

SECURITY CHALLENGES AND MENTAL HEALTH OF STUDENTS IN OYO EAST LOCAL GOVERNMENT AREA OF OYO STATE

Oluokun Adewumi Esther

*Dept of Physical and Health Education,
Federal College of Educatio (Special) ,Oyo ,Oyo State*

Abstract

Security is described as a state of stability and continuity of livelihood (stable and steady income), predictability of daily life (knowing what to expect), protection from crime (feeling safe), and freedom from psychological harm (safety or protection from emotional stress which results from the assurance or knowing that one is wanted, accepted, loved and protected in one's community or neighbourhood and by people around, while insecurity is the opposite of the aforementioned. Some issues and causes of insecurity were examined in this paper as it influences the mental health and students' general wellbeing in Oyo East Local government area of Oyo State. Conclusions were drawn and recommendations were made.

Introduction

Security is a prerequisite for sustainability of good health. The world today is becoming less secure for most of its people, as more people across the world are faced with growing insecurity. Nigeria in recent times, has witnessed an unprecedented level of insecurity and has been ranked as one of the least peaceful places on earth, according to Global Peace Index (GPI, 2019) report. The 13th edition of the GPI ranked 163 independent states and territories according to their level of peacefulness and Nigeria is ranked 148 out of 163 countries in the world. This signifies a worsened state of insecurity in the country as rate of theft, armed robbery especially in the banks, kidnapping and assassination has continued to be on the increase, which have led to experiences of sadness, stress and worry in the country, its states and different local government area. Insecurity has become a hydra headed monster which security agents in Nigeria appear incapable of handling vis a vis its multifaceted manifestations like bombing, kidnapping/hostage taking, destruction of property, creation of fear, to mention but a few. How much more in a local community?

Insecurity

Insecurity has been a major challenge for the Nigerian government in recent times. Since 2009, the militant Islamist group (Boko Haram) has destabilized the North-Eastern part of the country. Many lives and properties have been lost and a large number of citizens rendered homeless. The Niger Delta, the oil-producing region of Nigeria has for decades suffered from oil pollution which has led to the loss of livelihoods and sources of food for the people in the area. The Middle Belt region of Nigeria has faced prolonged violent clashes between the predominantly Christian farmers and the mostly Muslim Herdsmen which have now extended to the Southern part of the country. These clashes are not necessarily new, but since 2015, the disputes over access and rights to land and water resources and rapid

desertification which has changed the grazing patterns of cattle, have become more frequent and violent (Njoku, 2019). The major systemic drivers of insecurity – climate change, militarization, economic inequality, and the increasing scarcity of resources, have continued largely unabated, as the number of people affected by violent conflict seems to have increased.

Achumba, Ighomereho and Akpor-Robaro, (2013) described security as stability and continuity of livelihood (stable and steady income), predictability of daily life (knowing what to expect), protection from crime (feeling safe), and freedom from psychological harm (safety or protection from emotional stress which results from the assurance or knowing that one is wanted, accepted, loved and protected in one's community or neighbourhood and by people around, while insecurity is the opposite of the aforementioned. Beland (2005) defined insecurity as "the state of fear or anxiety stemming from a concrete or alleged lack of protection." It refers to lack or inadequate freedom from danger. This definition reflects physical insecurity, which is the most visible form of insecurity, and it feeds into many other forms of insecurity such as economic security and social security. Insecurity, according to Century Dictionary (2022) is a state of being insecure or unsafe; liability to give way, be lost, or become unsafe or fraught with danger; want of secureness or stability; instability; liability to damage or loss: as, the insecurity of a staircase or of a foundation. It is also a lack of assurance or confidence, especially in regard to one's safety, or the security or stability of something; apprehensiveness of change, loss, or damage; doubt; uncertainty: as, a feeling of insecurity pervaded the community.

In any education system, peace and tranquility is an antidote for a successful teaching and learning. In recent times however, millions of school children in Nigeria are caught up in conflicts that result in insecurity not only of their school attendance but to their lives and property. Factors that cause insecurity as well as sources of social disorder and instability in Oyo East local government area include but not limited to the followings: lack of institutional capacity resulting in government failure, ethnic-religious conflicts, pervasive material inequalities, poverty and unfairness. Other sources of insecurity are conflict of perception between the public and government, weak security systems, loss of social-cultural and communal value systems (Achumba, Ighomereho & Akpor-Robaro, 2013). Porous borders leading to importation of small arms and light weapons proliferation and the availability of these weapons have enabled militant groups and criminal groups to have easy access to arms (Hazen and Horner, 2007).

Level of insecurity and security degeneration in Nigeria

Insecurity paranoia is continuing to haunt all inhabitants of Nigeria as it is already fast dawning on them that government cannot effectively guarantee the security of lives and properties. The state security agents who are saddled with the responsibility for the security of life and property which include- the police, state security agencies, the military, immigration, and prison service have all performed abysmally in the discharge of their duties. The level of insecurity in Nigeria is multifaceted as such one cannot accurately categorise the patterns of insecurity. Agomuo (2013) posits regarding the nature of insecurity in Nigeria that at different times in the past, these different groups have held the

Nigerian nation to ransom. In each of these different times, the groups reigned, the nation's security agencies were unable to deal with them or quell their lawless conduct through superior fire power. The government has always reached a form of settlement with these organisations. The trend is that each time the government reached a compromise with these lawless groups, it became weaker and new groups emerged to use violent means to extract a commitment from government. In a typical behaviour of a nation that thrives on a rent economy, the government has always sought to buy peace and always ended with the peace of the graveyard like the recent situation in the Niger Delta where former militants have been transformed into either top level government contractors or emergency crude oil refiners in the creeks or kidnap merchants, despite an amnesty programme that still costs the government billions of Naira every year (Agomuo, 2013).

There are different forms of insecurity in Nigeria. For example in the South-West geo-political zone, armed robbery is prevalent especially in cities like Lagos, Ibadan, Akure and Abeokuta; in the South-South and South-East which is the oil base of the nation, kidnapping is rampant and the activities cover every part of the zone with victims of all ages and all walks of life; in the North, robbery across the border coupled with Boko Haram insurgency is the security challenge. The menace of the Boko Haram for sometimes now has constituted a thorn in the flesh of Nigerians; from the first time they struck in Borno State part of Nigeria in 2009, over 4000 people including Nigeria citizens as well as expatriates has been killed in violent deadly attacks targeting churches, police barracks and stations, a few mosques, military installations, Western-type educational institutions with innocent students and even children (Edukugho, 2012). They have also carried out a series of deadly and costly bombing campaigns in the country - the Independence anniversary bombing, the bombing of the United Nations office in Abuja, the bombing of the Police Headquarters in Abuja, the bombing of the military base in Kaduna (cited in Egbewole, 2013).

Forms and the causes of insecurity

Political Factors

The unexpected power shift from the northern leadership to a minority geo-political zone of South-south, as a result of the death of President Yar'adua could be linked to the high tempo of insecurity. That is, the death of President Yar'adua resulted in an alteration of the northern perpetual claim on political power in Nigeria. In addition, the refutation of the North-South agreement on rotational presidency within the People's Democratic Party (PDP) is also another major factor, thus the death of Yar'Adua and the ascendancy of Goodluck Jonathan as the president upset careful political arrangement (Ferrell, 2012). Other forms of insecurity include politically related assassinations. In addition to this is the continuing rancour among political leaders even within same party and rancour between the ruling party and the opposition (Wali, 2015.). There are also several economic related assassinations all over the nation which creates danger to the nation's economy. Furthermore, there is the power play and over-ambition of politicians who willfully encourage the procurement of weapons in order to pursue their inordinate political ambition (Egbewole, 2013).

Leadership Factor

The Nigerian state for some time now has not had the benefit of being administered by good leaders as most of the political leaders are in office for pecuniary gains. Often, sadly, these groups of political leaders oppress the citizens with the looted money, train thugs and hooligans who later turn to robbers or engage in other forms of crime when they are dumped by the politicians after elections thus constituting a major threat to the security of the nation.

Unemployment factor

Idle hand, they say is the devil workshop so as the rate of unemployment continues to rise so does the wave of crime and its attendant effect. The Nigerian Bureau of Statistics (NBS) cited in Ogah (2011) puts unemployment in Nigeria at 23.9 per cent and still raising. These unemployed people now employ themselves by engaging in illegal activities such as kidnapping, robbery, bunkering, and other nefarious activities.

Jobs racketeering factor

Today in Nigeria, jobs are for sales and only for the highest bidders. Jobseekers to this extent have continued to suffer great losses, as often a lot of money has been collected from them without getting the promised jobs. For instance, recently job seekers filled online application for recruitment into the Nigeria Security and Civil Defense Corps (NSCDC) and were asked to pay certain amount of money into designated bank accounts or cash to some persons who claimed to be consultants to the Corps (Vanguard, 2013). On job racketeering also, the erstwhile Comptroller-General of Immigration (CGI), Mrs. Rose Uzoma, was sacked over alleged job racketeering at the Nigerian Immigration Service (NIS). This has brought to the fore the shady deals that permeate recruitment exercises in Ministries, Departments and Agencies (MDAs) in Nigeria. Other reasons may include- growing poverty, poor infrastructural facilities, high illiteracy level (especially in northern Nigeria), social dislocation as a result of rural/urban migration and the breakdown of societal values, community unrest and the inefficient and ineffective security agents which are saddled with the responsibility of guaranteeing security to the citizens (Daniel, 2011).

Security challenges and governmental efforts at fostering peace

The government has made several efforts at putting an end to this menace of insecurity. One of which is the inauguration of the security outfit known as the Joint Task Force (JTF) with the singular aim of quenching the activities of robbers, ethnic Militia, kidnappers as well as terrorism. Furthermore, in the Niger-Delta government has granted amnesty to the erstwhile militants as well as setting up rehabilitation programmes for them. Government has also set up several extra-ministerial bodies such as the Oil Mineral Producing Area Development Commission (OMPADEC), Niger Delta Development Commission (NDDC), Technical Committees, Ministry of the Niger Delta, and the National Council of Niger Delta (NCND).

Mental health

The World Health Organization (WHO) (2016) conceptualizes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal

stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". In 2013, the WHO launched the Mental Health Action Plan 2013-2020, designed to guide national initiatives in all countries with the aim of addressing worldwide unmet need for mental health promotion, prevention, and intervention. The action plan is intended for all countries for the express reason that there are current major shortfalls in mental health action worldwide. Although the shortfall is greatest in developing countries, where between 76% and 85% of people with severe mental disorders receive no treatment, a large shortfall of between 35% and 50% is also characteristic of high-income countries (WHO, 2013). Moreover, despite the fact that less than 2% of the health budget in most countries is allocated to mental health, about two-thirds of that already meager allocation goes to standalone mental hospitals. It is known, however, that such facilities are associated with poor health outcomes and frequent human rights violations (WHO, 2013). Therefore, even without increasing budgets, redirection of funding toward community-based services, including the integration of mental health into general health care, would create access to better and more cost-effective interventions for many more people than at present.

WHO initiatives for mental health have evolved against a background of increased awareness of the interdependence between physical health and mental health. Notably, some of the major risk factors for physical diseases are recognized as also being risk factors for mental disorders (e.g., physical inactivity predisposes to depression). Additionally, it is acknowledged that the simultaneous experience of physical and mental disorders is not merely a matter of simultaneous presence of two or more diseases, but that considerable reciprocal causation also occurs between physical diseases and mental disorders. For example, depression predisposes to cardiovascular disease and cardiovascular disease increases the likelihood of depression. Consequently, strategies that decrease the incidence of physical health problems will inevitably also contribute to reduced incidence of mental disorders, and vice versa. In addition, both physical health and mental health are influenced by a wide range of shared psychosocial variables. For example, the social determinants that contribute to increased risk of harmful consumption of alcohol simultaneously contribute to a host of health problems, both physical (e.g., cardiovascular diseases) and psychosocial (e.g., depression and violence).

The WHO (2013) framework recognizes that physical and mental health are influenced by common social and economic determinants. Both benefit from higher per capita income; employment; education; material standard of living; and family cohesion. Both are also harmed by social exclusion; violations of human rights; and adverse life events including sexual violence, child abuse, and neglect. As such, physical and mental health are cross-cutting issues linking diverse personal and social processes. Inclusion of mental health in frameworks for action will help to achieve global priorities for development in such areas as poverty reduction, economic development, and protection for the most vulnerable in society (Eaton et al., 2014). Similarly, interventions that improve social and economic determinants benefit physical and mental health. Thus, the Health in All Policies framework (WHO, 2014) discussed in the preceding chapter, if applied generally would do much to enhance individual achievement, personal security, and social harmony, all of which underpin population mental health as well as physical health.

WHO recommendations urge early intervention with evidence-based psychosocial and other mostly non pharmacological interventions to avoid medicalisation of mental health problems. Although these initiatives represent a landmark for global mental health, major ongoing effort will be necessary to achieve stated goals, especially in relation to population-wide implementation of preventive interventions and access to individualized psychosocial interventions when needed. Success in those endeavors depends on discouraging the use of medications as first-line interventions for mental health problems, and ensuring that when pharmacological intervention is indicated that it is time-limited and adjunctive to psychosocial intervention. The WHO Mental Health Action Plan 2013-2020 is predicated on a vision of the world in which mental health is valued, those with mental health problems are supported in exercising the full range of human rights, and culturally appropriate care is available and accessible for those in need (WHO, 2013). The overall goal of the framework is to promote mental health and well-being; prevent mental disorders; provide care to foster recovery from mental health disorders; promote human rights; and reduce mortality, morbidity, and disability associated with mental disorders. The action plan has the following objectives:

- a. to strengthen effective leadership and governance for mental health;
- b. to provide comprehensive, integrated, and responsive mental health and social care services in community-based settings;
- c. to implement strategies for promotion and prevention in mental health; and
- d. to strengthen information systems, evidence, and research for mental health.

Insecurity and mental health of students in Oyo East Local Government Area

Insecurity can affect student's physical and psychological wellbeing, while also compromising their health and educational needs. The consequences of any act of violence on students in this local government area are often despicable and far-reaching. It can lead to water scarcity, food insecurity (students in school not having anything to eat), resurgence of infectious diseases which can, in some cases be sufficiently severe to undermine economies and threaten social stability, lead to displacement and deprivation of essentials such as clean drinking water, food, health care and education. Other health implications of insecurity include those relating to injuries from cluster bombs, prevalence of war-related sexual violence and its attendant transmission of sexually transmitted infections like HIV/AIDS (McLean, Roberts, White & Paul, 2011). Briggs (2010) stated that studies emanating from the University of Port Harcourt have shown that aside from the physical disability which those who survive violent crimes and warfare sustain, psychiatric disorders are rife and manifest commonly as Post-Traumatic Stress Disorders as well as other anxiety conditions, hard drugs related ailment, schizophrenia, psychosis, depression and other forms of affective disorders. This shows that even if the insurgency is curbed, affected persons may still have memories of the violence which will disrupt normal life patterns.

Insecurity: Implications for human wellbeing and economic development

Although the cost of the prevalent insecurity in Nigeria is difficult to measure in monetary or real terms, however it is clear to observers that it has cost Nigerians enormous human and

material resources. Security plays a major role in the existence and sustenance of human being. In this wise insecurity has a far reaching impact on people's lives and well-being and for this singular reason the government has to be alive to its responsibility of guaranteeing security. When people's security is guaranteed, it gives them the freedom, physically and mentally to get on with the business of building their lives without fear of molestation or violent death. Thus, to experience a state of complete physical, mental and social well-being security is essential (Meddings, 2001), without security, there can be no stable society rather there will be prevalent fear and danger from violent death.

There are links between human security and health as insecurity leads to the collapse in the health care delivery which has concomitant effect on the people's well-being (Mori, Meddings and Bettcher, 2004). There are also the associated effects of insecurity which include fear, coercion, displacement and deprivation of basic daily needs such as drinking-water, food and health care. Human security entails access to food, nutrition, clean drinking water, hygiene and sanitation and housing which could only be got through peace. For instance, displaced populations are subject to a variety of health risks and are prone to a high mortality rate. This is largely because they are dispossessed of food, clean water, proper sanitation, and possibilities of providing economic security for themselves. Malnutrition, overcrowding, and lack of sanitation frequently combine to facilitate the emergence of epidemics of transmissible disease in such populations. Often, children and the elderly are the population groups most susceptible to death from such causes. Thus, where basic conditions of peace and development are met, good health can be attained as part of human security (Meddings, Ghobarah, Huth and Russett, 2004; Mori, 2004; Bhadelia, 2005).

In addition, insecurity can also inhibit health care system as such facilities are often destroyed leaving no place for people to seek treatment. Furthermore, governments spend more money on fighting the insurgents and so allocate less money in health services hence we see deteriorating health infrastructures (Dodge, 1990). In this situation, medical supplies and equipment become scarce and skilled doctors and nurses flee to more stable areas leading to the spread of communicable disease (Mori, *et al.*, 2004). A vivid example is the recent case of health workers who were designated to immunize children against polio who lost their lives in the cause of discharging their duties in different parts of northern Nigeria. The unfortunate resultant effect was that the immunisation activity was put on hold as health workers stayed away for their safety. Also, the series of bombings has cost citizens vital organs of their body such as noses, ears, and eyes turning them into dependants. On the impact of insecurity on the economy, the productive aspect of most manufacturing business depends largely on the availability and regular supply of raw materials for production. Insecurity has cut off the supply of such raw materials hence, jeopardizing production activities. Besides this, insecurity affects marketing of finished product as there is a continuous exodus from areas of insecurity. There is also an increase in security spending as most business organisations operating in Nigeria spend a lot in maintaining private security outfits.

The destruction of their business building, properties and equipment is tantamount to loss of capital which has ruined not a few businesses in Nigeria. Thus, security is critical

for the nation's development and its absence of security means that economic growth and development cannot be achieved (Achumba, Ighomereho and Akpor-Robaro, 2013). Insecurity is a risk factor which business owners and managers dread and avoid by relocating their businesses elsewhere. In the case of Nigeria, there is also evidence of some businessmen and manufacturing companies having to relocate particularly from the North in recent times to other peaceful parts of the country (Nwagboso, 2012). Many of the Igbos and Yorubas from Southern Nigeria who are engaged in various businesses in Northern Nigeria have had to return to their home states to avoid the violence orchestrated by the terrorist group Boko Haram (Suleiman, 2012). Thus the Boko Haram insurgency which begun in Maiduguri, Borno State, in 2009, has badly affected the economy of the North as major consumer goods and the companies which produce these consumer goods have withdrawn from the region. A good example are the telecommunication companies which have been forced to close down as their telecommunication apparatuses were repeatedly destroyed; media houses were equally attacked as well as having some of their staff killed; banks too were not spared from the destruction as some branches of the banks were attacked and robbed. Thus the resources which could have been used in strengthening the infrastructural amenities are increasingly being diverted to fund the security system, therefore constituting a drain on the nation resources (Nwagboso, 2012).

Nigeria is therefore estimated to be losing about 600,000 barrels of crude oil on daily basis to illegal bunkers which amounts to about N3.7 trillion yearly (The Punch, May 20, 2011, cited in Omoyibo and Akpomera, 2012). Besides, the wave of kidnapping in some local governments as part of Nigeria has forced investors, businessmen and manufacturing companies to relocate to other peaceful cities in Nigeria or even to leave the country entirely. In Aba for example, the Nigeria Breweries Limited (NBL), Seven- Up PLC, UNILEVER PLC, Paterson Zochonis (PZ) PLC relocated to Enugu largely due to constant kidnapping of their expatriate staff (Nwagboso, 2012). Thus the decline in foreign investment in Nigeria as a result of insecurity when combined with the effects of global economic showdown has caused the closing down of tens of thousands of factories in Nigeria.

Implications of insecurity on physical and mental health

i. *Physical Health Problems*

The direct effect of insecurity has led to millions of people, old and young, fleeing their homes. Since the start of the conflict between the armed group Boko Haram and the government of Nigeria in 2009, violence has claimed the lives of thousands of civilians in North-East Nigeria and forced millions of people to flee their homes and become internally displaced. While some have found shelter with relatives, the majority of internally displaced people (IDPs) live in poor conditions in makeshift settlements and rely mostly on support from local communities and Aid organisations. Internal displacement has significant effects on public health, education and the well-being of the affected populations. These impacts may be categorised as direct, due to violence and injury or indirect, such as increased rates of infectious diseases and malnutrition (Olwedo, Mworozzi, Bachou & Orach, 2008; Lam, McCarthy & Brennan, 2015). Several risk factors, which promote communicable diseases,

work in synergy during displacement. These factors include movement of mass populations and resettlement in temporary locations, overcrowding, economic and environmental degradation, poverty, inadequacy of safe water, poor sanitation and waste management. These conditions are further compounded by the absence of shelter, food shortages and poor access to healthcare. A review of previous studies on the health problems of the internally displaced by Owoaje, Uchendu, Ajayi and Cadmus (2016) showed that the major physical health problems and symptoms were fever/malaria (85% in children and 48% in adults), malnutrition in children (stunting 52% and wasting 6%), malnutrition in adult males (24%), diarrhea (62% in children and 22% in adults) and acute respiratory infections (45%).

Furthermore, insecurity has taken a heavy toll on the quantity and quality of food that people require for nourishment. Food crops are being destroyed as farmlands are being taken over by herdsmen, while farmers are forced to flee to protective camps. It has been estimated that nearly three million people do not have enough to eat and up to 940,000 children suffer from acute malnutrition, 440,000 of whom in its severest, life-threatening form (European Civil Protection and Humanitarian Aid Operations, 2019). High rates of acute malnutrition and worrying food insecurity levels continue to be a key humanitarian concern especially for school children.

ii. *Mental Health Problems*

Another important negative impact of insecurity is on the mental health of the individual and communities. IDPs, particularly those affected by conflict, are at a high risk of mental health problems. Women and children constitute 87% of the newly displaced people in Nigeria (European Civil Protection and Humanitarian Aid Operations, 2019) and they are extremely vulnerable to physical and mental health problems, while also having unique health needs. Studies have also shown that displaced women and girls are vulnerable to a range of sexual violence including rape (Stark, Roberts, Wheaton, Acham, Boothby & Ager, 2010; Vu, 2014). These women are at higher risk of unwanted pregnancies, unsafe abortions, maternal morbidity and mortality (Austin, Guy, Lee-Jones, McGinn & Schlecht, 2008). Sexual violence has significance and long term negative impact.

The commonly reported psychological reactions are post-traumatic stress disorder (PTSD) in reaction to violence and depression as a reaction to loss (Mujeeb, 2015; Asad, Karmaliani, Somani, Hirani, Pasha, & Hirani, 2013; Getanda, Papadopoulos & Evans, 2015). Post-traumatic stress disorder develops in some people who have experienced a shocking, scary or dangerous event which often leaves the victim living in constant fear, pains and depression (National Institute of Mental Health, 2018). It could also affect cognition and mood of the victims.

Most people living in insecure environment characterized by violence suffer from such long-term psychological consequence, which affects people's mind-sets and results in different levels of psychological damage. For example, Jimoh (2010), in a study of Niger Delta youths' exposure to community violence and post-traumatic stress disorder reactions, reported that the high rate of crime and violence has actually rendered the youths vulnerable to post-traumatic stress disorder symptoms. Other studies have corroborated the assertion

that exposure to traumatic events and violence is a strong predictor of PTSD in victims, including on-lookers and even those who heard about the events (Jimoh, 2010; Salami, 2010). Fear of personal harm, crime and violence can heighten the sense of insecurity among residents. Additionally, Patrick (2013) examined the relationship between chronic exposure to community violence and Post-Traumatic Stress Disorder symptoms among low income African-American Youths and indicated that their reporting of PTSD symptoms was markedly influenced by exposure to various forms of violence and traumatic experiences

iii. Healthcare challenges of students

Access to healthcare can be challenging in the face of insecurity. Lately, the abduction and subsequent killings of health workers seem to have brought about disruptions in public health services and aids. This hinders prevention and control programmes, consequently resulting in the rise of vector-borne diseases such as malaria and yellow fever. Similarly, routine immunisation services are disrupted, thus increasing the number of individuals susceptible to diseases and the risk of epidemics of vaccine-preventable diseases (VPDs). Symptoms of mental disorders also go untreated and the potential effects of untreated mental disorders include: personal suffering and distress, poor social functioning, lower productivity, and increased likelihood of physical illnesses particularly chronic conditions for which treatment adherence may be impacted (WHO, 2010). Without intervention, these conditions can cause additional difficulties in school that result in increased likelihood of school dropouts.

According to Murphy et al, (2019) there is a paucity of evidence on access to services for mental health and psychosocial support for conflict-affected populations in low and middle income countries. They found the following factors as barriers affecting access to mental health care services among IDPs in Georgia to include inadequate insurance coverage of mental disorders and poor identification and referral systems, underfunding, shortage of human resources, poor information systems, patient out-of-pocket payments and stigmatization. They therefore suggested integration of services for these at the primary health care level, while also adopting community-based approaches.

Implications of poor health on students' education

The relationship between education and health is complex, wild and broad. Poor health resulting from insecurity can cause educational setbacks and interfere with schooling. Things that happen around can definitely affect the ability of a child to concentrate in the classroom. For example, when a child is hungry, he or she cannot learn with belly growling and if a child is worried about the safety of the parents while at school, he or she may not be able to pay attention. Students may experience many emotions during lessons, while studying and when taking tests and examinations and some of these emotions can be negative emotions which are brought into the classroom from life outside the school. Also, children with other chronic illnesses may experience recurrent absences and difficulty concentrating in class which can have an effect on educational outcomes. Illness, poor nutrition, sleep disorders, mental health problems, poor vision, and inattention/ hyperactivity have established links to school performance or attainment (Suhrccke & Nieves, 2011). For

example, compared to other students, children with attention deficit/hyperactivity disorder (ADHD) are three times more likely to be held back and almost three times more likely to drop out of school before graduation (Goldman & Smith, 2011). Criminal activities perpetrated in Nigeria could always be attributed to youths who dropped out of school. Insecurity is linked to chronic threats of disease, hunger, terrorism and poverty (Alexander, 2011). Therefore, severe levels of poverty may expose people to all kinds of security threats.

Instability in home and community life can have a negative impact on child development and, later in life, such outcomes as economic security and stable housing, can also affect the physical and mental health of adults. Children exposed to toxic stress, social exclusion and bias, persistent poverty, and trauma experience harmful changes in the architecture of the developing brain that affect cognition, behavioural regulation, and executive function (Hackman, 2010). These disruptions can thereby shape educational, economic, and health outcomes decades and generations later (Shonkoff & Phillips, 2000). Children exposed to stress may also be drawn to unhealthy behaviours, such as smoking or unhealthy eating during adolescence, the age when adult habits are often first established. The effects of insecurity on students mental health in Oyo east local government seem to be enormous not only on the society, but especially on the school children.

In the researcher's view, the educational approach in tackling these challenges are, comprehensive school health services that address the physical, mental, emotional, and social dimensions of health and security education. School health services consist of the following components: health education; health services; healthy school environment; physical education; nutrition services; health promotion for school staff; counseling, psychological, and social services; and parent and community involvement (Allensworth, Lawson, Nicholson & Wyche, 1997). These services are designed to ensure access or referral to primary health care services, in order to foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, reduce health-related risk behaviors, provide emergency care for illness or injury, promote and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services. Moreover, security education is the first line of defense against security risks, as students cannot protect themselves against something they are oblivious of its existence. For example, some of these students ignorantly follow strangers or even known people and they get raped, kidnapped or even killed. Security education may increase students' awareness of threats and to identify risks and the proper way of handling and responding to security threats.

Conclusion

Insecurity affects both physical and mental wellbeing of students, while also compromising the health needs of the people, and thereby affecting educational outcomes. It is agreed that security of lives and property of these students is the primary responsibility of government; security challenges in Oyo East Local Government area are too enormous and

serious business to be left for government alone. There is the need for active participation of other stakeholders such as business organizations, civil societies, religious organizations, communities and individuals. Through early detection of crime and its prevention, safe and enabling environment would be provided for health promotion, public health interventions and better educational attainment. Having considered and understood the implications of insecurity for health and education in Oyo East Local Government area and Nigeria at large, the following recommendations are hereby made:

- i. The root of insurgency should be tackled through a combination of good governance, infrastructural development and other political measures.
- ii. There should be improvement of school health services to promote the awareness of students about health related issues in the country, ensure the utilization of various health related facilities in the school community and to develop the health consciousness of the students.
- iii. Adequate health facilities, safe water and sanitation should be provided for people especially in the schools, to promote health and reduce the risk of transmission of infectious diseases.
- iv. Security Education curriculum should be developed and implemented at primary and secondary schools level in order to increase awareness of threats, to identify risks and the proper way of handling and responding to threats.
- v. Government should set up community mental health services at primary health care centres to tackle insecurity induced psychological problems of the direct and indirect victims.
- vi. There should be adequate provision of security personnel for the local government health workers in schools and the community so that they would be willing to render health care effectively.

References

- Achumba, I.C., Ighomereho, O. S. & Akpor-Robaro, M.O.M. (2013). Security Challenges in Nigeria and the Implications for Business Activities and Sustainable Development; *Journal of Economics and Sustainable Development*, 4 (2), 79-99.
- Agomuo, Z. (2013). "Security Challenges Pose Risk to Nigeria's Emerging Economy". Retrieved October 28, 2022, from <http://businessdayonline.com>
- Alexander, L. (2011). *Who becomes a terrorist? Poverty, Education and the origins of Political violence*. Cambridge University Press. Retrieved on 4th November, 2022 from <https://www.jstor.org/stable/23018785>
- Allensworth, D., Lawson, E., Nicholson, L., and Wyche, J. (Eds.). (1997). *School and health: Our nation's investment* (p. 2). Washington, D.C.: National Academy Press.
- Asad, N., Karmaliani, R., Somani, R., Hirani, S., Pasha, A. & Hirani, S. (2013). Preventing abuse and trauma to internally displaced children living in camps due to disasters in Pakistan. *Child Care Practice* 19, 267-274.
- Austin J, Guy S, Lee-Jones L, McGinn T, Schlecht J. (2008). Reproductive health: A right for refugees and internally displaced persons. *Reproductive Health Matters* 16, 10-21.

- Beland, D. (2005). The political construction of collective insecurity: From moral panic to blame avoidance and organized irresponsibility, Center for European Studies, *Working Paper Series*, 126.
- Bhadelia, N. (2005). "Modeling and employing the human security approach a health security perspective on the current international response to the hiv epidemic". Master of Arts in Law and Diplomacy. Thesis Submitted to the Fletcher School, Tufts University. Available online <http://fletcher.tufts.edu>
- Briggs, N. D. (2010). "Poor health as an index of Human insecurity in Africa", in Obasanjo (Eds.) 'Human security in Africa: Perspective on education, health and agriculture. Centre for human security, OOPL, Abeokuta.
- Century Dictionary (2022). Definition of Insecurity: Types and causes. Retrieved online at insecurity.definition/types/causes.com
- Daniel, I. A. (2011). "Intelligence information and policing in Nigeria: Issues and way forward". *The Journal of International Social Research* 4 (17), 474-484.
- Dodge, C. P. (1990). "Health implications of war in uganda and sudan". *Social Science and Medicine* 31(6), 691-698.
- Edukugho, E. (2012). "Boko Haram: Tallying Casualties of the Insurgency". Retrieved on October 30, 2022, from <http://www.vanguardngr.com/2012/12/boko-haram-tallying-casualties-of-the-insurgency/>
- Egbewole, W. O. (2013). "Security challenges: The role of the nigerian woman". Being the Keynote Address presented to the Annual Conference of the International Federation of Women Lawyers (FIDA) Kwara State Branch on 19th March, 2013.
- European Civil Protection and Humanitarian Aid Operations (2019). *ECHO Factsheet – Nigeria*. Retrieved 5th November, 2022 from <https://reliefweb.int/report/nigeria/echo-factsheet-nigeria-february-2019>.
- Getanda, E.M., Papadopoulos, C. & Evans, H. (2015). The mental health, quality of life and life satisfaction of internally displaced persons living in Nakuru County, Kenya. *BioMed Central Public Health* 15, 755. doi:10.1186/s12889-015-2085-7.
- Global peace Index (2019). *Global peace index 2019*. A Snapshot of the Global State of Peace Retrieved 27th December, 2022 from http://reliefweb.int/sites/reliefweb.int/files/resources/2019_GPI_Map_with_Rankings_and_Scores.pdf
- Goldman, D. & Smith, J.P. (2011). The increasing value of education to health. *Social Science and Medicine* 72, 1728-1737.
- Hackman, D.A. (2010). Socioeconomic status and the brain: Mechanistic insights from human and animal research. *Nature Review Neuroscience*, 11, 651-659.
- Hazen, J. M. & Horner, J. (2007). Small arms, armed violence, and insecurity in Nigeria: The Niger Delta in Perspective, Switzerland: Small Arms Survey.
- Jimoh, Y.A. (2010). Exposure to community violence: Niger Delta youth, post-traumatic stress reactions and treatment implications. *Journal of Alternative Perspectives in the Social Sciences*, 2(2), 917-931.
- Lam, E., McCarthy, A. & Brennan, M. (2015). Vaccine-preventable diseases in humanitarian emergencies among refugee and internally-displaced populations. *Human Vaccine and Immunotherapeutics* 11, 2627-2636.

- McLean, I., Roberts, S.A., White, C. & Paul, S. (2011). Female genital injuries resulting from consensual and non-consensual vaginal intercourse. *Forensic Science International*, 204, 27-33.
- Meddings, D. (2001). "Civilians and War: A review arical overview of the involvement of noncombatant populations in conflict situations". *Medicine, Conflict and Survival* 17(1), 6-16.
- Mori, L., Meddings, D. R. and Bettcher, D. W. (2004). "Health, human security and the peace-building process". *IPSHU English Research Report Series* (19), 176-196.
- Mujeeb, A. (2015). Mental health of internally displaced persons in Jalojai camp, Pakistan. *International Journal of Social Psychiatry* 61:653-659.
- Murphy, B. L., Brinton, C., Gopalan, P., Roberts, L., & Patel, P. (2019). Exploring access to mental health and psychosocial support services in low- and middle-income countries: A systematic review. *BMC Public Health*, 19(1), 1-24. <https://doi.org/10.1186/s12889-019-6599-8>
- National Institute of Mental Health (NIMH) (2018). *Post-traumatic stress disorder*. retrieved november 10th 2022 from <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.
- National Institute of Mental Health, (2018). "National security and sustainable development in nigeria: challenges from the niger delta". *african research review* 6(1),(24), 198-211.
- Njoku, C. (2019). Here are 5 security challenges Nigeria's leader must tackle. Retrieved 2nd November, 2022 from <https://www.weforum.org/agenda/2019/02/5-security-challenges-facing-nigerias-leadership/>
- Nwagboso, C.I. (2012). Security challenges and economy of the Nigerian state (2007-2011). *American Internal Journal of Contemporary Research*, Vol. 2, No. 6, pp 244-258
- Ogah, D., (2011). "Expatriates, some semi-skilled, take over even menial jobs from Nigerians". Retrieved 2nd November, 2022 from <http://www.guardiannewsngr.com/index.php?>
- Olwedo, M.A., Mworzi, E., Bachou, H. & Orach, C.G. (2008). Factors associated with malnutrition among children in internally displaced person's camps, Northern Uganda. *African Health Sciences*, 8, 244-252.
- Omoyibo, K. U. and Akpomera, E. (2012). "Insecurity mantra: The paradox of nigerian growth and development". *European Scientific Journal*, 8 (15), 132-142.
- Owoaje, E.T., Uchendu, O.C., Ajayi, T.O & Cadmus, E.O. (2016). A review of the health problems of the internally displaced persons in Africa. *Nigeria Postgraduate Medical Journal*, 23, 161-171.
- Patrick, S. (2013). Treatment of posttraumatic stress disorder in children and adolescents. *Current Opinion in Psychiatry*, 26 (1), 66-72.
- Salami, S.O. (2010). Moderating effects of resilience, self-esteem and social support on adolescents' reactions to violence. *Asian Social Science*, 6 (12), 101-110.
- Shonkoff J.P. & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early child development*. National Research Council and Institute of Medicine. Washington, DC: The National Academies Press.

- Stark, L., Roberts, L., Wheaton, W., Acham, A., Boothby, N. & Ager, A. (2010). Measuring violence against women amidst war and displacement in Northern Uganda using the "neighbourhood method". *Journal of Epidemiology and Community Health*, 64, 1056-1061.
- Suhrcke, M, & Nieves, C. (2011). The impact of health and health behaviours on educational outcomes in high-income countries: A review of the evidence. Copenhagen, WHO Regional Office for Europe.
- Vu, A., (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: A systematic review and meta-analysis. *PLOS Current disasters*, doi: 10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7.
- Wali, O. (2015). *Security challenges in nigeria: The way forward*". Retrieved from <http://okeywalifornbapresident.com.ng/security-challenges-in-nigeria/>
- World Health Organisation (2016). *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings*. Geneva.