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Exploring the drivers of ethnic and religious exclusion from public services in Nigeria: Implications for Sustainable Development Goal 10.

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Drivers of ethnic and religious exclusion in Nigeria: Implications for Sustainable Development Goal 10 (SDG 10)

Abstract

Purpose

The importance of social exclusion and the disadvantage experienced by many minority ethnic and religious populations are rooted in SDG 10. To address this exclusion effectively it is important to understand their key drivers. This paper aimed to establish the key drivers of exclusion and their outcomes in Nigeria.

Methodology

The methods involved a scoping review of literature and stakeholder workshops that focused on drivers of social exclusion of religious and ethnic minorities in public institutions.

Findings

At the macro level, the drivers include ineffective centralized federal State, competition for resources and power among groups, geographic developmental divide and social-cultural/ religious issues. At the meso-level are institutional rules and competition for resources, stereotypes and misconceptions, barriers to access and service provision. At the micro-level are socioeconomic status and health-seeking behaviour. The perceived impact of social exclusion included increasing illiteracy, lack of employment, deteriorating health care services, increased social vices, communal clashes and insurgencies and vulnerability to exploitation and humiliation. These drivers must be taken into consideration in the development of interventions for preventing or reducing social exclusion of ethnic and religious minorities from public services.

Originality:

This is a case of co-production by all the stakeholders and a novel way for the identification of drivers of social exclusion in public services in Nigeria. It is the first step towards solving the problem of exclusion and has implications for the achievement of SDG 10 in Nigeria.

Keywords: Social exclusion, ethnic and religious minorities, drivers, Nigeria

Introduction

Social inclusion has been defined as equitable representation in, access to and outcomes from public services between diverse ethnic and religious groups (Mir *et al.,* 2018). On the other hands, social exclusion is a complex and multi-dimensional process, which has been characterised in terms of one group seeking to obtain privilege over another through processes that separate and distinguish between groups, marking one group as more entitled to resources than the other (Mason *et al.,* 2001). People may also suffer discrimination by others because of their social identity, in this case, ethnicity and religion.

Social exclusion is a multidimensional phenomenon and may lie at the collective level, but individual characteristics and behaviour can theoretically be important as well. It refers to both economic-structural and socio-cultural aspects of life. Theoretically, it consists of material deprivation, insufficient access to social rights, deficient social participation and a lack of cultural/normative integration. It does not relate solely to the process of being socially excluded (dynamic) but can also denote the condition of being socially excluded (static). The risk factors operate at the micro-level of the individual, at the meso-level of formal and informal organisations and social settings, and at the macro-level of government and society at large (Jehoel-Gijsbers and Vrooman, 2007; Mir et al., 2020)

The importance of social exclusion and the disadvantage experienced by many minority ethnic and religious populations are rooted in Sustainable Development Goals 10 which promotes gender equality, human rights, universal access to public services, reduction in relative poverty and other inequalities that cause social exclusion.

There are several human rights laws (UNICEF and Women, 2013), but these laws do not specifically address ethnic and religious minorities and this may be part of the problem and the reason their civil and political rights are not addressed in human rights works. The Recognition of this shortcoming especially in the Millennium Development Goals (MDG) brought an increasing awareness of the importance of dismantling discrimination in the post MDG framework (Ortiz *et al.,* 2010). However, to do this effectively it is important to understand the key drivers of this exclusion. There is a dearth of documented evidence on drivers of social exclusion of minority ethnic and religious groups from public services, especially in lower-income countries including Nigeria (Mir *et al.*, 2020). Therefore, understanding the drivers of minority ethnic and religious exclusion from public services will make it easier to combat them effectively.

The aim of this paper, therefore, is to establish the key drivers of exclusion and their outcomes in Nigeria, from an evidence synthesis. We believe this paper will help advance the understanding of key causes and mechanisms of social exclusion and will provide the benchmark for further research in Nigeria and other similar contexts, and in the longer-term will inform policy interventions to improve social inclusion of minority groups in public services.

The paper is structured as follows. After briefly setting out the context of Nigeria, we report the methods used in our evidence synthesis. We then report the results of our analysis using a three-tier framework, before discussing them and finally concluding with key implications for future academic work and policy and practice.

The context of Nigeria

We focus our analysis on Nigeria, a lower-middle-income country in West Africa, with the second-largest economy in Africa with rapid economic growth, and where increasing social inequalities raise the need to urgently identify and tackle their drivers (African Development Bank, 2018).

Nigeria is the most crowded African country with a population of about 182 million by 2015 (WHO, 2016) and 374 ethnic groupings (Otite, 2002; Okpanachi, 2010). However, the population percentages of the majority of these groups are small when compared with the seven largest ethnic groups constituting about 88% of the country's population. These are Hausa and Fulani (29%), Yoruba (21%), Igbo (18%), Ijaw (10%), Kanuri (4%), Ibibio (3.5%), and Tiv (2.5%) (CIA, 2014).

The Hausa-Fulani and other smaller ethnic groups that inhabit the north of the country are Muslims while the Igbo and the other smaller groups residing in the South are primarily Christians. Groups lying in the middle comprise a mixture of Christians and Muslims, while the Yoruba found in the Southwest, are almost half Muslim and half Christian. This Muslim North and Christian South cleavage enhances ethnic fractionalisations in Nigeria, especially in Northern Nigeria where Islamic identity plays a dominant role in access to social amenities (Paden, 2008; Okpanachi, 2010).

Materials and Methods

This paper is drawn from a larger collaborative project, 'Strategic Network on Socially Inclusive Cities', which involved partners in Asia (India, Vietnam), Africa (Kenya, Nigeria) and Europe (United Kingdom). The network aims to establish partnerships across stakeholders and promote learning across sectors/disciplines. It focuses on social inclusion of religious and ethnic minorities in a range of public institutions (especially related to health, education, justice/police, and governance) through mapping available evidence on key drivers of their exclusion, the impact of current policies and highlighting the agenda for future research.

This was a qualitative study, which involved the following methods: scoping review and stakeholder workshops. Next, we set out each method in more detail.

Scoping literature review

We systematically searched for published evidence about Nigeria from key academic databases (PubMed®, ISI Web of Knowledge™ POPLINE®, Google Scholar, EBSCO) covering publications on social exclusion, criminal justice, economics, education, and health inline with the scope of the international collaborative project, and focused on identifying evidence relating to religious and ethnic minorities. We used different combinations of the following search terms: social exclusion, ethnic and religious minorities, inequality, drivers of exclusion from health, education, justice, public services; poverty, discrimination; unemployment, police, local government. The search was conducted between January and April 2017 and a further search was conducted in October and November 2018.

For the review, social inclusion was defined as 'access to, quality of and representation of religious or ethnic minorities in public services that are comparable to the majority of ethnic or religious groups (Kabeer, 2000).

A total of 292 papers were screened by at least two researchers, out of which 72 were considered eligible for review. The key inclusion criteria were: the nature of studies (mostly reviews), their focus on inclusion strategies relating to ethnic or religious minority groups in public services, their geographical focus (Nigeria as a sole focus or as part of comparative studies) and English only studies. Studies outside these criteria were excluded.

Figure 1 shows the modified Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram showing the study identification and selection process.

Stakeholder Workshops

Three national-level stakeholder workshops were held in May, August, and November 2017 in different parts of Nigeria. Their aim was two-fold: first, to share and validate emerging findings from the on-going literature review, and second, to collect stakeholder views, experiences, and perceptions of social exclusion. More specifically:

The first national workshop took place at Delta State University, Abraka on Tuesday, 23rd May 2017. The overarching goal of this first workshop was to provide a platform for participants to discuss the evidence available, identify possible gaps in knowledge and common issues across public services, as well as suggest ways in which further research might help support more socially inclusive cities.

The second national workshop was held in Enugu, on the 24th of August 2017 and the overarching goal was to focus on strategies for including minority ethnic and religious groups in Nigerian public services (an aspect of the study which is outside the scope of this paper). The workshop also provided a platform for participants to discuss the studies and projects they had carried out and their experiences working with minority ethnic and religious groups. In addition, the participants looked at evidence available from the first workshop and from the literature reviews, identified possible gaps in knowledge and common issues across public services, and also suggested ways in which further research might help support more socially inclusive cities.

The third stakeholder workshop was held in Abuja on 20 November 2017 and it examined ethnicity and religious exclusion in relation to gender, age, migration, and displaced persons and implications for social development in Nigeria as well as for future research on this topic.

Each workshop involved 20-25 participants from multidisciplinary backgrounds drawn from academia, field experts, human rights activists, the police, relevant government agencies, representatives of internally displaced persons, physically challenged, policymakers, collaborating agencies like the Ministry of Education, the National Youth Service Corps, religious groups, women groups, healthcare practitioners and NGOs. Two NGOs involved in the workshops helped ensure representation of excluded group perspectives in the evidence review, drawing on their contacts with victims of exclusion and marginalization, including members of internally displaced persons' camps and residents of the *Mkoko* slum in Lagos. An interactive World Café-style method was used in each workshop to facilitate discussion and exchange in smaller groups at the workshops. This is a creative process for leading

collaborative dialogue, sharing knowledge and creating possibilities for action for all participants from different backgrounds.

Data Analysis

Thematic analysis was used to analyse data. We used Nvivo software to organize and code data while identifying dominant themes that defined drivers of social exclusion. As shown in Figure 2, the model for understanding key drivers of social exclusion draws on evidence for understanding health inequalities (Solar and Irwin, 2007) and describes how the exclusion of minority, ethnic and religious communities are created and operationalised at three distinct but interconnected levels of society, namely social/political context (macro), institutional practice (meso), and individual action and behaviour (micro). These levels are "nested" within each other: the micro-level is nested within the meso level which is further nested within the macro level. And all of these are contained within their environmental context (Jehoel-Gijsbers and Vrooman 2007; Mir et al., 2020).

Results

As shown in Figure 2, we found different drivers of social exclusion across the macro, meso, and micro levels, each set out in the next three sub-sections. These drivers are shown in table 1.

Socio-political drivers

At the macro level, drivers of exclusion from public services involve interrelated issues of ineffective centralized federal State, competition for resources and power among groups, geographic developmental divide, and migration, social-cultural and religious issues.

Ineffective centralized federal State:

The ineffective over-centralised federal system is perhaps the most important source of ethnic minority distress and disaffection in the Nigerian federal system today (Suberu, 2016). But a related, if not equally important, source of discontent among minorities involve the internal territorial configuration of the federation (Suberu, 2016). For ethnic minority communities, in particular, over-centralization has led to such obnoxious outcomes as the erosion of the autonomy and security that genuinely federalist arrangements assure for minorities. Some minority groups believe this has led to their marginalization and exclusion for instance, according to one workshop participant:

"MOSOP (Movement for the Survival of the Ogoni People) militant group claims that the fundamental problem of Nigeria is the centralization of state and economic powers which has led to the abject marginalization, exclusion, and impoverishment of minority groups and to some extent other non-ruling groups" (Academia Enugu)

Among other consequences of over-centralization is the virtual abrogation of truly federalist institutions and values, the destructive competition for the control of central governmental machinery (especially the federal presidency), the loss of financial coherence and discipline at the federal level, the extreme dependence of states and localities on federal developmental patronage and financial largesse and, consequently, the persistent communal pressures for new, federally-funded units of state and local government (Olowu, 1990). All these lead to the exclusion of minority groups from public services. The historical origins of these governance systems were noted by a participant in the Enugu workshop:

"on drivers of ethnic exclusion in Nigeria, the issue lies in the fact that people from different cultural backgrounds and ethnic diversity was pulled together as one country by the British colonial masters with the formation of a centralized system, 3 major ethnic groups and 2

major religions. So this created dominance resulting in cases of intentional negligence by the majority on the grounds of favoritism and social class" (Civil Society Organization Enugu).

Competition between different groups for resources and power:

Nigerians, who are minorities either in their states of residence (by ethnicity or religion) or nationally, or are non-indigenous in their locations of residence are likely to experience a degree of exclusion especially as regards state or national commonwealth, through the application of so-called indigenship rules (Osaghae, 1995; Anugwom, 2014; Laurent, 2019). In Nigeria owing to his/her parental genealogy, Nigerians, who have their ethnic genealogy elsewhere, even if they were born in a particular state or lived all their lives there, are regarded as "settlers" (Ibrahim, 2006) or non-indigenes. This discriminatory tendency especially at the local levels have been a major and potential source of conflict because it is directly tied to an individual or group access to societal resources including political opportunities (Nwanegbo *et al.,* 2014). For example, among the *Jukun* ethnic group in Northern Nigeria, the popular use of indigene/settler as a means of discriminating against other ethnic groups have become a big source of conflict between the Christian *Jukuns* and the traditionalists and the *Jukuns/Hausa* Muslims (Nwanegbo *et al.,* 2014).

Also, the desire for economic and political relevance by the majority drives minority exclusion and even within minorities, such competition exists. As noted by a participant: *"Even within the minority, such a situation exists and it is attributable to power allocation in terms of governance. And there is a connection between social exclusion and bad governance and the level of bad governance and impunity hinder the implementation of the provisions of The constitution that protects the minority".* (Civil Society Organization Enugu).

Geographic Development Divides and Migration:

A key driver of exclusion in Nigeria relates to the sharp developmental divide between the northern and southern regions, and ethno-religious demographics as shown in figures 3 and 4. These divides are reflected in northern and southern ethnic groups as well as between Muslims and Christians. (Ukiwo, 2007) noted that ethnicity was believed to have affected access to public goods and that the government shows favouritism and discrimination. Other reasons for the prominence of ethnicity in Nigeria, include the adoption of quotas for jobs according to the regional origin. According to a respondent:

"The perceptions of the people on the impact of ethnic or religious background on educational opportunities are based on experiences within the region or locality in which they live, while the recorded educational differences were between regions".(Academia Enugu).

Even within the majority, there seem to be echoes of such exclusion also. For example, among the Northerner Nigerians, there have been protests of ethnic minority marginalization. This was echoed by some of the workshop participants:

"There is a deliberate denial of development in non-Muslim indigenous communities in Northern Nigeria. Non-Muslims are marginalized with respect to admission into schools, denial of roads, infrastructure, employment, hospitals, the grant of Certificates of Occupancies, building plans for churches, appointments, and promotion etc." (NGO participant Abuja)

"Whenever non-Muslims are victims, they are ignored, however, when Muslims are victims, they are promptly compensated and settled" (NGO participant Abuja).

NGO participants also reported that some residents and indigenous ethnic groups within the Federal Capital Territory (FCT) such as the *Gbayis* and the *Gades* (both made up of Muslims, Christians and traditional African religions) believe that despite their dominance in FCT as a major ethnic group, they experience exclusion from public services just like other minority ethnic groups in Nigeria.

Geographic divides play a key role in exclusion from public services. In terms of geographical access, a study in Hadejia area of Kano State, Northern Nigeria (Stock, 1983) found that various factors affect utilisation and perceived quality of services, including distance and perceived effectiveness of western – models of treatment. These are linked to more neonatal deaths in the North East, North West and North central zones than South East, South-South and southwest zones as shown in figure 5 (Uzochukwu, 2012). Some other studies (Philips, 1990; Oladipo, 2014) have shown geographic divides and ethnic differences in access to health care. Migration in the form of forced movement results in the relocation of people and groups either within their own country as internally displaced persons (IDPs) or to other countries as refugees. Migrants like IDPs are identified as a particularly challenged and highly marginalised community, experiencing multiple disadvantages such as poor education, economic and social vulnerability and poor access to public services. As noted by a respondent:

"We suffer a lot of exclusion from different services in the communities we reside in temporarily because of the insurgency in Northern Nigeria" (IDP Abuja)

Socio-cultural and religious issues:

Socio-cultural issues were seen as key drivers of exclusion by several authors

(Inter-African Committee, 1995; Aja *et al.,* 2011; Agoro, 2014; Oluyemi *et al.,* 2014; Ayanore *et al.*, 2015; Tajudeen, 2015; Arslan *et al.,* 2017). Within some communities, socio-cultural norms could adversely affect female access to health care and education including marriage at a young age; and domestic violence against females. These cultural practices are prominent in some rural *Ibo* communities in the Southeast, some minority ethnic groups in the Niger Delta areas like the *Binis*, *Urogbos, and Isoko* (Awusi, 2009), the *Ijaws* (NDHS, 2013) and, some communities in the Middle Belt zone and Northern Nigeria. Female resistance and negative attitude towards these age-long traditional practices have been used to justify their exclusion by the powerful in the society (Dangoji, 1992; Babalola *et al.*, 2006; Babalola and Fatusi, 2009; Lewin *et al.*, 2010; Ogbogu, 2011; Barros *et al.*, 2012; Unterhalter, 2012; Dienye *et al.,* 2014; Al-Mujtaba *et al.*, 2016; Oringanje *et al.*, 2016).

Some social norms and lifestyle was also associated with the exclusion of certain ethnic groups (Udoh, 1994; Wall, 1998; Alesina *et al.,* 2016; Nwanaju, 2016; Odimegwu and Somefun, 2017).

Other studies have also focused on community norms and practices rather than institutional or policy contexts to explain health inequalities amongst some minority populations. For example, harmful traditional medical beliefs and practices are implicated in high maternal mortality among the Hausas of Northern Nigeria (Wall, 1998).

Religion on its own was found to be a determinant of social exclusion from public services as it was seen to influence utilisation of certain health services (Olusanya *et al.*, 2010; Hoechner, 2011; Abdulmalik *et al.*, 2013; Gregory, 2014; Abdul-Hakeem, 2015; Al-Mujtaba *et al.*, 2016). For example, the case of rejection of Polio immunization in Northern Nigeria

was attributed to the Muslim religion of the people. However, rather than blame religion for the boycott, some authors insist that the polio immunization boycott in the three Northern Nigerian states in 2003 involved political issues at the macro-level (Kaufmann and Feldbaum, 2009). The rejection of blood donation by the Faith Terbanacle and Jehovah's Witnesses groups have also been recorded (https://www.carolinadonorservices.org/religious-views).

Institutional practices

The key drivers at the meso level are institutional rules and competition for resources, stereotypes and misconceptions, barriers to access and service provision (Health, Education, Justice).

Institutional rules:

Nigeria's minorities have suffered from the absence, paucity, fragility or depreciation of key regulatory or mediatory institutions like effective and independent press, police, and judiciary (Suberu, 2016). The judiciary, for example, have not been able to enforce the rights of minority groups. This has been particularly true of the many instances when minority rights have been violated by the state itself, for example in the Federal Government's intervention in the *Zangon Katab* and *Ogoni ethnic* crises (Suberu, 2016). In the case of the *Zangon Katab* the official responses to the violent outbursts of ethno-religious discontent among the Christian and Muslims in southern Kaduna of setting up an inquiry six-member committee was mainly a formality as little is known both of the reports of the committee and the Government's White Paper on it.

In local and national government administration and services, there is the perception that marginalization is based on status as the rich get all they want whether qualified or not at the

detriment of the poor. Respondents in the workshops noted that those in ethnic majority occupy high positions of power and influence, while the minority has little or no chance to gain a foothold within the government. This was captured thus:

"In the present regime, the Fulanis seem to occupy high positions and the rest feel excluded and this could be said to be as a result of the person in the highest position of authority". (Civil Society Organization Abuja)

Similarly, some members of other groups believed that exclusion and discrimination is dependent on ethnic or religious inclination of the leader in power at each point at different levels in Nigeria:

"for example if a leader is from the South-East people from other parts of the country may experience exclusion and visa versa'' (Policymaker Enugu).

"In Nigeria, implementing institutions are manipulated to favour preferred people depending on who is in charge and it depends on who is in the position of decision making and resource allocation. If a Fulani man is on the throne in Nigeria, there are tendencies that his appointment and resource allocation will be skewed to his tribesmen" (Community-Based Organisation, Abuja)

Stereotypes and misconceptions:

Stereotypes manifest on religious and ethnic platforms in Nigeria and therefore one of the drivers of social exclusion. For instance, the *Yorubas* have been tagged dirty and not trustworthy and people that eat oily soup. Based on these, anyone from the Yoruba-speaking part of Nigeria is perceived as a potential traitor, betrayer and dirty (Maidamma, 2012), *Benins* are tagged fetish and their ladies engage in international prostitution or are international sex hawkers. The Northerners do not attend western school, the *Ibos* are

Illiterate and money lovers (Maidamma, 2012). *Hausas* are stereotyped to be dumb and poor and *Calabar* (girls) are labelled very good sexually (Igboko, 2011). Muslims are labelled terrorists and Islam is seen to connote violence. People from the *Osu*, caste group are referred to as outcasts (Igboko, 2011) .

Apart from inter-ethnic stereotypes there are also intra-ethnic stereotypes. For example, amongst the *Ibos* in Nigeria, *Ngwa* people have been stereotyped as cannibals, *Mbaise* people are dangerous and not to be trusted, while *Abakaliki* people have been stereotyped with a byword for uncivilized behaviours (Igboko, 2011). Kanuri speakers in northern Nigeria term the poorest of the poor *Ngudi,* meaning the unfortunate– judged outside the normal network of social relations and deemed not to be trusted (Usman, 2018).

Barriers to access and service provision (Health, Education, Justice/Police):

These operate both at the institutional and individual level

Health

In access to health, there has been an association between region (North and South Nigeria), ethnicity, religion and some socio-demographic characteristics of the mother, and the household. These associations have been attributed to the vast differences in regional and political environments, ethnicity and religion (Sadiq, 2017), cultural practices (Antai *et al.,* 2009), health-seeking practices (Babalola and Fatusi, 2009), and socioeconomic status between these two areas. Each ethnic group has its own peculiar cultural practices that may widen inequalities in child health and survival among ethnic groups. The observed risk of under-five death, for example, was highest among children of Hausa/Fulani/Kanuri mothers and lowest among children of Yoruba mothers and the mother's affiliation to the Yoruba

ethnic group, compared to Hausa/Fulani/Kanuri, was still significantly associated with decreased under-five mortality (Antai et al., 2009).

Education

In terms of education, discrimination based on religion or belief is one factor preventing children from attending schools in some parts of Nigeria. Funding for education is allocated in a discriminatory manner, meaning that minority faith/religious communities are not provided with education or educational facilities. In some states in northern Nigeria, predominantly Christian areas have no schools nearby (del Aguila and Cantillon, 2012; Christian Solidarity Worldwide, 2018). There are regular reports of children from non-Muslim communities in shari'a states facing hindrances to education on account of their religion. Christians in shari'a states who are in minority regularly face discrimination, abuse and sometimes even expulsion. Reported violations include the denial of access to specific courses, non-release of final results, and the denial of admission or scholarships and free primary education is often difficult to access (Christian Solidarity Worldwide, 2018).

In other sharia states, there were regular reports of Christians who access higher education effectively being barred from studying courses such as Law or Medicine, or being impeded in other ways. The 2015 US State Department report on Nigeria appears to corroborate this, stating that some administrators of government-run universities and technical schools in several northern states refused to admit Christian students or delayed issuing their degrees or licenses (US Department of State, 2015). In a study in Borno State Nigeria, Christians who are the minorities stated that they had been marginalized due to their faith and that Kanuri Muslims had been given preferential treatment for admission to higher education (U.S. Department of State, 2016). However, it has been noted that many northern Muslims do not

want to discriminate against Christians in general, but feel forced to do so in order to defend their own identity and Islam in general and populist measures, which respond to a pervasive sense of Muslim vulnerability to ostensibly powerful and wealthy Christians (Ahmad, 2005).

Contrary to what obtains in the North, it was noted in a study that despite their minority status, Muslims did not feel a sense of exclusion in Southeast and Southwest Nigeria similar to that expressed by Christians in Kano State (Nolte *et al.,* 2009).

Evidence has shown that Muslims in Nigeria are at a disadvantage early on and fall further behind over time, lagging Christians by more than 4 years of education by age 24. There is also a great deal of inequality in educational attainment (Dev *et al.*, 2015) between ethnic groups as the Yoruba, Niger-Delta, and Igbo children, with 10 years of education by age 24, are consistently more educated than the Middle-Belt (8 years) and the Hausa/Fulani/Kanuri (4 years). Girls in Northern Nigeria also has limited or no access to basic education—making them vulnerable to exploitation, abuse and/or poverty. For example, 97% of poor Hausa girls (aged 17-22) have less than 2 years of education with a country average of 25% (Watkin, 2012). Even where teachers are available, they are not qualified. For example, up to 70 percent of teachers in Nigeria's Bauchi state was found to be unqualified or were unaware of modern pedagogical techniques. These inequalities continue to persist even after the supply of educational infrastructure at the neighborhood level is accounted for (Dev *et al.*, 2015)

Justice and Police services

There are many social factors that bedevil the accessibility of justice in Nigeria especially among minority groups (Adekunle, 2014). These include ignorance of the citizens as most people, especially those in the rural communities are not even aware that they have certain

rights, loss of confidence in the institutions established to dispense justice, stigmatization, religion for example a Muslim woman in Purdah may be indisposed to the idea of undertaking the arduous formalism required to get justice done in certain cases, the location of the justice service providers, poverty as the high cost of litigation hinders most Nigerians from accessing justice.

The Police are also said to work in favour of the rich and humiliates the poor. Some of the respondents in this study believed that the police and justice systems in Nigeria are being bought. Some minority groups in FCT, for example, believe that they don't get justice because police are very antagonistic and in general, they feel that the poor and disadvantaged are always the victims. This was captured by a respondent:

"They keep asking for money to prosecute cases and most times access to the police and the [judiciary] courts are difficult because it requires money and this applies mainly to the poor who don't have a voice." (Community-based Organization Abuja)

Some respondents also believed that exclusion and marginalization in Police and the Justice system is based on gender and age. They feel that women are marginalized in these services. This was buttressed by respondents thus:

"There was a case of a female police officer who was posted to a certain town and was lured into an apartment and raped, when she reported the rape she was not believed and eventually was dismissed from the police force" (Community-Based Organization Abuja).

"crimes against poor minorities are often not taken seriously, because if you do not have money to pay the police, they will not carry out any arrest- similarly, the prosecutor will not pursue the case" (Community-Based Organization Abuja).

Individual actions and behaviours.

At the micro-level the root causes include socioeconomic status/poverty, Health seeking behaviour all of which contribute to the limited use of public services and social exclusion.

Socio-economic status:

Households with higher income levels had increased utilization of modern health care facilities including immunization services (Sibeudu *et al.,* 2017). On the other hand, those of lower socio-economic status used traditional healers which are of low quality partly because of the perceived cost of care of cosmopolitan services which they believe they cannot afford. (Okafor, 1983).

Although poverty is a recognised determinant of exclusion, variations within poor communities in the capacity to work, vulnerability, and access to social networks create considerable differentiation, with some groups becoming more disadvantaged than others. This is evident in Hill's description of the 'interlocking array of exclusions from opportunities' which face resource-poor Hausa households in Nigeria (Kabeer, 2005).

Some studies have highlighted women's socioeconomic status as predictors of poor maternal health (Ahmed *et al.*, 2010; Akinlo *et al.*, 2016; Adeyanju *et al.,* 2017). Many poor and uneducated women in Nigeria does not deliver at health facilities or in the presence of a skilled birth attendant as they are excluded because of their socioeconomic status (Adeyanju *et al.,* 2017).

Health seeking behaviour and barriers to access and service provision:

Different ethnic groups show differences in health-seeking behavior in Nigeria. For example, Fulani residents were more likely to use private facilities during a recent illness, while

Yoruba residents more commonly used government facilities (Otusanya *et al.*, 2007). This underscores the need for greater outreach and involvement of minority ethnic populations in order to enhance public service utilization. Despite similar illness patterns, the two groups had somewhat different health-care preferences. Even though private health services were costlier, their greater use by the Fulani may reflect previous neglect by the government health sector (Dao and Brieger, 1994). Perceptions of distrust and discrimination by minority populations when health services are run by the majority have also been implicated (Sheik-Mohamed and Velema, 1999). The attitude of health workers towards patients have also been known to be a driver of exclusion from health services and this may be more among minorities (Onasoga *et al.*, 2012).

Discussion

This study is a contribution to knowledge about the drivers of social exclusion in Nigeria and probably elsewhere. It explores the evidence from a domain perspective of three distinct but interconnected levels of society namely macro, meso and micro levels (Gijsbers and Vrooman 2007; Mir et al., 2020). While there are distinct factors at each level, these are very much inter-related across the three levels. For example, barriers to access and service provision while micro-level factors are shaped by institutional rules, stereotypes and misconception which are meso level factors and the other way round. And these are in turn determined by both social cultural and religious issues and geographic divide which are macro-level factors as found in this study.

Over-centralization of the inter-governmental system is one major driver of exclusion of ethnic minorities from public services. The inadequate recognition of the country's ethnic configuration in the territorial organization of the federation and consensual or power-sharing

mechanisms exacerbate social exclusion. According to (Suberu, 2016), over-centralization opens up the political process to excesses and abuses which invariably harm politically excluded or inadequately included segments, especially ethnic minorities.

The effect of over-centralization in Nigeria as a driver of social exclusion is similar to what has happened in Kenya as this led to a systemic marginalization and exclusion of peoples along ethnic and regional lines and the skewed distribution and non-sharing of resources by the centralized government (Githinji, 2019). On the other hand, decentralization is often said to be the counterweight to central power, and promotes the values of equality, accountability, and responsiveness by encouraging the involvement of the various religious, ethnic, and tribal group (Rhodes, 2001). A genuine and constructive rectification of these anomalies is needed to ameliorate the plight of minorities in Nigeria and ensure inclusion.

Competition between different groups for resources is another key driver of ethnic and religious exclusion from public services as noted in this study. Groups have been formed all over Nigeria to challenge the control of resources. A case in point is the *Movement of the Emancipation of the Niger Delta* that has taken up the government over the control of resources generated from the sale of crude oil gotten from their region and this has been identified as one of the causes of conflict in this region where the poorest and most excluded indigenous groups have had no share in the benefits of natural resources exploited by oil companies and the state (Mathieson *et al.,* 2007). An estimated three-quarters of the world's conflicts have an ethnic or religious dimension, most often linked to exclusion from economic or political opportunities and/or suppression of cultural identity (Mathieson *et al.,* 2007)

When two groups are in competition for scarce resources, group conflict occurs and the potential success of one group threatens the well-being of the other, resulting in negative out-group attitudes (Sherif and Carolyn, 1969). This is exactly what happens in Nigeria. As the major ethnic and religious majorities compete for the nation's resources and power, the minorities are caught on the web, giving rise to exclusion from the use of public services as they lack the power and disposition to compete. This has continued to fuel ethnic minority agitations and protests against ethnic majority domination and oppression.

It is in search of solutions to these drivers in Nigeria that concepts such as 'federal Character', 'Quota system', 'Zoning Formula', 'Oil-producing' and 'Non-oil producing states' dichotomy', among many others were introduced (Mbalisi, 2018). According to (Anugwom, 2006), the contestations over resources have been heightened in recent years by the politicisation and ethnicization of the resource allocation process by the Nigerian state and its elites.

Exclusion has a geographic dimension, as participation in society depends on proximity, mobility, networks, and location (Taket *et al.*, 2009). The sharp developmental geographic divide between the northern and southern Nigeria, and ethno-religious demography as well as between northern and southern ethnic groups and between rural and urban areas are key drivers of exclusion in Nigeria. There are urban-rural ethnic preferences among tribal groups for varying sorts of treatment. Such preferences may be based on a common religion that leads to the patronage of certain types of healers or medical providers (Philips, 1990).

These findings in Nigeria are similar to findings elsewhere. For example, in most healthcare systems, it is acknowledged that black and minority ethnic populations have experienced

poorer health and barriers to accessing certain services (Szczepura, 2005). There is also evidence on population diversity and variations in service uptake, health outcomes, effective patient communication, and involvement in decision making (Johnson *et al.,* 1999; Atkinson, *et al.,* 2001; Szczepura et al., 2004).

Barriers to access to health, education, and justice services have been noted as drivers of exclusion from these services. As in Nigeria, in Low and Middle-Income Countries (LMICs), despite the high burden of preventable and curable disease (Lozano *et al.*, 2012) there is a considerable unmet need for health care (Dupas, 2011). Service availability is still limited and numerous barriers to access exist as in our findings, preventing service use especially for the poorer socio-economic groups (Van de Poel et al., 2012; Bonfrer *et al.*, 2014).

Our study has highlighted some disparities in access to public services. This is likely to lead to social exclusion and its consequent negative impacts. Access to health facilities, socio-economic status and perceived quality of service have also been found to be significant influencers of health-seeking decisions among different population segments elsewhere (Gao *et al.*, 2012; Ng'anjo *et al.*, 2014) and inappropriate health-seeking behaviors has been linked to worse health outcomes, increased morbidity and mortality, and poorer health statistics (Atuyambe, 2008; Mwase, 2015). In Kenya for example, pregnant women in the upper socio-economic stratum were found to have more of their deliveries in health facilities compared with pregnant women in the middle and low socio-economic strata (Ng'anjo *et al.*, 2014). And in Ghana, findings suggest that Muslim women often experience difficulties with accessing and using health services as a result of healthcare providers' insensitivity and lack of knowledge about Muslim women's religious and cultural practices (Ganle, 2015). Even in times of peace, geographic and cultural accessibility of health and services is poor in ethnic

minorities in northern Niger where a majority of the population live more than 15 km from the nearest health centre and patients complain of cultural insensitivity and lack of politeness of staff (Crawhall, 2006).

In terms of access to education, it has been noted that the failure to ensure equal opportunities, including in education, and an inability or unwillingness to protect children from minority faith and ethnic communities from violence both inside and outside of the educational setting is a key driver of social exclusion from access to education among the minority religious groups in northern Nigeria. In the Niger Republic, among the *Agadez* ethnic minority, school teaching is in French, UNICEF standards for mother-tongue instruction are not applied, and transhumant cycles are ignored in planning the school curriculum and timetable (Crawhall, 2006). Even in developed countries, such discriminations exist in academia as individual and institutional prejudice hinder ethnic minority women from succeeding in academia more than it hinders any other group (Khan *et al.*, 2019).

In terms of Justice, although the right of every person to access it in Nigeria is constitutional the quality of justice obtainable is determined by their economic wherewithal under the prevailing peripheral capitalist system (Falana, 2017). In the absence of access to justice, people are unable to have their voice heard, exercise their rights, challenge discrimination or hold decision-makers accountable (United Nations Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems *(67/187)*. There is no access to justice where citizens especially the marginalized groups including ethnic and religious groups conceive the system as frightening.

Institutional rules and mechanisms are also drivers of exclusion. As in our study, institutional ethnic favoritism was noted as an important determinant of access to public services like education and health in sub-Saharan Africa (Franck and Rainer, 2009). The "ethnic altruism" model, assumes that the political leader derives direct utility from his ethnic group's higher level of well-being. The leader, therefore, is essentially assumed to have altruistic preferences toward his ethnic group. The implication of this model is obvious: the ethnic leader will be interested in providing favors to the members of his group, regardless of their actual political behaviour (Franck and Rainer, 2009).

Stereotypes and misconceptions were found to be drivers of exclusion and are an avenue of rationalization for inequality in society. More often than not, stereotypes connote biases which could breed discrimination due to the different derogatory terms and expressions used to describe other groups (Maidamma, 2012) and leads to social exclusion. Most stereotypes and misconceptions are not often true and they derogate the stereotyped group and make the other feel superior in some ways. Also, these negative attitudes are used to legitimize differences in the treatment of others and are characterised by strong repression and stigmatization undermining their capacity for collective action (Mathieson *et al.,* 2008).

As in Nigeria, social-cultural issues have also been implicated as drivers of exclusion elsewhere. For example, women who have female genital mutilation (FGM) are stigmatized and therefore would not assess health care because of their perceptions and challenges of care (Johansen, 2006; Lazar *et al.*, 2013). Interestingly, on the other hand, individual families who opt not to have their daughters undergo FGM, risk stigmatization and *social exclusion*, particularly in communities where the practice is rampant (Maseno, 2018). From their

perspective, not conforming to FGM would bring greater harm, and would result in shame and social exclusion (WHO, 2016).

Low socioeconomic status is, without doubt, a key driver of social exclusion today. It is associated with a range of poor outcomes. Households with relatively low incomes were more likely than others to be socially excluded (Bradshaw et al., 2014). Social exclusion can lead to and result from disparities in income distribution, with the wealthiest segments of a country's population receiving the greatest proportion of its national income. Barron (2008) investigated the extent to which exclusion and discrimination contribute to inter-ethnic income inequality in Peru and found that exclusion plays a greater role than discrimination in contributing to Peru's inter-ethnic inequality. The poor are highly stigmatised and discourse of moral failure is used to legitimise their marginalisation and social exclusion (Waxman, 1983).

Limitation of the study

This paper does not attempt to evaluate the impact of government policies on domain perspective of the three distinct but interconnected levels of society namely social/political context (macro), institutional practice (meso), and individual action and behaviour (micro) which could influence public policy to improve access. This leaves the door open to future outcomes research in this area.

Conclusions

The SDGs provide for tools with which various levels can be engaged to help meet the goals in the country but also bringing a dynamic advocacy framework to make them effective and

evolve further to include the purview of 'Rights.' To this end, these drivers of exclusion speak to the widely cited Dahlgren and Whitehead rainbow model (Dahlgren and Whitehead, 1991) of the main determinants of health as a framework to help to identify the range of social determinants upon which interventions could be based. These include the outer two layers, which included macroeconomic and cultural conditions in the outermost layer; and access to essential goods and services in the next layer, specifically access to health (and social care) services and education as have been documented in this study.

Ethnic and religious exclusion from public services like health education, justice, and political system exists and is a social reality in Nigeria. Basically, a patchwork of access is governed by a complex dynamic of (historical) structural, ethnic/geographic, and economic factors. This is important to understand why social and economic complexity slows the development of service equity in many countries. The multiple levels and drivers highlight the complexities of addressing social exclusion. Therefore, policies and programmes need to be grounded in a thorough analysis of these drivers and they must be taken into consideration in the development of interventions for preventing or reducing social exclusion within the context of SDG 10. It is equally important to have a social inclusion policy framework that will account for all Nigerians, irrespective of ethnicity and religion. In addition to substantial policy impact, improved understanding of social inclusion in Nigeria is academically valuable not only for future research in West and sub-Saharan Africa but also in low- and middle-income countries more generally.

References

Abdul-Hakeem, A. (2015). *Ideas on a North East Nigeria Internally Displaced Persons Rehabilitation*. Available at: https://www.linkedin.com/in/aha01 (accessed 20 December 2017).

Abdulmalik, J. *et al.* (2013), 'Country Contextualization of the Mental Health Gap Action Programme Intervention Guide: A Case Study from Nigeria', *PLoS Medicine*, 10(8), p. e1001501. doi: 10.1371/journal.pmed.1001501.

Adekunle, C. O. (2014), 'Access to Justice in Nigeria: An Extrapolative Appraisal of its socio-legal barriers.', *The Jurist*, (20), pp. 283 – 307.

Adeyanju, O., Tubeuf, S. and Ensor, T. (2017), 'Socio-economic inequalities in access to maternal and child healthcare in Nigeria: changes over time and decomposition analysis', *Health Policy and Planning*, 32(8), pp. 1111–1118. doi: 10.1093/heapol/czx049.

African Development Bank (2018), *Macroeconomic developments and poverty, inequality, and employment Labor markets and jobs*. Available at: https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/2018AEO/African_Economic_Outlook_2018_West-Africa.pdf (accessed 22 February 2019).

Agoro, I. O. (2014), 'Predictors of Cultural Competence Among Health Care Professionals in a Lagos State Government Facility. UMI Dissertation Publishing.'

del Aguila, E. V. and Cantillon, S. (2012), 'Discrimination on the ground of religion or belief in Ireland', *Social Justice Series*, 12(4), pp. 65–87. Available at: https://faithandafuture.com/wp-content/uploads/2018/02/Faith_and_a_Future_HR.pdf (accessed 6 April 2020).

Ahmad, A. (2005), 'Extension of Shari'ah in Northern Nigeria: Human Rights Implications for Non-Muslim Minorities', *Muslim World Journal of Human Rights*. De Gruyter, 2(1). doi: 10.2202/1554-4419.1028.

Ahmed, S. *et al.* (2010), 'Economic Status, Education and Empowerment: Implications for Maternal Health Service Utilization in Developing Countries', *PLoS ONE*. Edited by B. J. Shea. Public Library of Science, 5(6), p. e11190. doi: 10.1371/journal.pone.0011190.

Aja, G. N., Umahi, E. N. and Allen-Alebiosu, O. I. (2011), 'Developing culturally-oriented strategies for communicating women's health issues: a church-based intervention.', *Education for health (Abingdon, England)*. Medknow Publications and Media Pvt. Ltd., 24(1), p. 398.

Akinlo A *et al.* (2016), 'Women's empowerment status and exposure to maternal mortality risks in Nigeria | Gender and Behaviour',14, (1):7085–99.

Al-Mujtaba, M. *et al.* (2016), 'Evaluating Religious Influences on the Utilization of Maternal Health Services among Muslim and Christian Women in North-Central Nigeria', *BioMed Research International*, pp. 1–8. doi: 10.1155/2016/3645415.

Alesina, A., Michalopoulos, S. and Papaioannou, E. (2016), 'Ethnic Inequality', *Journal of Political Economy*. University of Chicago Press Chicago, IL, 124(2), pp. 428–488. doi: 10.1086/685300.

Antai, D., Wedrén, S., Bellocco, R., &Moradi, T. (2009), 'Ethnic disparities in child health in Nigeria: a multilevel analysis of individual and contextual factors. Ethnicity and Inequalities in Health and Social Care'2, 4.

Anugwom, E. E. (2006), 'Oil minorities and the politics of resource control in Nigeria', *Africa Development*, 30(4). doi: 10.4314/ad.v30i4.22241.

Anugwom, E. E. (2014), '*Beyond Oil: Environmental Rights, Travel, Local Knowledge, and Youth Conflict in the Oil-Rich Niger Delta of Nigeria*', *Africa Today*. Indiana University Press. doi: 10.2979/africatoday.61.2.21.

Arslan, H., Içbay, M. A. and Reggiero, C. (2017), '*Research on humanities and social sciences: Communication, social sciences, arts*, *Research on Humanities and Social Sciences: Communication, Social Sciences, Arts*. International Institute for Science, Technology and Education (IISTE). doi: 10.3726/978-3-631-69829-7.

Atkinson, M., Clark, M., Clay, D., et al. (2001), 'Systematic review of ethnicity and health service access for London.', Coventry: Centre for Health Services Studies, University of Warwick.

Atuyambe, L. M. (2008), '*Adolescent motherhood in Uganda dilemmas, health seeking behaviour and coping responses*. Institutionen för folkhälsovetenskap / Department of Public Health Sciences. Available at: https://openarchive.ki.se/xmlui/handle/10616/39875 (accessed 7 April 2020).

Awusi, V. (2009), 'Tradition Versus Female Circumcision: A Study Of Female Circumcision Among The Isoko Tribe Of Delta State Of Nigeria', *Benin Journal of Postgraduate Medicine*, 11(1). doi: 10.4314/bjpm.v11i1.48818.

Ayanore, M. A., Pavlova, M. and Groot, W. (2015), 'Unmet reproductive health needs among women in some West African countries: a systematic review of outcome measures and determinants', *Reproductive Health*. BioMed Central, 13(1), p. 5. doi: 10.1186/s12978-015-0104-x.

Babalola, S. *et al.* (2006), 'Impact of a communication programme on female genital cutting in eastern Nigeria', *Tropical Medicine and International Health*. John Wiley & Sons, Ltd, 11(10), pp. 1594–1603. doi: 10.1111/j.1365-3156.2006.01701.x.

Babalola, S. and Fatusi, A. (2009), 'Determinants of use of maternal health services in Nigeria - looking beyond individual and household factors', *BMC Pregnancy and Childbirth*. BioMed Central, 9(1), p. 43. doi: 10.1186/1471-2393-9-43.

Barros, A. J. *et al.* (2012), 'Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries', *The Lancet*,

379(9822), pp. 1225–1233. doi: 10.1016/S0140-6736(12)60113-5.

Bonfrer, I. *et al.* (2014), 'Does the distribution of healthcare utilization match needs in Africa?', *Health Policy and Planning*, 29(7), pp. 921–937. doi: 10.1093/heapol/czt074.

Bradshaw, J., Kemp, P., Baldwin, S., and Rowe, A. (2014), 'The drivers of social exclusion: Review of the literature for the Social Exclusion Unit in the Breaking the Cycle series. University of York.'

Christian Solidarity Worldwide. (2018), *Faith and a Future: Discrimination on the Basis of Religion or Belief in Education*. Available at: http://faithandafuture.com/wp-content/uploads/2018/02/Faith_and_a_Future_HR.pdf. (accessed 20 April 2019).

Central Intelligence Agency. (2016), The World Factbook 2016. Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html> (accessed 21 October 2018).

Crawhall, N. (2006). IPACC secretariat mission to Niger report. In Report on West African regional conference of indigenous peoples of the Sahara and Sahel. Agadez, Niger, 20-25. Available at: www.ipacc.org.za. (accessed 6 April 2020).

Dahlgren,G., and Whitehead, M. (1991). *Policies and Strategies to Promote Social Equity in Health.* Stockholm, Sweden: Institute for Futures Studies.

Dangoji, J. P. (1992) 'When new meets old: collaborating on safer birthing methods in Nigeria.', *Development communication report*, (77), p. 11. Available at: http://www.ncbi.nlm.nih.gov/pubmed/12285441 (accessed: 6 April 2020).

Dao, M. Y. and Brieger, W. R. (1994), 'Immunization for the migrant fulani: identifying an under-served population in southwestern Nigeria.', *International quarterly of community health education*. SAGE PublicationsSage CA: Los Angeles, CA, 15(1), pp. 21–32. doi: 10.2190/VKHL-JXC5-WK91-8QGQ.

Dev, P. *et al.* (2015), '*Ethnic Inequality: Theory and Evidence from Formal Education in Nigeria'*. Available at: https://socialsciences.uottawa.ca/science- (accessed 17 October 2018).

Dienye, P., Gbeneol, P. and Itimi, K. (2014) 'Intimate partner violence and associated coping strategies among women in a primary care clinic in Port Harcourt, Nigeria', *Journal of Family Medicine and Primary Care*, 3(3), p. 193. doi: 10.4103/2249-4863.141601.

Dupas, P. (2011) 'Health Behavior in Developing Countries', *Annual Review of Economics*. Annual Reviews, 3(1), pp. 425–449. doi: 10.1146/annurev-economics-111809-125029.

Falana, F. (2017) 'Access to justice: Socio-cultural, economic and geographical limitations thereto — a critique.' The Cable News. Available at: https://www.thecable.ng/access-justice-socio-cultural-economic-geographical-limitations-thereto-critique (accessed 20 November 2018).

Franck, R. and Rainer, I. (2009) *Does the Leader's Ethnicity Matter? Ethnic Favoritism, Education and Health in Sub-Saharan Africa*. Available at: http://cega.berkeley.edu/assets/miscellaneous_files/wgape/18_Rainer.pdf (accessed 20 February 2019).

Ganle, J. K. (2015), 'Why Muslim women in Northern Ghana do not use skilled maternal healthcare services at health facilities: a qualitative study.', *BMC international health and human rights*. BioMed Central, 15, p. 10. doi: 10.1186/s12914-015-0048-9.

Gao, W. *et al.* (2012), 'Care-Seeking Pattern for Diarrhea among Children under 36 Months Old in Rural Western China', *PLoS ONE*. Public Library of Science, 7(8). doi: 10.1371/JOURNAL.PONE.0043103.

Gregory, A. M. (2014), 'Negotiating Muslim Womanhood: The Adaptation Strategies of International Students at Two American Public Colleges. Graduate Theses and Dissertations'.

Hoechner, H. (2011), 'Striving for Knowledge and Dignity: How Qur'anic Students in Kano, Nigeria, Learn to Live with Rejection and Educational Disadvantage', *The European Journal of Development Research*, 23(5), pp. 712–728. doi: 10.1057/ejdr.2011.39.

Ibrahim, J. (2006), 'Expanding the Human Rights Regime in Africa:Citizens, Indigenes and Exclusion in Nigeria', In L. Wohlgemath andE. Sall (Eds.), Human Rights, Regionalism and the Dilemmas ofDemocracy in Africa, Dakar: CODESRIA.'

Igboko, I. (2011), 'Cultural stereotypes are the bane of unity in Nigeria.' Available at: http://next.upi.com/archive/2011/09/13/cultural-stereotypes-the-bane-of-national-unity/7081315914353/ (accessed 10 November 2018}.

Inter-African Committee (1995) 'Nigeria training of trainers of TBAs. Inter-African Committee on Traditional Practices Affecting the Health of Women and Children.Newsletter'.

Jehoel-Gijsbers, G and Vrooman, C. (2007), 'Explaining Social Exclusion: A theoretical model tested in the Netherlands'. The Netherlands Institute for Social Research/scp, The Hague. Available at: https://www.researchgate.net/publication/236981206 (accessed 6 April 2020).

Johansen, R. E. B. (2006), 'Care for Infibulated Women Giving Birth in Norway: An Anthropological Analysis of Health Workers' Management of a Medically and Culturally Unfamiliar Issue', *Medical Anthropology Quarterly*, 20(4), pp. 516–544. doi: 10.1525/maq.2006.20.4.516.

Johnson, M.R.D., Clark, M.D., and Owens, D. (1999), 'The unavoidable costs of ethnicity: a review of evidence on health costs.', *Coventry: Centre for Health Services Studies, University of Warwick.*

Kabeer, N. (2000), 'Social exclusion, poverty and discrimination: Towards an analytical framework', *IDS Bulletin*. John Wiley & Sons, Ltd, 31(4), pp. 83–97. doi: 10.1111/j.1759-5436.2000.mp31004009.x.

Kabeer, N. (2005) ,'Gender equality and women's empowerment: A critical analysis of the third Millennium Development Goal', *Gender and Development*, 13(1), pp. 13–24. doi: 10.1080/13552070512331332273.

Kaufmann, J. R. and Feldbaum, H. (2009), 'Diplomacy And The Polio Immunization Boycott In Northern Nigeria', *Health Affairs*. Project HOPE - The People-to-People Health Foundation, Inc. , 28(4), pp. 1091–1101. doi: 10.1377/hlthaff.28.4.1091.

Khan, M. S. *et al.* (2019), 'More talk than action: gender and ethnic diversity in leading public health universities', *The Lancet*, 393(10171), pp. 594–600. doi: 10.1016/S0140-6736(18)32609-6.

Laurent, F (2019). 'Dealing with "strangers": Allocating urban space to migrants in Nigeria and french west Africa, end of the nineteenth century to 1960', *In book: African Cities: Competing Claims on Urban Space, Publisher: Brill, Editors: Paul Nugent and Francesca Locatelli, 187-218*. Available at: https://brill.com/view/book/edcoll/9789047442486/Bej.9789004162648.i-308_011.xml?language=en (accessed 6 April 2020).

Lazar, J. N. *et al.* (2013), 'Providers' perceptions of challenges in obstetrical care for somali women.', *Obstetrics and gynecology international*. Hindawi Limited, 2013, p. 149640. doi: 10.1155/2013/149640.

Lewin, S. *et al.* (2010), 'Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases', *Cochrane Database of Systematic Reviews*, (3), p. CD004015. doi: 10.1002/14651858.CD004015.pub3.

Lozano, R. *et al.* (2012), 'Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010', *The Lancet*, 380(9859), pp. 2095–2128. doi: 10.1016/S0140-6736(12)61728-0.

Maidamma, F. U. (2012), 'Negative Stereotyping, A Clog in the Wheel of Our Unity.'

Maseno, B. (2018) 'Female Genital Mutilation and The Dilemma of Consent. The Gender Forum.'

Mason, T., Carlisle, C., Watkins, C. and Whitehead, E. (2001), 'Stigma and Social Exclusion in Health Care. London', *Routledge*.

Mathieson, J., Popay, J., Enoch, E., Escorel, S., Hernandez, M., Johnston, H and Rispel, L. (2008). Social Exclusion Meaning, measurement and experience and links to health inequalities A review of literature. WHO Social Exclusion Knowledge Network Background Paper 1. Available at: https://www.who.int/social_determinants/media/sekn_meaning_measurement_experience_2008.pdf.pdf (accessed 6 April 2020).

Mathieson, J. Alhacen, A., Aghirin'man, A (2007), 'Social exclusion in north Niger: A case study'. SEKN Background Paper 5, Lancaster, UK

Mbalisi, C. N. (2018), 'Challenge of ethnicity, politics by identity and prebendalism to security and social stability in Nigeria, 1999 to 2015', *UJAH: Unizik Journal of Arts and Humanities*, 18(3), p. 70. doi: 10.4314/ujah.v18i3.4.

Mir, G. et al. (2018) 'Report of a Global Evidence Review. The Socially Inclusive Cities Network project'.

Mir, G. *et al.* (2020), 'Achieving SDG 10: A Global Review of Public Service Inclusion Strategies for Ethnic and Religious Minorities Overcoming Inequalities in a Fractured World: Between Elite Power and Social Mobilization'. Available at: www.unrisd.org (accessed: 7 April 2020).

Mwase, I. (2015), 'Social capital and household health-seeking behaviour for children in the context of urban neighbourhoods: The case of Khayelitsha in Western Cape, South Africa'. University of Cape Town. Available at: https://open.uct.ac.za/handle/11427/13806 (Accessed: 7 April 2020).

NDHS (2013), *2013 Demographic and Health Survey Key Findings Nigeria*. Available at: www.population.gov.ng (accessed: 20 February 2019).

Ng'anjo P. S. *et al.* (2014), 'Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: a population based survey', *BMC Pregnancy and Childbirth*. BioMed Central, 14(1), p. 219. doi: 10.1186/1471-2393-14-219.

Nolte, I., Danjibo, N. and Oladeji, A. (2009), *Religion, politics and governance in Nigeria*. University of Birmingham. International Development Department. Available at: https://www.researchgate.net/publication/279483120_Religion_politics_and_governance_in_Nigeria (accessed 20 November 2018).

Nwanaju, I. U. (2016), *Nostra Aetate and the effect of Segregation on the attitude of children: a call for a dynamic re-evaluation of pedagogical policy in a pluralist society*. *Journal of Education and Practice 7:10. Available at: www.iiste.org ISSN*. www.iiste.org (accessed: 6 October 2019).

Nwanegbo, J., Odigbo, J. and Ochanja, N. C. (2014), 'Citizenship, indigeneship and settlership crisis in Nigeria: understanding the dynamics of Wukari crisis', *Journal Research in Peace, Gender and Development (JRPGD)*, 4(1), pp. 8–14. doi: 10.14303/jrpgd.2014.007.

Odimegwu, C. and Somefun, O. D. (2017), 'Ethnicity, gender and risky sexual behaviour among Nigeria youth: an alternative explanation.', *Reproductive health*. BioMed Central, 14(1), p. 16. doi: 10.1186/s12978-017-0284-7.

Ogbogu, C. O. (2011), 'Gender Inequality In Academia: Evidences From Nigeria', *Contemporary Issues in Education Research (CIER)*, 4(9), p. 1. doi: 10.19030/cier.v4i9.5694.

Okafor, S. I. (1983), 'Factors affecting the frequency of hospital trips among a predominantly rural population', *Social Science & Medicine*. Pergamon, 17(9), pp. 591–595. doi: 10.1016/0277-9536(83)90302-7.

Okpanachi, E. (2010), 'Ethno-religious Identity and Conflict in Northern Nigeria: Understanding the Dynamics of Sharia in Kaduna and Kebbi States'. Available at: <http://www.ifra-nigeria.org/publications/ifra-e-papers/article/eyene-okpanachi-2010-ethno?> (accessed 20 October 2018).

Olowu, D. (1990), 'Centralization, Self-Governance and Development in Nigeria", The Failure of the Centralized State: Institutions and Self Governance In Nigeria'. The Journal of Federalism, 21, *4,*155-171.

Olusanya, B. O. *et al.* (2010), 'Non-uptake of facility-based maternity services in an inner-city community in Lagos, Nigeria: An Observational Study', *Journal of Biosocial Science*, 42(3), pp. 341–358. doi: 10.1017/S0021932009990526.

Oluyemi, J.A., Yinusa, M.A., Raji A., & Kadiri, K. K. (2014), 'Some Cultural and Language Issues in Sexually Transmitted Diseases Campaign in Nigeria. Research on Humanities and Social Sciences, 4, 15.'

Onasoga *et al.* (2012), 'Perceived effects of midwives attitude towards women in labour in Bayelsa State, Nigeria'. Appl. Sci. Res., 4(2) 960-964.

Oringanje, C. *et al.* (2016) 'Interventions for preventing unintended pregnancies among adolescents', *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd, (2). doi: 10.1002/14651858.CD005215.pub3.

Ortiz, I., Fajth, G., Yablonski, J., & Rabi, A. (2010) 'Social Protection: Accelerating the MDGs with Equity. UNICEF.' Available at: http://www.unicef.org/socialpolicy/files/Social_Protection_Accelerating_...(1).pdf (accessed 12 March 2018).

Osaghae, E. E. (1995), *Structural Adjustment and Ethnicity in Nigeria. Research Report No 98*, Uppsala; Scandinavian Institute of African Studies. ISBN 91 7106 373 0. Cambridge University Press. doi: 10.2307/1161456.

Otite, O. (2002), *Ethnic pluralism ethnicity and ethnic conflicts in Nigeria: with comparative materials*. Shaneson C. I. Ltd. Available at: https://library.babcock.edu.ng/cgi-bin/koha/opac-detail.pl?biblionumber=35013 (accessed 5 April 2020).

Otusanya, S. A. *et al.* (2007), 'Ethnic variations in health-seeking behaviours and attitudes between Fulani herders and Oruba farmers in southwestern Nigeria.', *Tropical doctor*. SAGE PublicationsSage UK: London, England, 37(3), pp. 184–5. doi: 10.1258/004947507781524881.

Paden, J. N. (2008) 'Faith and politics in Nigeria: Nigeria as a pivotal state in the Muslim World.' Washington, D.C., United States Institute of Peace Press

Philips, D. R. (1990) 'Health and health care in the third world.', *Longman, New York (publ.)*, pp. 75, 189–208.

Van de Poel, E., Van Doorslaer, E. and O'Donnell, O. (2012), 'Measurement of inequity in health care with heterogeneous response of use to need', *Journal of Health Economics*, 31(4), pp. 676–689. doi: 10.1016/j.jhealeco.2012.05.005.

Rhodes R., A., W. (2001), International Encyclopedia of the Social & Behavioral Sciences. Pages 15968-15971. Available at: https://www.sciencedirect.com/topics/social-sciences/centralization (accessed 6 April 2020(.

Sadiq U.A. (2017), 'The Use of Maternal Health Services in Nigeria: Does Ethnicity and Religious Beliefs Matter?', *MOJ Public Health*. MedCrave Publishing, 6(6). doi: 10.15406/mojph.2017.06.00190.

Sheik-Mohamed, A. and Velema, J. P. (1999), 'Where health care has no access: the nomadic populations of sub-Saharan Africa', *Tropical Medicine and International Health*, 4(10), pp. 695–707. doi: 10.1046/j.1365-3156.1999.00473.x.

Sherif, M., &Carolyn, S. (1969), 'Ingroup and Intergroup Relations: Experimental Analysis.' In Social Psychology, edited by Muzafer Sherif and Carolyn Sherif', *New York, NY: Harper & Row*, pp. 221–266.

Sibeudu, F. T., Uzochukwu, B. S. C. and Onwujekwe, O. E. (2017), 'Investigating socio-economic inequity in access to and expenditures on routine immunization services in Anambra state', *BMC Research Notes*. BioMed Central, 10(1), p. 78. doi: 10.1186/s13104-017-2407-1.

Solar, O. and Irwin, A. (2007), *A conceptual framework for action on the social determinants of health: Discussion paper for the Commission on Social Determinants of Health (Draft) April 2007*. doi: 10.1111/obr.12273.

Suberu, R. T. (2016), 'Ethnic Minority Problems and Governance in Nigeria: Retrospect and Prospect', in *Ethnic Minority Conflicts and Governance in Nigeria*. IFRA-Nigeria, pp. 66–79. doi: 10.4000/books.ifra.762.

Szczepura, A., Johnson, M., &Gumber, G. (2004), 'A review of the research evidence on ethnicity and communication.', *Coventry: Centre for Health Services Studies, University of Warwick*.

Szczepura, A. (2005), 'Access to health care for ethnic minority populations', *Postgraduate Medical Journal*. The Fellowship of Postgraduate Medicine, 81(953), pp. 141–147. doi: 10.1136/PGMJ.2004.026237.

Tajudeen, O (2015), 'Legal framework for the protection of child rights in Nigeria. .', *Agora International Journal of Juridical Sciences*. Agora University Editing House, 9(3), pp. 38–45. Available at: http://univagora.ro/jour/index.php/aijjs/article/view/2117/650 (accessed 6 April 2020).

Taket, A. *et al.* (2009), 'Introducing theories of social exclusion and social connectedness', *Theorising Social Exclusion*. Routledge, pp. 2–34. Available at: http://dro.deakin.edu.au/view/DU:30018506 (accessed 7 April 2020).

U.S. Department of State (2016) *International Religious Freedom Report*. Available at: https://2009-2017.state.gov/j/drl/rls/irf/religiousfreedom//index.htm#wrapper (accessed 10 November 2018).

Udoh, I. I. L. (1994), 'Initial Reading Programme for the Ibibio Adult Learner: Some Practical Considerations.' Available at: https://eric.ed.gov/?id=ED379962 (accessed: 6 April 2020).

Ukiwo, U. (2007), 'Education, horizontal inequalities and ethnic relations in Nigeria', *International Journal of Educational Development*, 27(3), pp. 266–281. doi: 10.1016/j.ijedudev.2006.10.016.

UNICEF and Women, U. N. (2013) 'Addressing Inequality - Synthesis Report of Global Public Consultation on the Post-2015 Development Agenda'. Available at: www.worldwewant2015.org/inequalities. (accessed 7 April 2020).

Unterhalter, E. (2012), 'Inequality, capabilities and poverty in four African countries: girls' voice, schooling, and strategies for institutional change', *Cambridge Journal of Education*. Routledge , 42(3), pp. 307–325. doi: 10.1080/0305764X.2012.706253.

US Department of State (2015) *International Religious Freedom Report*. Available at: https://www.state.gov/international-religious-freedom-reports/ (Accessed: 7 April 2020).

Usman, H. (2018) *Addressing Social Inequalities in the Nigerian Society: The Role of Community Psychologists*, *International Journal of Social Sciences and Management Research* 4, 1 2018 ISSN: 2545-5303. Available at: www.iiardpub.org (accessed 6 January 2020).

Uzochukwu, B. S. C. (2012), 'The Midwives Service Scheme (MSS) Impact Evaluat ion Baseline Survey Report. National Primary Health Care Development Agency, Abuja, Nigeria.', *National Primary Health Care Development Agency, Abuja, Nigeria.*

Wall, L. L. (1998), 'Dead mothers and injured wives: the social context of maternal morbidity and mortality among the Hausa of northern Nigeria.', *Studies in family planning*, 29(4), pp. 341–59.

Waxman, C. I. (1983) *The stigma of poverty : a critique of poverty theories and policies*. 2nd Edition. New York: Pergamon Press.

WHO (2016), *Platform for Action Towards the Abandonment of Female Genital Mutilation / Cutting (FGM / C)*. Available at: https://www.who.int/reproductivehealth/publications/fgm/platform_action_fgm_en.pdf (accessed 20 November 2018).

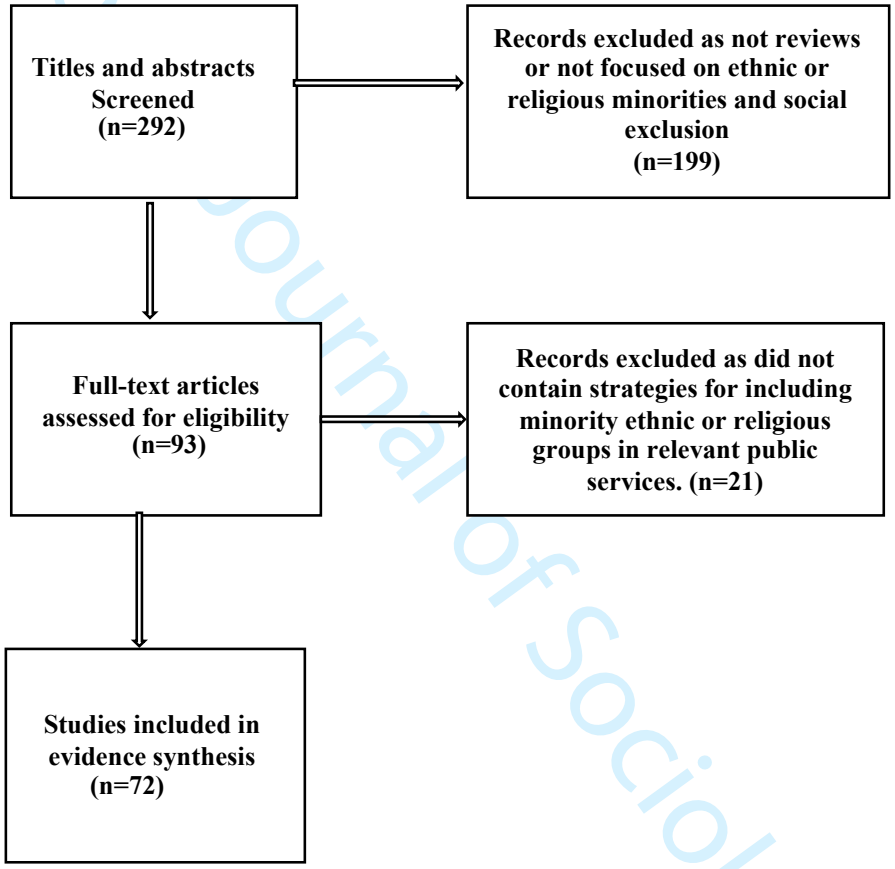

Figure 1: Modified PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram showing the study identification and selection process

Table 1: Drivers of social exclusion from public services in Nigeria

SOCIO-POLITICAL DRIVERS
Ineffective centralized federal State
Competition between different groups for resources and power:
Geographic Development Divides and Migration
Socio cultural and religious issues
INSTITUTIONAL PRACTICES
Institutional rules
Stereotypes and misconceptions
Barriers to access and service provision (Health, Education, Justice/Police)
INDIVIDUAL ACTIONS AND BEHAVIOURS.
Socio-economic status
Health Seeking behaviour and barriers to access and service provision

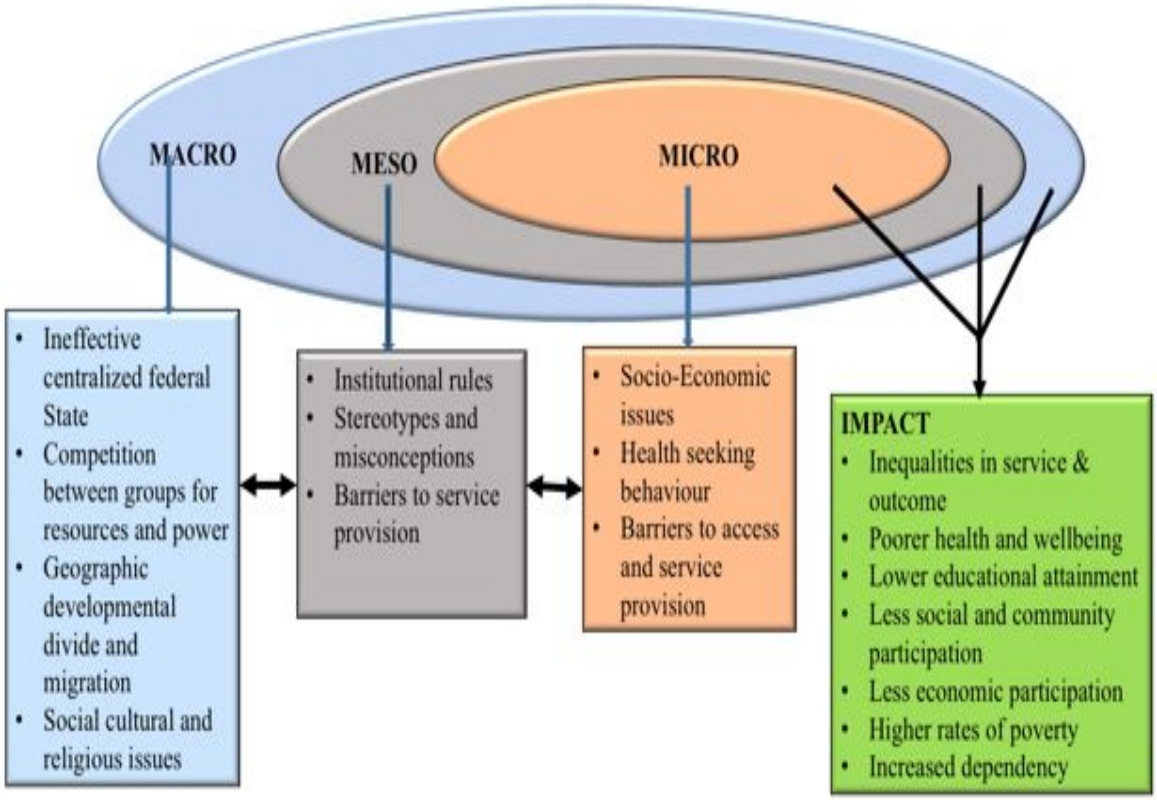

Figure 2: Model for understanding key drivers of social exclusion

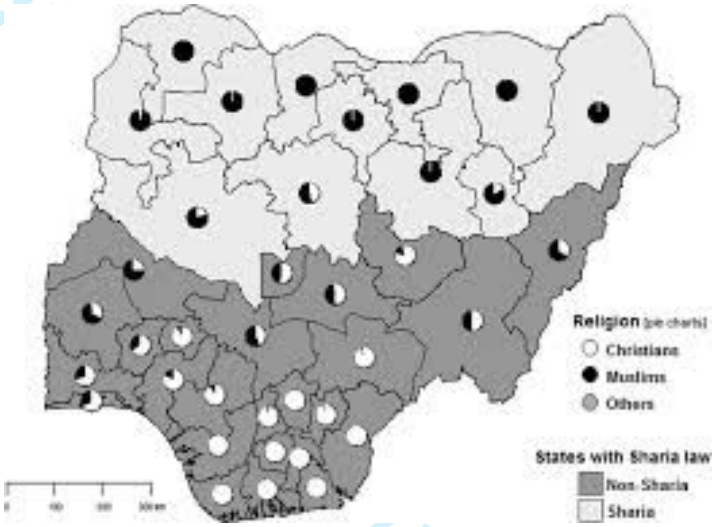

Figure 3: Religious composition by state in Nigeria in 2013
Source: http://www.geocurrents.info/cultural-geography/electoral-politics-and-religious-strife-in-nigeria

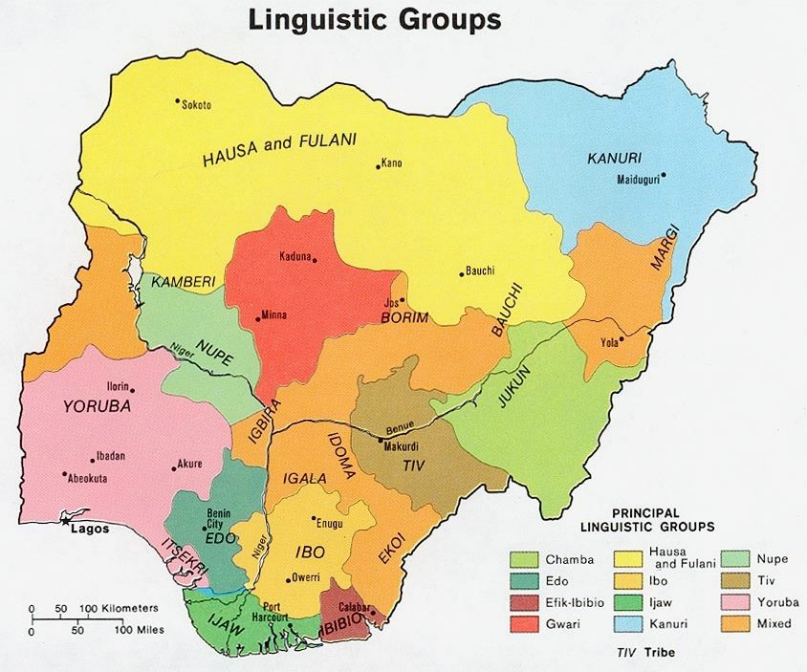

Figure 4: Nigeria Ethnic Group constituents
Source: http://www.geocurrents.info/cultural-geography/electoral-politics-and-religious-strife-in-nigeria

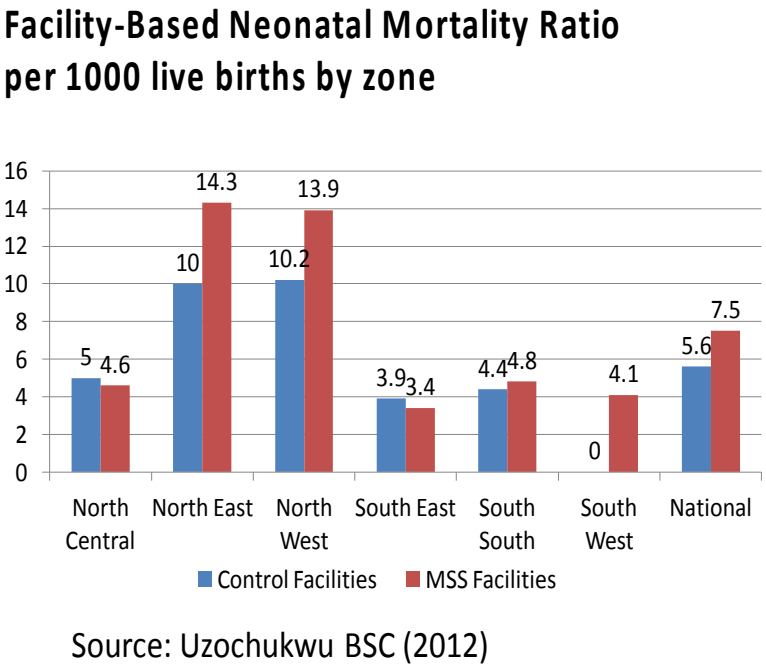

Figure 5: Facility-based neonatal Mortality ratio per 1000 live births by zone