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At Least Three of Every Six Boys Involved in the Almajiri System of Northern Nigeria Die in the Child Begging Culture

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Abstract:

Background: Children involved in the Almajiri system of training are boys, exposed to harsh conditions and subjected to begging to fend for themselves, leaving them susceptible to violence, hunger, starvation, infections, child predators, and being used as elements of violence. This decreases their chances of surviving till adulthood as a lot die even before they reach age 16.

Objectives: The main objective of this research, which was carried out in 2018, was to quantitatively determine the survival rate of the children who were enrolled in the Almajiri program and evaluate the extent of its negative impact on the child survival rate in Nigeria.

Methodology: The research design was a cross-sectional study of a population selected through a combined two separate purposive sampling method, which involves door-to-door primary data collection through a questionnaire. 137 villages across 2 Northern states of Nigeria, which are major areas of the sources of boys born into the Almajiri system, were selected for this research and the two northern states were Kaduna and Kano states. Participants were mothers of one boy at least and of the Hausa or Fulani tribes ranging from 18 to 64 years of age. Working-class mothers of the same description in the capital city of Kano state of Northern Nigeria were also randomly selected.

Result: A total number of 16,857 mothers were interviewed, out of which 8422 were desired mothers (50%). From these desired mothers came about 102,349 children (12 children/mother), out of which 26011 died before they were 5 years old (25%). The boys who finally survived and enrolled in the Almajiri system of training were 25,892 (25% of all live births). Out of these surviving boys, 12,975 died (50%); 8639 were lost and their whereabouts not known (33%); 4278 survived and are still alive (16.5%).

Conclusion: This has led to the conclusion that for every 6 boys sent away to engage in the Almajiri system of seeking knowledge in Northern Nigeria, 3 die, 1 stays alive and the other 2 are lost, their whereabouts not known. This is at least 50% of the child mortality of boys born into the Almajiri system of Northern Nigeria.

Keywords: Almajiri system of Northern Nigeria, child begging, child health, child mortality, educational status of the mother, socio-economic status of the mother as a determinant of child's health, high birth rate, high fertility rate in Sub-Saharan Africa

1. Introduction

Nearly a fifth of children (more than 385 million) in developing countries are living in extreme poverty, according to a report by the World Bank and the United Nations Children's Fund, UNICEF (UNICEF, 2016). The majority of these children are in sub-Saharan Africa (UNICEF, 2018). "Children are not only more likely to be living in extreme poverty; the effects of poverty are most damaging to children." According to Anthony Lake of UNICEF (UNICEF, 2016), "The younger the child, the worse the plight because the deprivations they suffer affect the development of their bodies and minds (This

Day Live, 2016).” Unfortunately, most of those deprived children are domiciled in Nigeria. Some 110 million Nigerians out of an estimated population of about 190 million live below the poverty line, and the majority are children (This Day Live, 2016). More than 10 million Children are out of school; many of them die from preventable diseases like malaria and dysentery; most have no access to pipe-borne water and basic sanitation, just as many are stunted and underweight because of poor nutrition (This Day Live, 2016). However, too much focus has been placed on factors such as the worsening economic situation of the country, where many parents are out of jobs while those who are working are also finding it increasingly difficult to meet the needs of their children (This Day Live, 2016). Social disharmony in many Nigerian homes has become a veritable threat to the survival of the family institution; child marriage, child trafficking and labour and rape of underage boys and girls are on the increase in many parts of the country (This Day Live, 2016). Nevertheless, though linked with the factors above, one major problem that is distinct, independent, and should be treated as a matter of urgency is the Almajiri system in Northern Nigeria.

1.1. Problem Statement

The term “Almajiri” is a Hausa word for a pupil or student and emanates from the Arabic word “Almuhajir”, which means a seeker of Islamic knowledge. Its origin can be traced to the migration of Prophet Mohammed from Mecca to Medina. Those who migrated with Prophet Mohammed to Medina were called “Al-Muhajirun,” meaning migrants. In Nigeria, the word “Almajiri” means those who left their villages or towns, parents, relatives and friends in search of Islamic religious knowledge and scholarship (Okonkwo, 2017; Taiwo, 2014). As stated earlier, an Almajiri is usually expected to be educationally oriented in the tenets of Islam in his early childhood to groom him for a decent Muslim adulthood. But the common norm in Northern Nigeria today has deviated from this practice, giving way to a mob of bowl-carrying children wandering the streets in search of one thing or the other (Al-Dulaimi, 2019; Islam Questions & Answers, 2012; Islamweb, 2004; Questions on Islam, 2010). Begging is the most discomfiting aspect of the Almajiri system as it brings the pupils out of the supervision of the *mallams* (teachers) and gives them away to negative habits as they come in contact with morally deficient people such as prostitutes, cultists and terrorists among others (Questions on Islam, 2010; Taiwo, 2014).

The present-day Almajiri, who are victims of neglect and exploitation, are seen everywhere singing and begging for food and money, being vulnerable to abuse, drugs, trafficking and various forms of exploitation. Their living conditions are below average, as shown in their torn, dirty-looking clothes, hungry stomachs and unkempt bodies. These Almajiri are mostly found far away from their places of abode in search of Islamic knowledge, which means they do not reside with their biological parents, who, for religious permissiveness, marry as many wives as possible and produce scores of children without any sense of responsibility. These children are dumped in Almajiri schools because Islamic education is free (Gomment & Esomchi, 2017; Questions on Islam, 2010).

However, too much focus has been placed on the fact that this problem presents a breeding ground for terrorism and extremism. As Thurston (2013) argues, the violent Northern Nigerian sect, Boko Haram, draws some of its recruits from the Almajiri. Diverse scholars note that the Almajiri system of Northern Nigeria made the vicious membership of Boko Haram simple (Odoemelam et al., 2014). Linking the Almajiri to Boko Haram should worry every well-meaning Nigerian because this terror group has been rated the latest and deadliest of its kind (Akinbi, 2015), who stated that the violent activities of the sect have greatly affected the economy of Northern Nigerian (Akinbi, 2015; Jane, 2013; Okonkwo, 2017). And little has been done about the welfare of these boys themselves, especially as evidence shows that most of them die even before 16 years of age (Auwal, 2021; Ogbuehi, 2019).

1.2. Research Questions

- What is the mortality rate of the boys involved in the Almajiri system in Northern Nigeria?
- Does the mortality rate of the boys involved in the Almajiri system of Northern Nigeria differ from the rate in the entire Nigeria?
- What other factors may most likely contribute to encouraging the mothers to get their sons involved in the Almajiri system?

1.3. Research Objectives

- To determine the mortality rate of the boys put into the Almajiri system of Nigeria.
- To evaluate the degree of emergency, the Almajiri system problem is when compared to the child mortality rate in Nigeria.
- To analyze the difference in the incidence of boys in the Almajiri training system between the rural mothers of no education and higher birth rates and the city women of some education and lower birth rates.

1.4. Research Justification

This study only focuses on finding the statistics of these Almajiri boys who actually do not survive the Almajiri system. Hopefully, the primary data collected can be used for further studies, especially solution-based ones, to curb or eradicate this deadly system in Nigeria. Also, the study is to make clear with, as much as possible, objective facts to neutralize some notions carried about by Northern politicians for selfish political gains (Hundeyin, 2021). Most politicians come out to claim a boom in population rise in the North, citing the rampant birth of these children who are prospective Almajiri intakes, but unknown to them, a significant percentage of these boys, born in numbers, do not even make it to adulthood (The Conversation, 2020).

Finally, this study will spur international groups and stakeholders to come into the picture and become actively involved as Nigeria as a whole (both its citizens and government) seem to be short-sighted to the dangers posed by this threat, not only to the children affected but also to those directly relating with these children (Northerners).

2. Methodology

2.1. Research Design

Research Question	Research Objective	Methodology	Outcome
What is the mortality rate of the boys involved in the Almajiri System in Northern Nigeria?	To determine the mortality rate of the boys put into the Almajiri system of Nigeria.	Quantitative and Qualitative Analyses were carried out as fieldwork on the target population.	The mortality rate of boys in the Almajiri system was calculated.
Does the mortality rate of the boys involved in the Almajiri system of Northern Nigeria differ from the rate in the entire Nigeria?	First Objective as compared to the over 5 child mortality ratio in Nigeria		The calculated mortality rate of boys in the Almajiri system as compared to the child mortality rate in Nigeria
What other factors may most likely contribute to encouraging the mothers to get their sons involved in the Almajiri system?	To compare the incidence of boys in the Almajiri system between the city and the rural settlements, both of which are different for the women in terms of socio-economic status and childbirth.		Educational status, poverty, and high birth rate are considered to be strong determinants of the Almajiri system in Northern Nigeria, as indicated by the results.

Table 1: Research Design

The research design seeks to answer the research questions using a methodology, which is the quantitative and qualitative analysis of data collection to achieve outcomes. Table 1 above summarizes the research design into the research question, research objectives, methods and research question components. Kano metropolis and Zaria city in Kano and Kaduna states, respectively, contain the highest numbers of Almajiris (Daily Post, 2016) in Nigeria, hence the choice of these sites as the study towns. Table 2 below highlights the demographic spread of the Almajiri boys as of 2019 (Kaduna State Ministry of Health, 2019). A cross-sectional study was carried out using two combined purposive sampling techniques for selecting the population. The study selection of the population is in three phases.

Northern State	Population	Percentage (%)
Kano	4,150,585	42.0
Kaduna	3,063,527	31.0
Katsina	691,764	7.0
Jigawa	494,117	5.0
Borno	474,353	4.8
Bauchi	316,235	3.2
Sokoto	296,470	3.0
Others	395,294	4.0
TOTAL	9,882,345	100

Table 2: Population Spread of the Almajiri Boys in Northern Nigeria

- Phase 1: Middle-income earners are interviewed in the heart of Kano municipal. The interview is strictly on women, which is centered on knowing if any of their children/wards are participating in the Almajiri scheme. The interview is not limited to that, as they are asked the number of children they have and their take on family planning. Middle-income earners are targeted because they are still liable to send their children/wards to undergo the Almajiri system of training. Poverty is a huge factor in the Almajiri system, and hence the rich will not take part in it (Alao, 2017; Goment, 2020; Ngbea, 2014). That is why affluent women were excluded from this study. This phase was carried out in Kano Municipal, covering Fagge, Dala, Gwale, Tarauni, Nassarawa, Kumbotso and Ungogo local governments and Zaria province, particularly GRA, Sabon Gari, Samaru and Kongo as shown in table 2. Our target population was mothers who have attained at least level 7 in the civil service, company workers, entrepreneurs such as the owners of businesses and not workers in the businesses, large traders and officers in well-known organizations. The essence of going for the middle-class women who are mostly educated and have fewer children or boys is to compare them to the poorer women of rural settlements who have no education and give birth to more children. This should give us an idea of the relationship between the high birth

rate and the educational status of the mothers of these boys in relation to their tendency to send these boys into this system of child begging.

- *Phase 2:* This is the rigorous door-to-door exercise of careful one-on-one interviews with women between the ages of 18 and 64 in rural areas. Our result in Phase 1 gave us a direction to follow in Phase 2, and we came to the conclusion that we could only get results if we visited the women in the rural areas. They are the ones who give out their children for the Almajiri system of training, and they are also more receptive, provided we approach them nicely, speaking the Hausa language to their understanding. Villages in 6 local governments of the northern part of Kano, 5 local governments of the southern part of Kano, and 6 provinces/local areas in Zaria were visited. The essence is to target the actual villages that are far from the city. These are the women who are prone to sending their children for the Almajiri training. Table 3 below summarizes the locations visited by each local government.

2.1.1. Location

The Almajiri system is common in Northern Nigeria, especially the states up North, as the ones closer to the middle-belt region of Nigeria have a significant number of no-Hausa/Fulani indigenes. Also, there is a significant number of Christians in the centrally placed Northern states (Longba'am-Alli, 2022; McKinney, 2019; Suleiman, 2019). Furthermore, Kano and Kaduna states were chosen for this study as, from table 2, we can see that a combined 73% of boys in the entire north of Nigeria engage in the Almajiri system in Kano and Kaduna states. Whatever result we get should be closer to the true reflection of the entire Northern states. Table 3 below highlights the villages that were covered for this research.

Northern Kano	
Local Governments	Villages
Dawakin Tofa	Dawakin Tofa town, Alajawa, B/Tumau, Babban Ruga, Badau, Bagari, Bambarawa Nasara, Bankaura, Chedi, Dandala na Dawanau, Dnaguguwa, Dungurawa Kwa.
Rimin Gado	Rimin Gado town, Butubutu, Gulu, Dan isa, Janguza, Jili, Karofi Yashi, Maigari
Makoda	Makoda town, Bakari, Chidari, Danya, Dunawa, Ganji, Jibya, Koguna, Mai-unguwa, Maitse Dau, Nakarai, Sabon Ruwa.
Shanon	Shanono town, Alajawa, Bakwami bakwami, Fagawa, Farin Ruwa, Gangare, Godawa.
Karaye	Karaya Adama, Barbaji Bauni, Citama, Dandin Kowa, Danzuwa, Daura, Daurawa, Figi, Jajaye, Kalako, Karaye, Karshi, Kumbu Gawa.
Rogo	Rogo town, Bari, Beli, Dan Sambo, Dederi, Falgore, Fulatan, Gidanjaro, Gwan Gwan, Kadafa, Kadana, Makwanyawa.
Southern Kano	
Kibiya	Kibiya Agiri, Bac ha, Burminu, Chaibo, Dungu, Durba, Dususu, Falange, Fammar, Fanchi, Gadako, Gari, Gingiya, Gunda.
Doguwa	Doguwa Bakarfa, Bebeji, Dadabo, Dadin kowa, Dandoki, Dariyar Kudu, Doguwa, Falgore, Fanyabo, G/Makera, G/shere, Jangefe, Katsinawa, Lungu lungu
Madobi	Madobi Abarchi, Agalawa, Gora, Katin Agur, Bakin Kogi, Burji, Chiinkoso, Daburau, Dan Manjame, Dan auta, Danzo Gari, Gazana
Kura	Kura Dan Hassan, Dukawa, Gamadan, Gundutse, Imawa, Imawakore, Karfi, Kosawa, Kunshama, Kura, Mudawa, Rugar Duka, Sadauki
Ajingi	Ajingi Ajingi, Balare, Chula, Dabir Karawa, Dagaji, Dundun, Fagawa, Fulatan, Gafasa, Gurduba, Jiyaiya, Kara Makama, Kunkurawa, Kwari
Zaria city (Kaduna)	
Zaria	Kongo, Shikka, Danmagaji, Wusasa, Hanwa, Bassawa, Lowcost Kofan-Gayan

Table 3: Local Governments and Villages Selected

2.1.2. Process & Questionnaire Development

Date:.....	Time:.....
Village/Town:.....	Local Government Area:.....
State:.....	
Identity Code for Mother:.....	Age of Mother:.....
Current marital Status of Mother:.....	
If currently not married, married before?.....	
How many times married in life?.....	
Age of Mother when the first child was born.....	
No. of Children and their ages:	
1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th 9 th 10 th 11 th	
12 th >12.....	
No. of boys:..... (Put in their positions as listed above)	
How many of your sons are in the Almajiri System?	
Any Abortions or miscarriages? Yes or No	
If yes, How many?	
Any child or infant deaths? If yes how many	
At what age(s) did the child(ren) or infant(s) die?	
How many in the Almajiri system have you contacted:	
✓ in the last 2 weeks?.....	
✓ in the last 1 month?.....	
✓ in the last 3 months?.....	
✓ later than 3 months?.....	
Is anyone of them dead?.....	
How do you know?	
Do you keep in touch with their Qur'anic Teacher?	
Do you know what family planning is?.....	
If yes, do you practice it?.....	
If no, why?.....	

Figure 1: Questionnaire Sample

It is paramount to note that:

- The sons of mothers who were contacted in the last 90 days were considered "Alive", whilst the sons of mothers who were contacted later than 90 days were considered "not known."
- In the same way, all deaths of boys confirmed were deaths which happened in 2018.
- Women who last contacted their sons earlier than 01 January 2018 were not included in this study. The essence is to give it the accuracy of time for the year 2018. Therefore, all data obtained from this questionnaire relevant to the child's mortality or survival is for the year 2018 to give an accurate mortality rate or ratio for that year.
- This research started in February, and the fieldwork started in April and ended in December 2018.

Door-to-door interviews of women in their homes in the evenings when the women and their husbands are at home were conducted. Also, office-to-office interviews were conducted in government parastatals, company offices, shops in popular markets owned by women, and places of service provision such as eatery and baking services, interior decoration, fashion designing, and photography. A lot of mothers were interviewed, but only the ones who can tell about the survival status of their children (or at least some of their children), as demonstrated by the questionnaire sample above in figure 1, are put into consideration in this study. These mothers are called *desired mothers*. We get data on the number of boys they have had so far, the ones they sent for the Almajiri training, the ones they are sure are still alive, the ones they are sure are already dead and the ones they do not know their survival status.

2.2. Inclusion Criteria for Choosing the Desired Mothers

- Muslim women of the Hausa/Fulani tribes. This is because they are the ones who believe in the Almajiri system and practice it.
- The mother must have at least one boy who is enrolled into the system.
- Mothers of boys in the Almajiri system, irrespective of the location of these boys where they beg as defined by the distance. Therefore, mothers of boys who are near or far from their boys in the system are included.

2.3. Exclusion Criteria

- Mothers who do not care to know the status of their children, mostly due to having them out of wedlock, which is considered a taboo in Northern Nigeria, rape or forcefully collected from them by wealthy men known as "Alhajis." Another reason they do not care is having sons who willingly abscond from home and never return. This category of women is excluded from this study because the Almajiri system is just one among many eventualities their boys will end up in (Essien & Basse, 2012; Iliyasu et al., 2012; Onwuhafua & Kunzel, 2002).
- Boys already 18 years of age in the Almajiri system known to be alive are not counted.
- Rich women or women married to rich men.

2.4. Data Management & Analysis

The Research programme, SPSS, provided us with the integrated tools to describe, manage and process the data generated in this research. The analysis of the data collected is of a descriptive nature, in which tables and graphs have been applied to condense the information gathered, with self-explanatory stand-alone sources of information displayed. The central position of data, the spread of data and the prediction of data in the actual population were also determined (Kotronoulas et al., 2023).

2.5. Personnel and Materials

- Survey Assistants: These were members of the main field research team that went out and got data from the mothers via the questionnaire. Auxiliary female nurses who were indigenous to Kano and Kaduna states and who also speak the Hausa language fluently were recruited and trained for 3 weeks prior to this study to adapt to a good manner of approach and acquire the needed level of professionalism to do the work. 4 teams consisting of 3 survey assistants, making a total of 12, were recruited.
- Survey supervisors: These were the leaders of each survey team. Any indigenous female from Kano or Kaduna state with a degree and was fluent in the Hausa language was qualified for this role. One survey supervisor was needed for each team, making a total of 4 supervisors.
- Project Associates: These were graduates of data analysis and statistics who were recruited to process and analyze the data gathered every day. Once each team returned to the head office from the first day's fieldwork, the project associates began their work from there onwards until the project was completed. 4 project associates were recruited for this role.
- Project Managers: These were supervising officers of the survey to ensure that the project was carried out properly, professionally and accurately. They were graduates of human resource management, sociology or any management degree programme. They moved freely from one project site to another to monitor the survey activities. 3 project managers were recruited for this role.
- Financial Managers - A team of 3 financial managers was recruited to be in charge of the day-to-day expenditures, payments and treasury records whilst updating the financial statements on a daily basis.
- Administrative Assistants: These officers ensured proper logistics and the smooth running of operations, from the provision and supply of basic day-to-day consumables and needs to the connection between the various members of the personnel. They include the secretaries (4), drivers (4), logistics or maintenance officers (2), accounting assistants (2), office cleaners (3) and security personnel (20) as to be negotiated with the Nigerian Police force.
- Project Coordinator: The corresponding Author was the project coordinator, supervising everyone.
- Validity Experts: Sociologists, childcare experts, the Department of Child Development from the Ministry of Health, officers from the Ministry of Women's Affairs, and consultants in data analysis.
- Materials needed: 12 iPads for the 12 survey assistants, 4 Laptops for the project Associates, 6 Sport Utility Vehicles (SUV)- 4 for the survey teams, 2 for administrative purposes, a high-speed internet facility, a 3-star, 30-bed hotel to be rented for the 2 and half years for administrative, official and operational purposes of the project and stationaries such as papers, pens, files, clips, stapler, scanning machine, printing machine and promotional charts.

2.6. Ethical Approval & Consent Process

The Ethical approval for this study was waived by the Health Planning Research and Statistics Department of the Kaduna State Ministry of Health on Monday, 22 January 2018 and the ethical sub-committee, under the Operational Research Advisory Committee of the Kano State Ministry of Health on Wednesday, 31 January 2018. This is because the approval from traditional and religious institutions representing the regions of the target population is the most important for this research to be carried out. Therefore, an application letter and a research proposal only needed to be submitted and approved, which was the case for us. Therefore, all regions, villages, and communities visited were given verbal consent through a gentlemen's agreement to carry on with this research in their respective communities. Also, verbal consent was achieved from the local government chairmen, Imams, district heads, traditional councilors, village heads, the husbands of the women being interviewed and the women themselves from all rural communities visited. We only needed verbal consent from the women in the cities who were interviewed. Measures taken to ensure ethical practices whilst undergoing this research were as follows:

- Gaining ethical approval from the ethical sub-committee under the operational research Advisory Committee in the Ministry of Health in Kano and the Health Planning Research and Statistics Department, Ministry of Health Kaduna States. This was to ensure that there was no illegality and that each member of the research team

- obeyed the rule of law.
- Using the Hausa language and Fulfulde to Communicate with respondents whilst getting the data from them via the questionnaire process.
- Adequate training of the survey assistants for a compulsory display of professionalism, empathy, and receptive socialization is necessary to make the respondents as comfortable as possible for the project to succeed.
- The survey assistants were all females to satisfy the religious and cultural sentiments of the respondents and overcome recall bias as much as possible for our data to be as accurate as possible.
- A confidentiality and consent form, which gave details of the nature, type, methodology and assurances of confidentiality to the traditional and religious leaders and government officials, was made available to all the stakeholders responsible.
- The right to verbal consent as a means of approval for carrying out the study was implemented since a significant portion of the respondents may not be able to read or write.
- To affect our confidentiality to the fullest, pseudonyms were adopted to protect the identities of respondents.

2.7. Challenges Faced

Illiteracy and lack of awareness: Northern Nigeria is ravaged by gross illiteracy and poor awareness (Ngbea, 2014). This was a major challenge for this project. The way we tackled it was by using the most popular and effective means of mass media sensitization to the general public in the North, which is the radio (Adamu, 2006). Once the ethical approvals were settled, Radio sensitizations in Hausa and Fulfulde languages commenced immediately and continued until data collection was completed.

Insecurity: Over the last two decades, most of Northern Nigeria suffered and still suffer from insecurity (Ojo et al., 2023; Olarewaju, 2021; Osumah, 2013) and this can put the personnel involved in danger. To negate this challenge, a rigorous consultative process and negotiation took place with the police so that for each day of the project, 20 heavily armed masked policemen were assigned to us in this manner: 3 policemen for each of the 4 survey teams, one each assigned to the project managers and one assigned to the project coordinator. 4 policemen were stationed at the administrative block, which was a rented 3-star hotel.

Religion: It is a highly sensitive issue in Northern Nigeria (Umaru, 2013; Weimann, 2010) and the Almajiri system of child begging is a component of the religious characteristic of the region. In this respect, the tendency to face stiff resistance from the political, traditional and religious leaders of the regions was high. Therefore, even before the project commenced, several stakeholders' consultations were carried out at different levels, from the state level to local government levels, involving the traditional, political, and religious leaders to convince them of the need to do this project.

Corruption and mismanagement of resources: A systematic approach to project coordination was adopted, and the best approach for this project was the "Event Chain Methodology" of project management (Virine & Trumpet, 2017). Financial management was strictly cashless, and all through the financial flow, there was no cash withdrawal, only wire-to-wire transfers. There was also no third-party system or middle-man-agents involved in any service delivery. The Project coordinator related with service providers directly and made cashless payments when necessary. Financial statements and analysis were updated daily to keep up with the project expenditure whilst monitoring for loopholes. A team of 3 financial managers with a degree in either financial management or accounting and a minimum of 3 years of experience in this field oversaw this responsibility, closely monitored by the Project coordinator.

2.8. Survey Design and Distribution

An online survey design model was used. The hosting platform was Survey Monkey. The data collection instrument was made available through this online platform. It was then made available on the iPads that were used by the 12 survey assistants as they relayed the questionnaire to the Respondents. As soon as the questionnaire was completed by one respondent, it was submitted and immediately transmitted to a closed-central database that was accessible only to the project associates, who then processed and analyzed the data created. As soon as the data is analyzed and new information derived, results and recommendations will be accessible online. Furthermore, seminars, symposiums and local outreaches will be carried out in cultural town hall meetings, firstly with religious leaders, then with tribal chiefs and then with the women themselves to disseminate information properly. Official presentations and workshops will also be delivered at state and national levels of stakeholders' meetings so that recommendations that will need governmental interventions will be properly passed across. It will also be relayed through poster and master class presentations at international conferences in relation to child health, public health and African developments so that the international community may also be aware of the new findings, if any. Finally, a copy will be sent to the World Health Organization to be published.

2.9. Assumptions, Limitations and Delimitations

Assumptions - The study assumes that the respondents will be truthful in their responses. The responses will be sought from mothers who have at least one son aged 3 years and above and who reside both in the city and in the villages. The study assumes that all cohorts will represent the views of this respondent in the selected municipalities of Kano and Zaria cities and selected villages surrounding them to ensure equity.

2.9.1. Limitations

- **Sample size:** The sample size calculated is still about 2% of the entire target population. Recommendations on future surveys will be government-sponsored large-scale surveys, such as a multiple-stage cluster sampling. This will cover more women and improve the result. Another option is to focus on the "Qur'anic teachers," otherwise

called "malams," as the target population to be more accurate in getting information on which boys are alive, dead or have run away and are nowhere to be found.

- We tried to use the age of 16 as a benchmark for the boys, and though a lot of the women in the villages (>95%) attested to the death of their sons sooner than that age, they were still not certain. We, therefore, could not categorize the type of mortality for some of the boys, be it Teen mortality or child mortality, which encompasses neonatal, infant and under-5 mortality.
- The methodology was too physical and mentally draining. This then required thorough supervision of the two teams involved in the fieldwork as on two occasions, the door-to-door exercise was cancelled and repeated across 15 villages due to the lacklustre attitude of the team members as the repetitive nature of the exercise and the physical exertion it caused gradually killed the motivation it initially attracted.
- Statistical inference will remain "probabilistic". For instance, that more women with more than 4 children have sent their boys out for child begging does not necessarily mean the inference between having more children and the tendency to give out these boys is established in the whole target population.
- Recall Bias: the current survival status of the boys given out for begging, as answered by the mothers, may be false. For instance, some mothers may not want to admit that their son(s) who was/were given out for begging is/are dead to defend the Almajiri system and validate their sense of parenthood. Also, categorizing the mothers who contacted their alive boys within the previous 90 days as "alive" is not accurate, as some boys may still die within this 30-day period after their mothers have contacted them. However, it still remains as close to reality as possible to collect such information from them.
- Selection Bias: this reduces the precision of sampling for adequate representation to reflect the mothers categorized under each variable. For instance, we may end up selecting more uneducated mothers who have given out their boys for child begging, far more than the representation of the entire target population.

2.9.2. Delimitations

The study will employ online questionnaires for quantitative data. The study will be performed in selected towns and villages of Kano state and Zaria city only despite the existence of other suitable locations in Northern Nigeria. The participants of the study will be limited to Hausa/Fulani Muslim mothers of at least one son of age 3 years and above, irrespective of whether they send their sons out for child begging or not.

3. Results

3.1. Phase 1

	No. of Prevalent	No. of Not Prevalent	% Prevalent	% Not Prevalent
Mothers with children in almagiri	727	9	98.7	1.3
Mothers who believe in Family planning	569	167	77.3	22.7
Estimated children in almagiranci (4.1 per mother)	2981	37	98.7	1.3

Table 4: Showing Distribution of Middle-Income Women Interviewed (CI = 95%)

- 736 middle-income Muslim women were interviewed across the heart of Kano and Zaria cities, and here is a summary of the results obtained:
- 727 women confirmed that their boys are not in the Almajiri system of training and will never be. (98.7%)
- All 727 women confirmed that their children are in conventional schools from crèche to university level.
- 569 women do not believe that family planning is wrong, be it morally or in accordance with their faith. They believe in having children they can cater for (77.3%).
- We gathered that these women have a total number of 3018 children, which is an average of 4.1 children per woman.
- The other 9 women who have their boys enrolled into the Almajiri system confirmed that not all their boys are in the system. 7 cited economic reasons for doing so, and the other 2 enrolled their boys who are too stubborn to be controlled at home. The table below gives a summary of the findings in Phase 1

3.2. Results of the Second Part of the Study

We were able to gather more than 8,000 women ranging from 18 to 64 years. We also interviewed mothers who had at least 3 children, the ones who had more than 13 children and those who had a maximum number of 16 children.

Regions	Total No. of Mothers	Desired Mother	Total No. of Children	Live Births in 2018	No. of Boys	Boys Confirmed Dead on Almajiri Training	Status of Boys Unknown on Almajiri Training	Boys Still Surviving or Are Independent
Northern Kano								
Dawakin Kofa	1342	672	8292	3127	2060	1031	671	358
Rimin Gado	1001	589	6019	2402	1800	919	610	271
Makoda	1491	650	7519	3280	1326	641	401	284
Shanon	964	444	4900	2506	1222	694	434	94
Karaye	1211	353	4566	2846	1488	789	471	228
Rogo	784	751	8008	1960	1463	630	503	330
Total	6793	3459	39304	16121	9359	4704	3090	1565
Southern Kano								
Kibiya	694	300	4355	1721	1111	560	373	178
Dogawa	700	466	5260	1715	1777	861	581	335
Madodi	841	534	6718	1985	1203	635	401	167
Kura	1115	473	6009	2754	1491	706	505	280
Ajingi	792	435	5732	1917	2008	1063	672	273
Total	4142	2208	28074	10092	7590	3825	2532	1233
Zaria								
Kongo	1582	559	7176	3512	1801	877	589	335
Shikka	613	216	2811	1453	966	493	354	119
Danmagaji	773	317	3779	1902	657	331	223	103
Wusasa	1219	703	9279	2938	2014	951	688	375
Hanwa	514	319	3908	3133	1336	733	454	149
Bassawa	309	194	2333	773	417	215	120	82
Low cost	413	233	3000	991	759	369	260	130
Kofan Gayan	499	214	2685	1243	993	477	329	187
Total	5922	2755	34971	15945	8943	4446	3017	1480
GRAND TOTAL	16857	8422	102349	42158	25892	12975	8639	4278

Table 5: Data Collection of the Interview Done to the Mothers in These Villages (CI = 95%)

Note: The Ministry of Health in both states, in collaboration with some international non-governmental organizations, implemented the conditional cash transfer scheme of encouraging rural mothers to vaccinate their children when born with little cash incentives. This enabled both ministries of health to keep records of live childbirth, even in some of the most remote places of their states (FMOH, 2018; PM News Nigeria, 2023). The records also helped us get the live childbirth records for the regions stated in table 5 above.

Total Number of Mothers	16,857	
Desired mothers	8,422	% of sample size from the target population = (desired mothers/Total no. of mothers) X 100
Total number of Children (from desired Mothers)	102,349	Mothers-to-child ratio = total number of children: desired mothers
Total number of boys	25,892	
Boys confirmed dead on Almajiri system	12,975	% of boys confirmed dead in the year 2018 = (boys confirmed dead/total number of boys) X 100 Mortality rate of boys in the Almajiri system = (boys confirmed dead/number of boys born alive in 2018) X 1,000
The status of boys in the Almajiri system is unknown	8,639	% of boys in the system whose survival is unknown = (unknown status of boys in the Almajiri system/ total number of boys) X 100
Boys still alive	4,278	% of boys still alive in the Almajiri system = (boys still alive/ total number of boys) X 100
Comparing those dead to those unknown and to those alive = boys confirmed dead: unknown status of boys: boys confirmed alive. Their percentages can also be put in a similar ratio to give the same result. The mortality rate of the Almajiri boys = boys confirmed dead/total live births X 1,000		

Table 6: Extrapolation of Results

The results, as described in table 6, show a total number of 16,857 mothers covered by this study, out of which 8422 were desired mothers (50%). From these desired mothers, 102,349 children were born (12 children per mother). The boys who enrolled into the Almajiri system of training were 25,892. Out of these boys who are in the system, 12,975 died (50%); 8639 were lost and their whereabouts not known (33%); and finally, 4278 survived and are still alive (16.5%).

It was also observed from the results of the questionnaire that by the time a young woman is 20 in rural areas of this region, she should have had at least 3 children. When she is 30, she should have had at least 7 children. At 40, she should have had at least 11 children, which may increase to at least 13 children by the time she is 50. Most of these children come from different men due to the high divorce rates in these regions, despite the active practice of polygamy (Adow, 2012; Hamid & Sanusi, 2016). Table 7 and figure 2 summarize this finding.

Age (in Years)	Distribution (Mothers)
≤20	721
21-30	2,340
31-40	3,832
≥50	283
TOTAL	8422

Table 7: The Distribution of Mothers

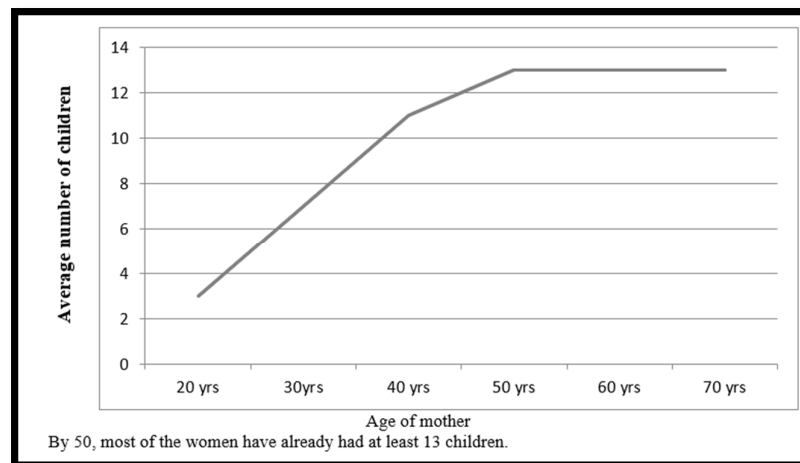


Figure 2: Estimated Number of Children of Study Women at Different Ages

3.3. Interpretation of Results

- Total number of desired mothers (d) = 8422; Total number of children born by these mothers (dc) = 102,349. The ratio of mothers to children = $d:dc = 1:12.1$; so, a mother in the rural setting of Northern Nigeria gives birth to an average of 12 children when compared to the women from the urban setting, which is 4.
- The next is the most important and the reason for this study. The total number of boys (s) = 25892. The average number of surviving boys to each mother is $s/d = 3.1$ boys/mother
- The total number of boys confirmed dead on Almajiri training (c) = 12975. The ratio of boys that die to each mother would be $c/d = 1.5$ boys/ mother
- The total number of boys whose well-being is unknown or lost while on Almajiri training (p) = 8639. The ratio of boys lost to mothers = $p/d = 1.0$ boy/mother
- The total number of boys confirmed to be alive, either still in Almajiri training or who are already independent (u) = 4278. The ratio of boys still alive per mother = $u/d = 0.5$ boys/mother;
- Hence, the ratio of boys who eventually die to those who are lost and to the ones who eventually survive is $c:p:u = 1.5:1.0:0.5$, which is 3:2:1 (in whole numbers).
- The mortality rate of boys in the Almajiri system from ages 3 to 16 in 2018 is $(c/live\ births) \times 1000 = 308$ deaths per 1,000 live births.

Therefore, out of every 6 boys born into the Almajiri system, 3 die, 2 are lost, and only 1 is known to survive. Also, the majority of the boys in the Almajiri system are born to poor rural mothers who engage in high childbirth rates and are of little or no form of education. This is a serious issue which should be of great concern to Nigeria, not just the north, as at least half of the boys born into the Almajiri system die. For those whose statuses are not known, some of them may also not survive. Hence, 50% is the lowest number of boys who actually die as they go through the Almajiri system. Statistics from the Federal Ministry of Education put the number of Almajiris in Northern Nigeria to 9 million as of 2014 (Okoronkwo, 2014). Following the result of this study, we can say that for these 9 million to roam the streets as of 2014, at least 9 million died trying to survive. This is a staggering number, especially when we consider the population of a country like Norway to be 4 million or Hungary to be 10 million. This is outrageous and should be taken with all seriousness. Also, in 2018, the child mortality rate in the entire Nigeria was 132 deaths per 1,000 live births (Kunnuji et al., 2018), which is considered one of the worst in the world. A staggering figure of 308 among the Almajiri boys is a public health catastrophe

and a national disaster. We can also observe that the mothers in the city, who have some education, are socio-economically better and have fewer children, hardly send their children for the Almajiri training compared to their rural counterparts.

4. Discussion

From the above result, we have shown that half of the boys who go into this Almajiri system will die in the long run; 17% survive, and the remaining 33% get lost, of which some will eventually also die. In other words, at least 50% of the boys born into this system die. As incredible as this figure is, it does not come as a surprise because of the harsh conditions and dangerous risk factors these boys are exposed to. A system that kills 3 out of every 6 children and subjects 2 more to be missing, leaving only one to survive, is not a system to tolerate, no matter its cultural or religious correlation. This is clearly a case to be investigated by all stakeholders, from the parents to traditional, religious, and political leaders and international stakeholders such as UNICEF, WHO, and any other corresponding body interested in the global child's welfare.

According to UNICEF's report on Nigeria, the current total number of children under the age of 5 stands at nearly 31 million, while each year, at least 7 million babies are born (UNICEF, 2011). While a little over one in three of Nigeria's whole population lives below the poverty line, among children, this proportion surges to 75% (UNICEF, 2011). Each year, approximately 262,000 babies die at birth, the world's second-highest national total and more than half of the under-5 deaths (64%) result from malaria, pneumonia or diarrhoea (UNICEF, 2011). But there is the Almajiri system and Nigeria, especially Northern Nigeria, which is being given a blind eye, all in the quest to have a perceived political advantage of numbers over the southern part of the country.

5. Conclusion

This study has raised further questions that would need answers as future studies from this one may be carried out, and they are:

- What happens to the boys that are lost? They either die or survive. Hence, how many of these lost ones end up surviving, and how many die?
- What are the median ages these boys survive? At what age do most survive?
- How many survive above the age of 18?
- What percentage of these boys who die from diseases? What is the percentage of them who die from social vices and terrorism?

This study may not have given the answers to these questions, but it is surely a pathway for more studies to answer them.

6. Authors' Contributions

	Funom Makama	Esther Makama	Peter Waziri	Abubakar Gezawa	Attahiru Mustapha
conceptualization	✓				
Formal analysis	✓	✓	✓	✓	✓
Methodology	✓		✓	✓	✓
Writing of draft	✓				
Editing of draft	✓	✓	✓		
Financial sponsorship	✓	✓			
Ethical approval				✓	✓
Supervision	✓	✓	✓	✓	✓
Materials and research items	✓	✓			
Approval of final draft	✓	✓	✓	✓	✓

Table 8

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