

Social Deprivations and Access to Life-Saving Facilities Among Tertiary Students in Ilorin, Kwara State

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Abstract

The study empirically finds out incidences, causes and impacts of social deprivation among undergraduates in public and private universities in Ilorin, Kwara State. From the population of undergraduates in the three randomly selected federal, state and private universities located in the state capital, random sampling technique was used to sample a total of 645 respondents out of which only 409 said they felt socially deprived. Data was collected using a questionnaire instrument which had four sections. The collected data was analyzed using percentages. Findings show that 65.36% of undergraduates in federal university, 81.81% of those in state university and 40.21% of private university of the three types of university said they had been deprived against in all areas of their lives. It was recommended that government should come up with policies that can eradicate social deprivations among tertiary students in Nigeria.

Keywords: Impacts, social deprivation, tertiary students, life-saving facilities

Introduction

Social deprivation is a social experience that is common in situations of acute social inequality. Around the world, social inequality has become a serious phenomenon causing debate and obstructions in government policy enactment and implementation. Over the years, pattern, causes and consequences of social inequality have been central to discourses in Sociology, Psychology and Economics. Perhaps, the reason for scholastic interests in inequality is as a result of the fact that incidences of inequality and or deprivations have been among humans from the time of creation (Denrosxe, 2009). Giddens (2001) explains that the presence of deprivation was traceable in ancient kingdoms such as in the ancient Egypt, in the Sumer of the Middle East, and in the Indus Valley of what is now India. In such ancient kingdoms, national rulers and other powerful or wealthy members of society maltreated and deprived the poor, sometimes subjecting them to hard labour and slavery. Access to societal resources and opportunities was determined by power and status (Yorins, 2000; Giddens, 2001). Till today, every human society, people experience one or other form of deprivation at various stages in life.

Social deprivation festers in a situation of poverty. According to (Ayorinde, 2014) poverty is defined as the condition of having insufficient resources or income. It is said that in situation of most extreme form of poverty, man can be denied the basic things of life. Poverty is a lack of basic human needs, such as adequate and nutritious food, clothing, housing, clean water, and health services. No doubt, incidence of extreme poverty can cause terrible suffering and death, and even modest levels of poverty can prevent people from realizing many of their desires (Ayorinde, 2014). Basically, poverty, inequality and social deprivation are three-pronged social disorders that complement one another. Inequality is a situation of deprived opportunities that is initiated by poverty. Inversely, it can be understood that when and where people are unequally opportune, their access to and benefit from societal resources cannot be equal.

Social deprivation is about relational processes among people occupying a given society. It is a phenomenon that has engulfed societies and initiated effects of limiting or harming a group's social status, social class, and social circle. Denrosxe (2009) explains that the areas of social deprivation include limited or unavailable access to voting rights, freedom of speech and assembly. It also includes obstructed access to property rights, education, health care, quality housing, travelling opportunities, vacationing, transportation, and other social goods and services. Apart from these, social deprivation is felt in form of denied means to enjoy quality family and neighbourhood life, occupation, job satisfaction, job opportunities and opportunities which all come together to be the components of life-saving facility.

Series of opinions have been put forward by scholars on the causes of social deprivations. Many scholars have argued that social deprivation can result from historical experiences, family background, residential inadequacies and educational setbacks. Boris (2000) for example explains that much of the incidence of deprivations and inequality we experience around the world today resulted from racism, colonialism and war that set some tribes backward and uplift some others as lords over the deprived tribes. It is also believed that family economic status and/or insufficiencies can aid deprivation among people (Ayroinde, 2014). A child from a wealthy family is very likely to have access to social benefits than those from poor background. On the other hand, where we live can determine the quality and quantity of social opportunities we have access to (Macionis, 2005; Ayroinde, 2014). Where and when social deprivations become entrenched, it can cause further deprivation across family generations.

Social deprivation can have series of impacts on people. However, it has been argued that the strength of the impact of social deprivation often relate to the cultural and economic practices in the concerned society (Haralambos and Heald, 2008). The argument here is that deprivation is relative to each and every society in the world today for example, what would be called poverty and/or occurrence of inequality and which will result to social deprivation in an American society will be different to what would be classified as poverty in a Nigerian community. However, in any society, social deprivation tends to have impact on every human access to life-saving facilities such as education, health and family cycles.

Life-saving facilities are policies and programmes that are initiated to become means of escaping deprivations, health problems and economic inadequacies particularly by persons in low socio-economic society. Life-saving facilities in education can take the form of scholarships, free education programme, remedial programme free hostel etc. that may be initiated by government and to wealthy individuals in the society to provide persons at risks with opportunity to escape experiences of lack of education, illiteracy, school dropout and academic failure. In health sector, life-saving facilities can include government sponsored programme and policies that provide members of the society with nutritious food, clothing, housing, clean water, and health services. Life-saving facilities relating to economy include employment opportunities and social security benefits for person unable to access employment in their society because of one reason or the other. In this study, the researcher focuses on the listed life-saving facilities as categorized under education, health and economic aspects of life.

Life-saving facilities are supposed to be available and accessible to all in every society. Though some scholars argued that provisions of life-saving facilities are the responsibilities of individuals and not the responsibility of government but some other scholars believe such facilities are better provided by government being the only institution responsible for resources control and allocation (Haralambos and Heald, 2008). Macionis (2005) maintains that some members of the society can be very vulnerable to deprivations. Because of their status-based incapability, they may not be economically strong enough to benefit from life-saving facilities or access the available ones if the provision is not coordinated by government.

One of the categories of persons that need life-saving facilities such as education-aids, health facilities and economic assistance but who may not be able to meet the needs are students. Students are known to be dependent. Age wise, they are very likely to be at adolescence and at their early adulthood and thereby depend mostly on parents or care givers for all the necessity of life. Economically, students are not likely to be

employed, thus, they are very likely to need social security that can help them cushion impacts of poverty and deprivations. Health wise, every student as all human beings requires good health. However, being students, the means of acquiring health services and facilities like those listed earlier may not be easy (Macionis, 2005).

Finding out issues relating to students' access to life-saving facilities can be of great importance in policy formulation and implementation. The findings can be useful to government and school authorities in advancing the well beings of students. It is one way to understand how such students survive some socio-economic experiences that could impact on their educational aspirations and attainments. In this study, the researchers found out whether undergraduates in Nigerian tertiary institutions, using those in Ilorin, Kwara State perceived themselves as being deprived or being disadvantaged in their society. Further, the study, sought to know the different areas of life the students experience deprivation and how their experienced of deprivation affects their access to life-saving facilities in the area of education, health and economy.

Theoretical Framework

The study is theoretically framed on Conflict Theory. The theory assumes that because of inadequacies of resources and differential power of social bargaining and enforcements, human beings are bound to compete for social opportunities and would be able to attain or acquire the opportunities based on their status (Macionis, 2005; Giddens, 2001). It maintains that human beings are not equal in society and these inequalities tend to cause friction in their attainments of their needs and co-existence.

For the purpose of this study, Conflict Theory is adopted to examine what the undergraduates experience of social deprivations and analyse how the incidence of this can cause some friction in their social existence as students and as ordinary members of society.

Research Questions

Four research questions were generated for this study.

Research Question 1: Do undergraduates in Ilorin metropolis feel deprived in their society?

Research Question 2: What are the forms of social deprivations experienced by undergraduates in Ilorin metropolis?

Research Question 3: What do undergraduates in Ilorin metropolis perceived as the causes of the social deprivation they experienced?

Research Question 4: What are the perceived impacts of social deprivation on undergraduates' access to life-saving facilities?

Methodology

The population for the study included all students of tertiary institutions in Ilorin metropolis. This included students of private and public universities located in Ilorin metropolis. The target population consisted of undergraduate in the Ilorin metropolis. From the population, random sampling technique was used to sample a total of 645 undergraduates across three universities in the metropolis. The universities consisted of a federal university with (231 respondents); a state university, (220 respondents); and a private university with, (194 respondents) were sampled. From the sampled respondents, data was collected and collated by the researchers using Life-saving Facility Questionnaire (LSFQ). The researcher designed questionnaire was validated using face and content validity method. Also, the reliability of 0.64 was derived through the process called test-re-test method. The questionnaire is in three parts. Part "A" solicit information from the respondents' biographical data. The second part "B" elicited information on whether the respondents experienced deprivations or not and if they do, what type of deprivation do they experienced. The third part, "C" elicited data relating to the impacts of their experiences on the access to life-saving facilities. Data was analyzed using percentages.

Statistical Analysis of Data

Research Question 1: Do undergraduates in Ilorin metropolis feel deprived in their society?

Table 1: Experiences of Social Deprivation

	Male				Female				Total Exp	
	Exp.		Not Exp		Exp.		Not Exp.		N	%
Undergraduates	N	%	N	%	N	%	N	%	N	%
Federal University	79	64.22	44	35.77	72	66.66	36	33.33	151	65.36
State University	92	83.63	18	16.36	88	80	22	20	180	81.81
Private University	47	45.19	57	54.80	31	34.44	59	65.55	78	40.21

KEY * Exp = Experienced

*Not Exp = Not Experienced

Data in Table 1 show that 218 male and 191 female sampled respondents across the category of the universities reported that they had experienced social deprivation. This signifies that males had higher experiences than their female counterparts. Also, 65.36% of the sampled among 231 undergraduates are from federal university in the metropolis that had experienced social deprivation. On the other hand, 81.81% of samples among the sampled 220 undergraduates from state university experienced social deprivation and 40.21% of those sampled from private university experienced social deprivation. Thus, students in the state university in the metropolis experienced social deprivations than their counterparts from federal and private universities. Also, the analysis show that experience of social deprivation is the lowest among the undergraduates in the private university.

Research Question 2: What are the forms of social deprivations experienced by undergraduates in Ilorin metropolis?

This question was answered using the data of students that said they experienced social deprivation as presented on Table 1.

Table 2: Forms of Experienced Social Deprivation among Undergraduates in Ilorin Metropolis Respondents' Responses

Possible areas of social deprivation	Federal		State		Private		Total	
	N	%	N	%	N	%	N	%
Scholarship	111	73.50	146	81.11	37	47.43	294	71.88
Free education	151	100	173	96.11	78	100	402	98.28
Free Medical Services	135	89.40	78	43.33	72	92.03	285	69.68
Free hostel benefits	127	84.10	62	34.44	24	30.76	213	52.07
Employment prospects	148	98.0	112	62.22	39	50	299	73.10
Amenities (electricity, internet)	139	92.05	159	88.33	21	26.92	319	77.99

The data presented in Table 2 shows that 98.28% of the undergraduates in Ilorin believed they were most deprived in the aspect of having access to free education. About 72% of them also identified inability to access scholarship as social deprivation they experienced. On the other hand, 69.68% said they were deprived from having access to free medical services. 52.07% of the undergraduates had experienced deprived access to accommodation benefits, 73.10% had experienced denied access to other amenities such as good electricity supply and good internet services. Above all, 77.99% believed they would be deprived from employment opportunities when they graduated.

Research Question 3: What do undergraduates in Ilorin metropolis perceived as the causes of the social deprivation they experienced?

Table 3: Perceived Causes of Social Deprivation among Undergraduates in Ilorin Metropolis

Perceived Causes of Social Deprivation	Respondents' Responses					
	Male		Female		Total	
	N	%	N	%	N	%
Poverty	167	76.60	177	92.67	344	84.10
Residence	28	12.84	12	6.28	40	9.77
Family sociopolitical power	211	96.78	169	88.48	380	92.90
Their level of education	19	8.71	26	13.61	45	11.02
Government policies	192	88.07	158	82.72	350	85.57

Table 3 shows that 84.10% believed poverty caused their social deprivation. Another 92.90% blamed their experiences on their family's low socio-political power, and 85.57% blamed theirs on government policies. Only 9.77% believed they were socially deprived because of where they lived (residence) and 11.02% said they were socially deprived because of their level of education.

Research Question 4: What are the perceived impacts of social deprivation on undergraduates' access to life-saving facilities?

Table 4: Perceived impacts of social deprivation on undergraduates' access to life-saving facilities

Perceived Impacts of Social Deprivation	Respondents' Responses					
	Male		Female		Total	
	N	%	N	%	N	%
Reduced educational aspiration	192	88.07	158	82.72	350	85.57
Poor medical status	18	8.25	42	21.98	60	14.66
Reduced access to welfare	203	93.11	173	90.57	376	91.93
Reduced career prospect	211	96.78	38	19.89	249	60.88
Reduced social confidence	42	19.26	74	38.74	116	28.36

From Table 4, data on what the sampled respondents believed would be the impacts of social deprivation on their access to life-saving facilities. Out of the sampled 409 undergraduates, 85.57% believed social deprivation will reduce their educational aspiration. Another 91.93% believed would cause them poor medical status. Also, 60.88% believed social aspiration, only 28.36% said such deprivation can reduce their social status and just 14.66% said the deprivation made them lose social confidence.

Discussion

Finding revealed that students in the state university in the metropolis experienced social deprivations than their counterparts from federal and private universities. No doubt, social deprivation has wide-ranging and often devastating effects in the life of individual. The impacts of deprivation include poor nutrition and physical health problems which result directly from having too little income or too few resources.

Finding revealed that the undergraduates in Ilorin believed they were most deprived in the aspect of accommodation benefits, having access to free education, deprived from employment opportunities when they graduated, scholarship as social deprivation they experienced and access to free medical services. Finding revealed that the undergraduates blamed their experiences of social deprivation on their family's low socio-political power, and on government policies. This finding corroborates the assertion of Gamoran (2001) and Leonhardt (2005) who blamed series of incidences of social deprivation on government's attitude towards enactment and implementation of policies relating to resources control and distribution.

Another finding revealed that the majority of undergraduates believed that social deprivation will reduce their educational aspiration and cause them poor medical status. This finding is in consonance with the result of the finding of Farkas (2006) who found out that social deprivation caused poor nutrition and health related problems. He further explained that other effects of social deprivation may include infectious disease, mental illness, and drug dependence. Microsoft (2009) points to the fact that some effects of deprivation are not as

easily understood. Also, support the finding is the study of Microsoft (2009) that links social deprivation to crime, but by no means are all poor people also criminals. In many cases, the primary effects of deprivation lead to other problems. Extended hunger and lack of employment, for instance, may lead to depression, which may sometimes contribute to criminal behaviour.

Conclusion

In this study, it was discovered that some undergraduates of public and private universities experience social deprivation in Ilorin metropolis. It was found to be a bit low among students of private university. There were many factors that accounted for incidences of social deprivation experienced by the undergraduates. The major causes of social deprivation were family background and poor implementation of government policies. Based on these, it can be concluded that family and government authorities have a lot to do to avert incidence of social deprivation among tertiary students, particularly in Ilorin metropolis.

Recommendations

The following were recommended based on the major findings of this study:

1. There should be increased government efforts to prevent occurrence of social deprivation among tertiary students
2. Stakeholders in education and social development should provide access to life-saving facilities among undergraduates to cushion their encounter with social deprivation
3. There may be a need to counsel tertiary students on the ways to help themselves economically and socially in order to enable them create wealth of their own instead of rely wholly on government for their social economic needs.

References

- Ayorinde, A. S. (2014). *Sociology of education with focus on Nigerian societies: For undergraduates and postgraduate studies* Ilorin: Bluescore.
- Boris, D. I. (2000). *Social inequality and Economic development*. Boston: Drake & Angela
- Charles, H. J. & Ihome, E. (2002). *Nigerian private sector and education for all: A report on the private sector round-table*. Lagos: Spectrum Books Limited.
- Denrosxe, W.K. (2009). *Population and resources allocation: An economic overview*. New York: Tracts.
- Farkas, G. (2006). How educational inequality develops. National Poverty Center. *Working Paper Series*: 1–50.
- Giddens, A. (2001). *Sociology*. New York: Polity Press
- Hamon, S. S. (2012). Human right and education, *International Journal of Education Development*, 5(2) 33-45
- Haralambos, U. & Healds, E.I. (2008). *Sociological perspective*. Boston: McGraw
- Lareau, A. (2003). *Unequal childhoods: Class, race, and family life*. University of California Press: Berkley.
- Macionis, J. J. (2009). *Social problems*. New York; Pearson Educational International
- Microsoft (2009). *Social depravity*. Encarta Publication
- Yorins, O. P. (2000). *Economic problems and developing nations*. London: Roasan Hills