

Assessment of Socioeconomic, Demographic and Health Problems of Al-Majiri in Sokoto State, North-Western Nigeria

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Abstract: Al-Majiri is a child sent to learn the religion of Islam. They leave their villages to cities to stay with their mallams (teachers). Al-Majiri is seen and identified with some unique features of destitution and seen as constituting a nuisance to others in the community. It is a cross-sectional descriptive study with a total of 377 subjects' recruited base on eligibility criteria using interviewer administered questionnaire. It was found that 257 (68.4%) belong to the family of peasant farmers and only 27 (7.2%) come from a working class family. The average number of children in a family of the study subjects was seven. About 65.1% of the study subjects belong to birth order of 1-4. About 65.8% of the family practice polygamy with an average of two wives. Concerning their health problems, majority of the subjects (60.4%) rarely took bath i.e., bath once a month and (66.7%) do not have the habit of brushing their teeth. Majority (59.7%) have Urinary Tract Infection as the major health problem followed by skin diseases (17.8%) In conclusion, UTI and skin diseases were identified as the major health problems which are mostly due to poor health habits. It was found that socio economic status, life style and behavioural adaption is also contributory to their many health problems.

Key words: Al-Majiri, socio-economic status and health problems, brushing, contributory, skin diseases, cross-section

INTRODUCTION

In Northern Nigeria, the traditional Quranic schools system predates the modern western education system. The Al-Majiri system of education started in the 11th century as a result of involment of borno rulers in the Quranic literacy (Abdullahi, 2003). Over 700 years later the Sokoto caliphate was founded principally through an Islamic revolution based on the teaching of the noble Quran. These two empires run very similar Quranic learning system which over time come to be known as Al-Majiri system. Today the word Al-Majiri has become a popular and an established concept which refers to the pupils and student of the traditional school. The concept refers to children who migrate from their indigenous local areas usually in rural settings to urban cities to learn Islamic knowledge.

The real meaning of the word Al-Majiri emanated from the Arabic word Al-Muhajirun meaning the emigrant. In Hausa land of northern Nigeria Al-Majiri can be described as a person who primarily is a pupil or student in a Quranic school and who irrespective of his or her

gender begs for assistance on the street and from house to house in order to cater for his daily subsistence. In a survey by the national council for the welfare of the destitute showed that an average mallam has 50-80 of these pupils or students under his care >90% of the teachers income is acquired from pupils or students levy and some farming. They are the ones who bring income through begging to the mallam and during raining season provide the form labour. For the pupil himself >97% of his needs (mainly feeding) come from begging and income from manual labour. All these add up to clear case of forced child labour and abuse. The socio-economic characteristics of street children in the Egyptian city of Alexandra was studied and found that street children come from problematic family backgrounds. They are disproportionately victims of family backgrounds, sexual and physical abuse.

In a situation analysis of social conditions and nutritional status, children in Pakistan it was reported that most street children come from large family which has recently moved to the city in search of economic opportunities. In a study carried out in Pakistan, it was

reported that parents had low education level and were either unemployed or employed in unskilled occupations. Poverty clearly was an important factor. The majority of the children moved to the streets to augment family incomes. In a study conducted in Kenya, it shows that the most common symptom was cough (28.9%) while frequent diagnosis was Upper Respiratory Tract Infection (URTI) (12.1%) followed by skin disease (50.9%) as the leading disease category (Ayaya and Esamai, 2001).

Working in the street environment poses many hazards and risks to children on the street leading to numerous health problems. Lack of access to bathing and toilet facilities and medical care further accentuate their poor health condition. It was depicted in study that majority had problems in hair among which 81.2% had head lice/nits (Myung, 2004). This finding corresponds with the study done by CPCS (Christophe, 2007) which revealed 74% of the respondents had head lice infestation. A study by Scott Pemberton in *Kiwanis magazine*, Ghana (Pemberton, 2007) reported lice in 48% of the street children.

The study conducted by CPCS (Christophe, 2007) in Kathmandu revealed 18% of the respondents had worm infestations. A study by Scott Pemberton in *Kiwanis magazine*, Ghana (Pemberton, 2007) revealed 92% having parasitic infestation.

In a study conducted by CPCS (Christophe, 2007) in Kathmandu revealed 22% of the respondents having skin infection. Another study conducted in two cities of Ukraine (UNICEF, 2006) showed that 41% in Kyiv and 20% in Odessa had bodily injuries, traumas and bruises. The study conducted in Bangalore (Benegal *et al.*, 1998) revealed that 26% respondents had skin problems. The present study has been planned to assess the demographic profile, socio-economic backgrounds and health status of Al-Majiri in Sokoto State.

MATERIALS AND METHODS

The study is a cross-sectional descriptive study involving migrant Al-majiri from selected traditional Quranic School in Sokoto metropolis 377 Al-Majiri were enrolled for the study. A semi structured interviewer administered questionnaire with a mixture of open and closed question was used. The instrument consisted of demographic data, information regarding health habits and health history. A physical examination comprising of head to toe examination was carried out in all the subjects. It also included the health problems perceived by the

subjects. The laboratory tests performed was urine culture and microscopic examination the tests were performed at Specialist Hospital Sokoto, Microbiology laboratory.

Six traditional Quranic schools were randomly selected for the study. For each of the selected schools systematic sampling was carried out to ensure proportional representation. All questionnaires were collected and checked manually and the data was processed and analysed using the Epi-info Version 3.3 computer software packaged for epidemiological analysis. Appropriate statistical methods and test of statistical significance were applied.

RESULTS AND DISCUSSION

The study showed that majority (45.72%) were in the 11-15 year's age group and all of them were males which is comparable with a study conducted in Dharan Municipal, Nepal which showed that 68.8% of the street children were between 11-15 years of age, 95.8% were males (Thapa *et al.*, 2009) 75% were from Hausa tribe and 17% from Fulani tribe of northern Nigeria with other tribes constituting only 7%. Although, all the mothers of the study subjects were fulltime housewives, 15.6% also engage in home based trading while 68.4% of the fathers were farmers this is supported by a study conducted in India (Singh *et al.*, 2008) which show that only 8% of the fathers and 2% of the mothers of these children had primary education. This finding is also in accordance with the findings of Sarumathy (1999), Krishnana and Kumari (1989), Raynolds (1992) and Shrivastava (2006). They have blamed poor educational status of the parents as an important factor in etiology of child labour. The average number of children in families of the study subjects was seven, 65.1% of the study subjects belong to birth order 1-4. About 65.8% of the family practice polygamy with an average of two wives while 37.2% (10.6%) were found to be having respiratory infections which is inconsistent to the study are conducted in Ukraine (UNICEF, 2006) where the most common problems were respiratory problems (56% Kyiv and 50% Odesa). Majority of the study subjects 225 (59.7%) have features of urinary tract infection, out of which 116 (51.6%) culture yielded growth of *E. coli*, sensitive to siprosan, gentamycin and levoxin. Details of culture and sensitivity Test are shown in (Table 1) while in Nepal (Thapa *et al.*, 2009) show the (47.9%) have burning micturition which is suggestive of urinary tract infection and (16.7%) with skin lesions which correspond to this study in which 67 (17.8%) have skin related health problem (Table 2). This differ from the study done by (Ayaya and Esamai, 2001) (50.9%) of street children in Nepal India were found to have skin disease

Table 1: Distribution of perceived health problems among Al-Majiri

System	Illness	No.	Percentage
Urinary tract	Urinary tract infection	225	59.7
	Dry and scaly skin	50	13.3
Skin	Skin lesions	17	4.5
	Upper respiratory tract infection	40	10.6
Respiratory tract	Diarhea diseases	13	3.4
	Mucobloody stool	16	4.2
Gastrolutestinal tract	Eye discharge	11	2.9
	Cut injury	5	1.3
Eye		377	100.0
Musculo skeletal			
Total			

Table 2: Distribution of organism (s) isolated in urine culture of Al-Majiri

Micro organism	Frequency	Percentage	Sensitivity
<i>E. coli</i>	116	51.6	Siprosan+++ Gentamycin+ Levoxin+
<i>Klebsiella</i> sp.	57	25.3	Nitrofurantoin+++ Amoxillin+++ Gentamycin+++
<i>Strep. aureus</i>	34	15.1	Amoxillin+++ Gentamycin+++ Nitrofurantoin++
No growth	18	8.0	
Total	225	100.0	

and in a study conducted by CPCS (Christophe, 2007) in Kathmandu revealed 22% of the respondents having skin infection, similar study conducted in Bangalore (Benegal *et al.*, 1998) revealed that 26% respondents had skin problems.

CONCLUSION

This study revealed that rural to urban migration of the Al-Majiri is as a result of rural poverty with 68.4% of the Al-Majiri coming from poor socio-economic background (peasant farmers) and 62.8% from polygamous families. Most of the diseases were due to poor health habits. It was found that the nature of study, their life styles and the different types of behaviour they adapt finally lead them to many health problems.

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