resilience measure for health systems to perform and remain strengthened.

Self-regulating: The ability of a health system to self-regulate and still perform indicates that it can deliver at all times core health services to the people. Having a self-regulating health system in Nigeria is very essential to “contain and isolate health threats while delivering core health services and avoiding propagating instability throughout the system”. Kruk et al (2015) assert that a health system that is self-regulating must have three key elements: (1) ability to quickly identify and isolate a threat and allocate resources to it, (2) minimise disruption to the provision of essential health services during crisis, and (3) the availability, in particular locations, of excess or redundant capacity that can quickly be brought on board. By so doing, they posit that the non-affected population will remain healthy, core health-care services will help to attenuate the effects of the threat on other spheres of life namely, productivity, education, and political processes. To establish resilience by design rather than chance into a system, robust, self-regulating health systems require ample investments in what they’ve described as “the so-called slow variables; ones that take a long time to change but are required to construct a stable platform for health care delivery (e.g. infrastructure, health worker training) plus an infusion of fast variables (e.g. quarantine, isolation units) to bolster emergency response” (Anderies, Ryan & Walker, 2006; Anderies, Jensen & Walker, 2002; Carpenter, Ludwig & Brock, 1999 in Kruk et al, 2015).

Integrated: A health system should be interconnected, interdependent and interrelated based on the unity of diverse groups, social actors and ideas to formulate innovative solutions and initiate actions (Kruk et al, 2015) for change in the health system. Furthermore, within an integrated health system, the “sharing of information, clear communication,
and coordination of multiple actors are hallmarks of integration and are best achieved by having a designated focal point in the health system. Public health activities, and in particular communication with the public, must be closely coordinated with health service delivery” (Kruk et al, 2015:1911). All parts of the society must carry out their functions for the survival of the whole society. That is why a foremost Nigerian medical sociologist, Jegede (2002:222) suggested that there should be an integratist approach to health care delivery.

An integrated health system relies on the systems integration on which society is built, with all sectors functioning as required. This exerts a major influence on the health sector. For structural functionalist society is comprised of several parts performing functions for the normal running of the whole in maintaining social order (Omobowale & Adegoke) and Parsons (1951; 1968) viewed society as a social system of interrelated parts, that work together for the good of the system. This makes all parts of every society interconnected and interdependent on one another. Therefore, well established health laws, legislations and guidelines enhance “resource flows and allow sharing and reassignment of funds, personnel, and capacities during crises. Because good health is contingent on inputs from outside the health system and because health emergencies reverberate throughout societies and economies, effective response to a health crisis requires involvement of non-health sectors such as transportation, media, and education among others” (Kruk et al, 2015:1911) within the society.

Adaptive: The ability of a health system to transform in different ways to improve and still function in the face of highly adverse conditions reveals the depth of its resilience. Adaptation is a key aspect of a system. That is why Parsons (1951) maintained that a system must cope with external situational exigencies. It must adapt to its own environment and adapt the environment to its needs (Ritzer, 2008). Based on Parsons AGIL functional imperatives which include, adaptation, goal attainment, integration and latency (pattern maintenance), a system must perform these four functions in order to survive. Hence, resilient health systems are adaptive in structure. Their adaptive nature “should enhance performance in the short term and, ideally, contribute to building long-term resilience...Adaptability does not manifest only in crisis: resilient health systems demonstrate the capacity to adapt in normal times, such as to changing epidemiological and demographic needs of people” (Kruk et al, 2015:1912). An adaptive health system at the end of a health crisis, not only functions differently, but functions better: for
example, extracting more efficiency and more productivity from human and capital investments (Thomas, Keegan, Barry, Layte, Jowett & Norman, 2013) and also ensures efficiency in health service delivery for the people.
Figure 4: Resilient Health Systems Framework (Modified)

Attributes

People

Context

Policy

Resources

Strong external connections (Regional & Global Partners)

System & Support

Elements

Aware

Diverse

Self-regulating

Integrated

Adaptive

Resilient Health

Outcomes

Potential health threats: biological or non-biological.

Requirements: Up-to-date mapping (human, physical, information assets (a) functional areas, (b) health domains, (c) specific contexts or geographic areas); Health information systems; Epidemiological surveillance networks.

Capacity to address broad health challenges.

Requirements/platform: Primary health care (functional); hospital emergency wards; community health workers.

Potential: Increased number and quality of people’s interaction with health system, enhanced public trust, prompt recognition and response.

Ability to contain and isolate health threats while delivering core health services.

Elements: (1) ability to identify and isolate a threat and target resources to it; (2) minimising disruption to the provision of essential health services during crisis; (3) the availability, in sufficient quantity, of resources for threat containment.

Unity of diverse actors, ideas, and groups to formulate solutions and initiate action.

Elements: Sharing of information, clear communication, and coordination of multiple actors hinged on a designated focal point in the health system. Requirements: Pre-existing government legislation and cooperative agreements; crucial elements include government policies and regulations, local community involvement, and coordination among various health care providers.

Ability to transform in ways to improve function in the face of highly adverse conditions.

Potential: Capacity to adapt in normal times; enhance performance in the short term and contribute to building long-term resilience; respond to the health needs of affected populations. Requirements: Strong and flexible leadership; and strong external connections (Regional & Global Partners).

Goal

Optimum population health;
Reduction in loss of life;
Mitigate against adverse health consequences;
Provide effective care for emergency and routine health needs;
Minimise social and economic losses; and
Promote sustainable development.
Figure 4 shows the resilient health systems framework which has been modified to include attributes, system and support as major themes. The attributes of any health system is composed of the people that make up such a system whether as health professionals, administrators or policy makers. The people within any health system also include the users of health services (general public) whose health conditions and status are crucial to ensuring the performance of such a system. Secondly, the context in which such a health system exists is worthy of note as health systems that are highly structured and well-funded tend to perform better than those that are not. Therefore, the capacity of the health system in terms of its workforce, delivery system, nature of health information, availability of medicines and vaccines, well established financing mechanisms and governance for health will differ from health systems that continue to face challenges in these areas. Thirdly, the existing health policies and legislations go a long way to determine the resilience of any health system. Finally, having the required resources in a crisis situation is also important for health systems to effectively perform.

Furthermore, a resilient health system is made of a system and support mechanisms which involves having strong external connections (regional and global partners) to collaborate with at all times. In the absence of a crisis a resilient health system is built on the structure and system it operates to ensure that the health system optimally functions. The elements of a resilient health system as discussed above indicate how such a system will perform in the occurrence of a crisis. Therefore, having the elements perform as expected is pertinent to building a resilient health system. Outcomes of a resilient health system provide an overview on the performance of such a health system, therefore, outcomes from the existing elements will ensure that the goal (optimum population health, reduction in loss of life etc.) of all health systems are achieved.

Health Sector Development and Sustainability in Nigeria Using The Resilient Health Systems Framework

Overall the Nigerian health system is in a deplorable state with weak health system performance (Asuzu, 2004, Scott-Emakpor, 2013). Hence, public and primary health care in Nigeria requires the commitment of all Nigerians to rebuild in order to strengthen the health system. That is, collaborations on all forms of preventive and curative services in health care delivery to make Nigerians live healthy and prosperous lives (Rufus &
Lawal, 2013) are required. More so, the adoption and implementation of the principles of universal health coverage will help to promote the broad-based provision of health services, and protect vulnerable families in Nigeria from financial hardship and help to promote health-seeking behaviour (Kruk et al, 2015) from the appropriate structures of health. Because “primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full involvement and at a cost that the community and state can afford to maintain at every stage of their development in the spirit of self-reliance” (NHP, 1988). Using the basic elements of the resilience health systems framework, the goal of universal health coverage through primary health care can be realised in Nigeria. This will positively enhance the performance of the country’s health system.

The tenets of the resilience health systems framework can be used as a guide for health care practitioners and policy makers in Nigeria. That is, leaders and health care providers will be able to embrace the basic principles of ensuring that health inequality is reduced, the poor are well represented in the goals of the nation’s health policies and “alternative forms of health care financing especially for the poor, the unemployed and those in the informal sector” (Kamorudeen, 2013:64) are made available.

Mitigating against adverse health consequences (before, during and after the occurrence of a health crisis) is crucial for the continued performance of the health system. The case of Ebola in Nigeria is worthy of note as the Lagos health system took measures to curb the spread. It was also successfully controlled in Rivers and Enugu States. The prompt actions by the government under the leadership of the Federal Ministry of Health and its coordinating agencies as principal actors of health prevented the crisis from becoming a national tragedy like it did in Guinea, Liberia and Sierra Leone. Nevertheless, because newly emerging, re-emerging and deliberately emerging health threats are on the increase globally, the Nigerian health system must be well prepared at all times to mitigate against such adverse health crisis in the future.
Using the resilient health systems framework as proposed by Kruk et al (2015), the Nigerian health sector will be able to:

- “…reduce loss of life and mitigate adverse health consequences by providing effective care for emergency and routine health needs”.

- “…minimise social and economic disruption that characterise outbreaks and other large-scale health threats by engaging people as partners in containment efforts, reducing fear, and hastening resumption of normal activity”.

- “…should also produce the “resilience dividend”, apparent not only through effective functioning under duress and faster recovery, but also, through better routine health-care provision, social cohesion, and productivity during periods without exigent needs (Rodin, 2014 in Kruk et al, 2015).

- “…have strong external connections to regional and global partners that allow governments to trigger rapid deployment of a wider set of resources. This is an example of smart dependency”.

The Kruk et al (2015) resilient health systems framework, based on further interdisciplinary research and experience in global public health and other fields, will benefit from further testing and refinement. This paper is a response to their interest to test this framework to demonstrate how its elements explain health systems experiences and outcomes in different settings including Nigeria that was affected by the Ebola crisis of 2014.
Table 1: An application of the resilient health systems framework to health sector development and sustainability in Nigeria

<table>
<thead>
<tr>
<th></th>
<th>Aware</th>
<th>Diverse</th>
<th>Self-regulating</th>
<th>Integrated</th>
<th>Adaptive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health policy and programmes</strong></td>
<td>Know the actual health needs of the people (Nigerians)</td>
<td>Void of ethnic sentiments, nepotism and tribalism</td>
<td>Open to sudden changes in society</td>
<td>Well linked with other social policies</td>
<td>Conscious of everyday changes in society</td>
</tr>
<tr>
<td><strong>Health care professionals</strong></td>
<td>Sensitive and passionate about the needs of the citizens</td>
<td>Composed of various human resources for health</td>
<td>Dynamic in thought and actions</td>
<td>Represented in an umbrella body of medical, non-allied and allied health professionals</td>
<td>Conscious of everyday changes in society</td>
</tr>
<tr>
<td><strong>Health policy makers</strong></td>
<td>Sensitive and passionate about the needs of the citizens</td>
<td>Composed of different groups of professionals and technocrats</td>
<td>Non-static in carrying out their functions and highly visionary</td>
<td>Rightful representatives of public health within the given context</td>
<td>Conscious of everyday changes in society</td>
</tr>
<tr>
<td><strong>Complex structure of health care</strong></td>
<td>Formed with an understanding and goal of meeting the health needs of all in society</td>
<td>An all-encompassing system of health care delivery (preventive, curative, rehabilitative and reconstructive)</td>
<td>Properly controlled, regulated and maintained</td>
<td>Incorporates the merits of orthodox medicine and traditional medicine</td>
<td>Highly dynamic system that is open to all forms of change in society</td>
</tr>
<tr>
<td><strong>Social determinants of health (SDH)</strong></td>
<td>Awake to the realities that multiple SDH exist in different societies</td>
<td>Varied understanding of SDH</td>
<td>Modification of the various SDH as necessary</td>
<td>Show how linked each SDH is to the other and their combined effect on public health</td>
<td>Understand how every SDH is affected by society</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Critically sensitive research on the realities which exist across different regions and communities</td>
<td>Multiple forms of research on various issues relating to public health</td>
<td>Void of biases and showing objectivity at all times</td>
<td>All forms of interdisciplinary research are equally important for public health</td>
<td>Rigorous evaluation research on past responses can provide crucial feedback for adapting to future challenges</td>
</tr>
<tr>
<td><strong>Health facility (monitoring and evaluation)</strong></td>
<td><strong>Corruption and mismanagement</strong></td>
<td><strong>State institutions</strong></td>
<td><strong>Quality of health service</strong></td>
<td><strong>Shortage in health workforce</strong></td>
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<tr>
<td>Must be conducted</td>
<td>Understand the various types of corrupt practices which take place within the health system</td>
<td>Transformativ e institutions must be re-established as it relates to public health</td>
<td>Up-to-date methods of service delivery must be enforced at all times</td>
<td>Conscious of all forms of lapses which exist as it relates to its health workforce</td>
<td></td>
</tr>
<tr>
<td>Conversant with up-to-date M&amp;E tools required for maintaining a health facility</td>
<td>Have state institutions that are capable of addressing all forms of corrupt practices within the health sector</td>
<td>Multifaceted forms of institutions that can function effectively in multi-cultural democracy must be established</td>
<td>Built on the principles of health for all (i.e. universal health coverage hinged on effective PHC)</td>
<td>All categories of health workers are required (i.e. from the specialist at the tertiary level of care to the community health workers at the primary level of care)</td>
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</tr>
<tr>
<td>Multifaceted in approach and able to capture all aspects in operation in any facility</td>
<td>Autonomous state institutions that are able to charge and try offenders engaged in corrupt practices</td>
<td>Having an independent status void of internal and external influences is crucial (i.e. institutions must be equipped and led to deliver to the people)</td>
<td>Maintain the nature of quality of service required especially during a crisis</td>
<td>Develop new ways to address all forms of challenges by ensuring that health workers are available to perform their duties</td>
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<tr>
<td>Has the capacity to perform efficiently and is able to cope with all types of health threat</td>
<td>Highly connected with other law enforcement agencies within the state</td>
<td>Does not operate outside of mandated government structures and remains interdependent with other bodies established within the health sector</td>
<td>Proper coordination on the mode of service delivery required across the entire health system</td>
<td>Proper coordination of existing health workforce based on a dynamic health system built on performance and prompt service</td>
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</tr>
<tr>
<td>Well-aligned with every other health facility that is below or above its level of operations</td>
<td>Has the capacity to adjust and remain relevant to tackle new forms of corrupt practices within the health system</td>
<td>Has the capacity to adjust and remain relevant to the society in which it operates</td>
<td>Able to adapt and adopt new ways to deliver health services to the people</td>
<td>Ability to transform in (different) ways to improve their functions in the face of highly adverse conditions and build long-term resilience (Kruk, et al, 2015)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health literacy</td>
<td>Emerging health threats</td>
<td>Political will</td>
<td>WHO health systems framework</td>
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<td>-------------------------</td>
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<td></td>
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<tr>
<td>Care)</td>
<td>Especially in a crisis situation</td>
<td>Open communication across the health system is required at all times (i.e. both health users and health workers are clear on the nature of health system)</td>
<td>Strong, visionary and transformational leadership is required. Improvement in the nature of health governance is required</td>
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<tr>
<td>IEC tools must be designed to effectively deliver the messages required by the people especially in times of a health crisis</td>
<td>Health literacy Dynamic and broad IEC tools to meet the health needs or challenges of all persons</td>
<td>Information sharing and cooperation among all actors of health is crucial to prepare and address all forms of emerging health threats</td>
<td>Any health system must be able to “contain and isolate health threats while delivering core health services” (Kruk et al, 2015:1911)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEC tools must be designed based on the awareness of everyday changes that take place in the society</td>
<td>Conscious of up-to-date information and education communication (IEC) strategies</td>
<td>Has the ability to identify, isolate and tackle all forms of emerging health threats</td>
<td>The interconnected and interdependent relationship among the building blocks is important</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open communication across the health system is required at all times (i.e. both health users and health workers are clear on the nature of health system)</td>
<td>Effective and efficient health information systems and epidemiological surveillance networks must be in operation</td>
<td>Information sharing and cooperation among all actors of health is crucial to prepare and address all forms of emerging health threats</td>
<td>Able to adapt to all conditions that may arise especially in “the face of highly adverse conditions”</td>
<td></td>
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<tr>
<td>Structures of health, must be able to enhance performance in the short term, and respond promptly to the health needs of affected people in times of a health crisis (Kruk et al, 2015)</td>
<td>Has the capacity to address newly emerging, re-emerging and deliberately emerging health threats</td>
<td>Has the ability to identify, isolate and tackle all forms of emerging health threats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political will Change in perception and re-orientation on leadership for health is required by politicians</td>
<td>Welcome new forms of thinking (i.e. systems thinking) and change in their attitude towards the health sector</td>
<td>Renewed self-determination to improve the existing unproductive nature of the health system must be adopted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO health systems framework Improving all aspects of the Nigerian health system based on the WHO building blocks</td>
<td>The building blocks are varied and focus on specific issues required by any health system</td>
<td>The existing top-to-bottom approach for health must be changed</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Source:** Lawal. 2016
Table 1 above shows how the elements of resilience health systems framework can be applied to address various challenges affecting health sector development in Nigeria and ways to improve the entire health systems performance.

Conclusion

This paper has addressed the issue of health sector development in Nigeria by focusing on how Nigeria can develop and sustain its health system and become more resilient in its approach to public health and primary care using the RHS framework. The paper has shown how the RHS framework can be used to guide health care practitioners and policy makers to guard against adverse health consequences before, during and after the occurrence of a health crisis. Therefore, to ensure optimum population health, the RHS framework can be improved upon as the usefulness of the resilience health systems framework to health sector development and sustainability in Nigeria cannot be under-estimated. The basic elements of the RHS show how beneficial it is to building a dynamic, inclusive, proactive and sustainable health system in Nigeria. In addition, the RHS offers an interdisciplinary approach to health systems strengthening in Nigeria such that research experts and public health professionals from a broad range of disciplines can collaborate to address existing challenges of health systems strengthening in Nigeria. More research on RHS and its benefit to health systems strengthening in Nigeria is needed. Also, now is the time for the implementation of the national health bill and renewed commitment by the government to make health insurance widely accessible and affordable to all Nigerians. In the words of Jegede (2002:224) “Not until Nigeria is fully democratised and provides a welfare programme especially for the poor, the quest for adequate health care delivery may be a mere wish”. Hence, the use of the resilient health systems framework for health systems strengthening in Nigeria will promote social order, livelihoods and ensure democratic values, as it relates to health care delivery, are upheld.
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NOTES

1 National Strategic Health Development Plan (NSHDP) 2009-2015. (2009). Federal Ministry of Health, Abuja, Nigeria. This was implemented under the leadership of Professor Babatunde Osotimehin, while he was the Minister of Health.
3 National Economic Empowerment Development Strategy (NEEDS), State Economic Empowerment Development Strategy (SEEDS) and Local Economic Empowerment Development Strategy (LEEDS) implemented from 2003 to 2007 under the administration of Olusegun Obasanjo.
9 World Health Organization (WHO), http://www.who.int/mediacentre/factsheets/fs103/en
10 Federal Ministry of Health, Abuja, Nigeria, 2014. According to the WHO Ebola Response Roadmap Situation (2014) a total of 20 cases of Ebola were recorded in Nigeria and a total of 8 deaths.
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