

# A Sociological Study of Illness Behaviour among Almajiri Pupils in Gombe Metropolis

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**Abstract:-** Almajiri is an Arabic word meaning ‘a seeker of knowledge’. Its origin was the migration of Prophet Muhammad from Mecca to Medina. Those who migrated with the prophet had no means of livelihood on getting to Medina except base on the fraternity established by the Prophet. They were co-opted into different trades and vocations as apprentices who were paid for their services. Islam came to northern Nigeria through traders and scholars. The system of teaching and learning Quran and Arabic started from northern Nigeria where the teachers depend on charity. This noble principle at early stage of the development of Islamic education which was implemented due to lack of adequate and qualified teachers reduced the status of the Quranic teacher to a mere beggar. No salary for the teacher and the pupils paid no fee. Today Almajiri pupils are found over all cities, towns, and villages in northern Nigeria and other parts of the country. They sleep outside the house or on the veranda of dilapidated, uncompleted buildings which also serves as their schools, hostels and class rooms in the day time. They are seen carrying plastic bowls, dressed in dirty tattered clothes and most times walking barefooted begging. The conditions of living and learning in these schools have exposed the Almajiri pupils to many health hazards affecting their health status.

The study found out that most of the Almajiri pupils are from poor socio-economic ‘family background. They are also from polygamous families that are over populated. Common diseases affecting the pupils include malaria, Typhoid, skin diseases, cold, catarrh, and cough. Strategy for coping with illness most times is self medication from money realized through labour in nearby houses. The teacher’s role is to teach the Almajiri pupils Quran and Arabic. Their feeding, health care and shelter is entirely their business. To save the future and health of these children, the study recommends government intervention in terms of policy where government takes control and enacts strict guidelines, rules and regulations guiding the operation of Quranic/Islamiyya boarding and day schools. Government should mandate the proprietors of Almajiri schools to register and comply with all rules and regulations guiding the establishment of boarding schools in Gombe state. This should include the provision of infrastructure like class rooms, hostels, feeding and a sick bay. Any proprietor who fails to meet government specification should not be cleared to operate a boarding Almajiri pupils schools. Failure to

**adhere strictly to government regulation should attract the full wrath of the law. Pupils can attend school and return to their parents for up-keep.**

**Keywords:-** Health, Illness, Disease, Almajiri Pupil.

## I. INTRODUCTION

The concept of Almajiri education in Nigeria started in the olden days when the quest for knowledge was prevalent especially the Qur’anic knowledge by Muslims. During this period, there was no formal system of education except the informal system where parents hand over the custody of their wards to a teacher known as Malam. Teacher enlists the child and takes full responsibility of teaching religious scriptures and inculcating the norms and values of the culture. The word “Almajiri” is derived from the Arabic word “Almajirun” meaning migrants. It refers to a traditional method of acquiring and memorizing the Glorious Qur’an among Hausa/Fulani people (Muhammad, 2010). Similarly, Yusha’u (2013) posits that Almajiri education is an aspect of Northern Islamic System of Education because it is a semi-formal non secular education in which children between the ages of four (4) and eighteen (18) are assigned to wandering Islamic teachers usually referred to as mallams to learn the Qur’an and also acquire some form of Islamic knowledge. In the same vein Dahiru (2011) stated the objectives of Qur’anic education to includes: ensuring that, children read and recite the Qur’an, children become fully inducted into Islamic moral values in all their behaviors and children becomes as knowledgeable in Arabic language and basic Islamic sciences as a foundation for further studies. In addition, Abdulmalik (2008) stated that in islam, education is conceived as a process of self discipline which involve physical, mental and spiritual training of man which aims at producing well disciplined, highly skilled and responsible human beings who are conscious of their duties to Almighty Allah and commitments to the service of their society. Furthermore, Sule (2002) maintained that, the main aim and objective of Almajiri education is to enable one to live a life of good Muslim and benefit him and the society at large.

From above statements, it is concluded that, sociologically the aim of Almajiri education is religious socialization to inculcate Islamic norms and values for a decent adult life, order and stability of the society. However, the system of education lacks basic infrastructure and necessities for healthy learning environment. No good shelter, clothing, adequate food and healthcare. Lack of

these necessities of life endangers the health status of the Almajiri. Parents and guardians are entrusted with early socialization of their offspring. The provision of healthcare, feeding, clothing is a major responsibility of the parents that cannot be shifted to the teacher. Adequate provision of these basic necessities of life and maintains the physical, mental and social wellbeing of the child. Poor feeding, shelter and general sanitation has made the Almajiris vulnerable to many infectious diseases leading to disability and sometimes death. With the expensive nature of health care today, how does this young child cope with illness situations without his parents attention, what is the role of teachers (mallams) in illness management considering the fact that no fee is paid for the services rendered. No doubt illness is one of the challenges facing these children. The problems and challenges of Almajiri system of education are enormous which include: inadequate provision of feeding and other essential human needs necessary for healthy living (Muhammed, 2010). This sometimes exposes them to juvenile delinquency, injury and diseases. Numerical growth of these Almajiris per Mallam and Qur'anic centres leads to congestions, health hazard, poor environmental conditions and insecurity. Under aged children are also admitted in these boarding schools and left to care and cater for themselves. Methods of discipline are also very harsh which sometimes incapacitates the child with greater health consequences.

From the above discussions therefore, this paper is said to examine the illness behaviour among Almajiri pupils in Gombe metropolis. The paper is divided into five sections. The section one deals with the introductory part of the paper. Section two is the objectives of the study. The section three is the methodology of the study. The section four is the discussion of findings and the section five is the conclusion and recommendations of the study.

## II. OBJECTIVES OF THE STUDY

The objectives of the study include:

- To examine the causes of illness among Almajiri pupils in Gombe metropolis.
- To outline the common illnesses afflicting the Almajiri pupils in Gombe metropolis.
- To find out the coping strategies of Almajiri pupils during illness episode in Gombe metropolis.

## III. METHODOLOGY

The general population of the study consists of the entire Almajiri pupils in Gombe metropolis from all the learning centers in the eleven wards. Gombe metropolis has a total Almajiri population of seventy five thousand, four hundred and ninety one (75,491) (BESDA, 2020). From this population 383 constitutes the sample size for the research. The sample size was drawn using sample size calculator with margin of error of 5% and 95% confidence level. Furthermore, the researchers employed a primary data collection instrument which is self administered questionnaires. The questionnaires were structured based on closed and open-ended questions which give respondents' opportunity to express their views. The questionnaire was designed to elicit information covering the objectives of the research.

The data generated were analyzed using descriptive statistics which involved the use of tables, frequencies and percentages. The data presentations and analysis was done with the aid of statistical package for the social sciences (SPSS, version 16).

## IV. RESULTS

This section of the paper interpreted and analyzed the data obtained from the field. The data was collected from the questionnaire distributed to the respondents in Gombe metropolis. From 383 questionnaires distributed, only 355 were able to be filled and returned. Therefore, the analysis of the findings will be based only on the returned questionnaire.

### 4.1 Section A: Socio-demographic characteristics of respondents

Age distributions of the respondents		
6-10 years	98	27.3%
11-15 years	129	36.3%
16-20 years	80	22.5%
21 years and above	49	13.8%
Total	355	100%
Sex distributions of the respondents		
Male	355	100%
Female	0	0%
Total	355	100%
State of origin of the respondents		
Gombe	75	21.1%
Bauchi	67	18.9%
Yobe	71	20.0%
Borno	45	12.7%
Adamawa	34	9.6%
Taraba	26	7.3%
North west	37	10.4%

Total	355	100%
<b>Occupation of parents</b>		
Civil servant	35	9.9%
Farmers	171	48.2%
Petty traders	75	21.1%
Mechanic/handcraft	44	12.4%
Junior wage labor	30	8.5%
Total	355	100%
<b>Monthly estimated income of parents</b>		
Less than 10,000	111	31.3%
11,000-20,000	159	44.8%
21,000-30,000	43	12.1%
31,000-40,000	18	5.1%
41,000 and above	24	6.7%
Total	355	100
<b>Number of siblings at home</b>		
1-5	102	28.7%
6-10	139	39.2%
11-15	89	25.1%
16 and above	25	7.0%
Total	355	100%
<b>Number of siblings at tsangaya (Quranic School)</b>		
None	107	30.1%
1	89	25.1%
2	76	21.4%
3	47	13.3%
4 and above	36	10.1%
Total	355	100%
<b>Father's wives</b>		
1	119	33.5%
2	112	31.5%
3	68	19.2%
4	56	15.8%
Total	355	100%

Source, Field Survey, 2020

From the above distribution, majority of the Almajiri pupils fall between the ages of 11 - 15 years old (36.3%), while the least age group falls between 21 years old and above. This indicates, majority are toddlers who are supposed to be under the care of their parents for effective child protection and socialization. The sample consists of 100% males. This is also an indication that male children are the favorites' for this type of education. Among the Northeastern states of Nigeria, Yobe, Bauchi and Gombe states send greater number of children to Almajiri schools in

and around Gombe metropolis. Majority of the parents are peasant farmers (48, 2%) with very low income. The data also indicated that more than half of the pupils have at least one of their siblings with them in the same school, in some instances two, three or even more than that. Out of the 355 responses, 264 of the pupils affirmed that the father has more than one wife with many siblings at home. This also indicates the polygamous nature of the men in the study area.

#### 4.2 Section B: Examination of the causes of illness among Almajiri pupils in Gombe metropolis

<b>Respondents view on whether they are afraid of falling sick</b>		
Yes	256	72.1%
No	99	27.9%
Total	355	100.0%
<b>Respondents view on whether the sick person is exempted from routine school activities</b>		
Yes	227	63.9%
No	128	36.1%
Total	355	100.0%
<b>Respondents view on the causes of illness among Almajiri pupils in Gombe metropolis</b>		
Unhygienic environmental condition	178	50.1%
Malnutrition	81	22.8%

Heredity	34	9.6%
Violence in school between peers and against the younger ones	34	9.6%
Lack of proper school infrastructure	28	7.9%
Total	355	100.0%

Source: Field Survey, 2020.

From table 4.2 above, majority of the Almajiri pupils (72.1%) indicated being afraid of falling ill while in school and confirmed that a sick pupil is exempted from routine school activities until he recovers from the illness. This is in conformity to Parson's sick role theory where he asserted that the sick person is not to blame and should be exempted from all social roles and responsibilities. On causes of illness among Almajiri pupils, majority (50.1%) are of the believe that poor environmental hygienic condition is responsible for most of the illnesses and diseases affecting

them in the school. Similarly, 22.8% believe that malnutrition is the cause of illness and diseases affecting them. The most common illnesses and diseases affecting Almajiri pupils in the study area include Malaria, Typhoid, Cough, Cold, and Cattarrh. The data generated on common illnesses afflicting Almajiri pupils in Gombe metropolis is in agreement with the data obtained on the causes of illness where poor environmental conditions was found to be the major source of illness episodes among the pupils.

#### 4.3 Section C: Common illnesses afflicting the Almajiri Pupils in Gombe metropolis

Respondents view on the common illnesses afflicting the Almajiri pupils in Gombe metropolis		
Malaria	61	17.2%
Typhoid	49	13.8%
Measles	9	2.5%
Chicken pox	30	8.5%
Asthma	9	2.5%
Cold, cough and catarrh	93	26.2%
Stomach ache	40	11.3%
Diarrhea	20	5.6%
Scabies	24	6.8%
Vomits	20	5.6%
<b>Total</b>	<b>355</b>	<b>100.0%</b>

The table 4.3 above shows the common illnesses afflicting the almajiri pupils in Gombe metropolis. The malaria represented 17.2% among the common illnesses. Others includes typhoid with 13.8%, measles 2.5%, chicken

pox 8.5%, asthma 2.5%, cold, cough and catarrh 26.2%, stomachache 11.3%, diarrhea 5.6%, scabies 6.8% and vomits with 5.6% of the common illnesses afflicting the almajiri pupils in Gombe metropolis.

#### 4.4 Section D: Coping strategies of Almajiri Pupils during illness episode in Gombe metropolis

Respondents view on coping strategies during illness episode in Gombe metropolis		
I buy drug from chemist (self medication)	124	34.9%
I visit primary health care for skilled care	37	10.4%
My teachers give me medication	124	34.9%
My parents will be contacted by the mallams	39	11.0%
No medication	31	8.8%
Total	355	100.0%
4.4.2 Role of teachers during illness		
Feeding	70	19.7%
Medication	104	29.3%
Advice	53	14.9%
Provide transport money	37	10.4%
None of the above	57	16.1%
All of the above	34	9.6%
Total	355	100.0%
4.4.3 Role of other Almajiri pupils in illness management		
Social care and support	124	34.9%
Providing feeding to the sick pupil	170	47.9%
Providing medicine	61	17.2%
Total	355	100.0%

Source: Field Survey, 2020

On coping strategies during illness episode majority (34.9%) are in agreement that they usually opt for self medication where they patronize chemist shops to buy drugs and another (34.9%) also affirmed that the teacher provides

medication. The major role of the teacher and other Almajiri pupils in illness management include providing feeding and medication for the sick almajiri pupil.

<b>4.5 Section E: Suggestions on what need to be done to improve health and illness situation of Almajiri pupils in Gombe metropolis</b>		
Provision of good hygienic environment	100	28.2%
Provision of free health care facilities	102	28.7%
Provision of good infrastructure	107	30.1%
Good feeding	46	13.0
Total	355	100%

Source: Field Survey, 2020

The Almajiri pupils are of the opinion that provision of conducive environment, free health care services/facilities and good quality school infrastructure will go a long way in improving their health status.

## V. FINDINGS AND DISCUSSION

From the data generated and analyzed, it was discovered that majority of the respondents fall between 11 to 15 years of age and they were from Gombe State. Other respondents were from the Northeastern states of Adamawa, Bauchi, Borno, Taraba and Yobe. Some few were from the Northwestern Nigeria. Also, majority of the respondents parents were farmers and others engaged in civil service, petty trading, mechanic and or handcraft and junior wage labor. The majority of the respondents' parents earned between 11,000 and 20,000 monthly with 44.8% while few earn higher than that amount monthly. Similarly, majority of the respondents had between 6 to 10 siblings at home and with no siblings at the tsangaya school. Also, regarding the fathers wives, majority of the respondents fathers are polygamous. From the findings of the research, it was discovered also that, the major causes of illness among the almajiri pupils in Gombe metropolis includes unhygienic environment {50.1%} and malnutrition {22.8%}. Similarly, the common illnesses afflicting the almajiri pupils includes malaria {17.2%}, typhoid {13.8%} and cold,cough and catarrh {26.2%}. In the same vein, the coping strategies of the almajiri pupils found out includes self medication, medication care receive from teachers and contact of parents by mallam for medical attention. Some of the roles played by teachers during illness episode, study found include teachers medication {29.3%} and feeding {19.7%}. Similarly, the study found the roles played by the other almajiri pupils in illness management were social care and support {34.9%}, provision of food to the sick pupils {47.9%} and medication {17.2%}.

Finally, regarding on what need to be done to improve the health and illness situation of the almajiri pupils in Gombe metropolis. The respondents suggested improvement in the provision of good hygienic environment, provision of free health care facilities in the almajiri schools, provision of good infrastructure and good feeding.

## VI. CONCLUSION

In conclusion, this system of education puts the health of the pupils under serious health risks. The system of education does not provide for decent accommodation, adequate feeding, and health care services to cater for the health needs of the pupils and their teachers. Not even a sick bay is provided for emergencies. The pupils sleep outside which made them vulnerable to many opportunistic diseases. The modes of punishment meted on these children have also been reported to be injurious to their health. Many have been incapacitated, while many have lost their lives in the process. The system of education is another form of child labor, exploitation and oppression. The health risks are enormous.

## RECOMMENDATIONS

Following the outcome of the research, the following recommendations will be made:

1. The way and manner the proprietors of this system of education operate does not conform to the provision of a standard system of education, therefore the system should be overhauled.
2. Any individual who want to operate this system of education, must first of all register with the state government and be ready and willing to comply with the laid down procedures, rules and regulations.
3. All intending proprietors of boarding Quranic schools must provide decent accommodation, class rooms, feeding and at least a sick bay.
4. All Day Quranic schools must provide for enough class rooms and a first aid box.
5. All pupils must be provided with school uniforms.

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