

Overview of social exclusion in Nigeria

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Question

Please provide an overview of the current situation regarding social exclusion in Nigeria. What are the immediate and underlying causes?

Where possible, include information about:

- Who and where are the most excluded*
- How and why they are excluded*
- How this exclusion contributes to poverty and instability*

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1. Summary

Social exclusion is understood as a process where individuals are unable to participate fully in economic, social, political and cultural life. While anyone is potentially at risk of social exclusion, certain characteristics or attributes increase the risks. In Nigeria, the literature suggests that groups particularly at risk of social exclusion include: women and girls; people with disabilities; ethnic and religious minorities; migrants and internally displaced people; children and younger people; older people; sexual minorities; people without official identification; and people living with HIV. People can also experience social exclusion depending on their location. For each of these groups, social exclusion is experienced as a result of complex and intersectional factors that combine to reduce their participation in society.

- Women and girls face a range of formal and informal barriers to social inclusion. These barriers arise from a combination of restricted access to employment, education, health services, legal rights and public participation, and gendered social norms that position women and girls as wives and caretakers while men and boys are breadwinners and decision makers.
- People with disabilities in Nigeria face a range of attitudinal, environmental and institutional barriers to social inclusion. This includes a combination of formal barriers (which mean that adjustments are not made and services and opportunities are not accessible) and informal barriers (arising from discriminatory attitudes and exclusionary practices).
- Ethnic and religious identities are often intertwined in Nigeria, forming part of a complex pattern of social exclusion. Religious minorities experience social, political and economic exclusion, as a result of differences with and discrimination from other religious communities, and treatment by state and federal government. Horizontal inequalities by ethnic group remain persistent for wealth, access to public services and education. People classed as 'non-indigenes' are prevented from owning land or standing in elections, and they face barriers in accessing education, social protection and public sector jobs.
- Internally displaced people (IDPs) in Nigeria face social exclusion, and particular groups of IDPs, such as women, children and people with disabilities are particularly vulnerable and can be victims of abuse by authorities. Other mobile communities in Nigeria facing social exclusion include pastoralists, migrant farmers and migrant fisherfolk.
- Children and young people who cannot access education, health, and other basic services needed for their wellbeing and participation in society, are at significant risk of social exclusion. Young people age 15-29 in Nigeria are particularly prone to economic and social exclusion; while a high proportion of this age group is literate, the group has the highest unemployment and inactivity rates.
- Older people in Nigeria more likely to experience exclusion in the form of isolation, poverty and lack of healthcare, particularly as traditional family structures decline. Widows face discrimination and exclusion, including being dispossessed of property after their husband's death.
- The LGBT population in Nigeria has been further marginalised and stigmatised by the introduction of the Same Sex Marriage (Prohibition) Act 2014. This stigmatisation means that many LGBT people avoid the institutions and services that are important for social inclusion.

- In Nigeria, less than 50 percent of residents have any ID at all. Living without ID makes it difficult for individuals to access social protection, education, healthcare or financial services, and they may be unable to vote in elections or cross borders legally.
- People living with HIV and their families experience stigma and discrimination from individuals, communities and service providers, including unwillingness to treat people with HIV from healthcare workers.
- Nigeria is an extremely diverse country, with significant differences in experiences and causes of social exclusion across its 36 states. A person's geographical location, along with rural or urban location, interests with their gender, age, (dis)ability, sexual orientation, ethnic and religious background to shape the extent to which they are able to participate in society.

The concepts of poverty and social exclusion are intertwined but distinct from each other; not *all* members of socially disadvantaged groups are economically disadvantaged. However, social exclusion increases poverty by reducing groups' access to vital services such as health, education and social protection, and to livelihood opportunities. At the same time, poverty increases social exclusion, when access costs to services mean that households cannot afford education and healthcare.

Social exclusion is also a causal factor in conflict and instability, especially when exclusion is based on religion, ethnicity or language. When particular groups of people are denied the opportunity to fully participate, and have a voice in society, fractures and divisions arise. Social exclusion can also result as a consequence of conflict. Certain groups such as women and girls and people with disabilities are often further marginalised due to conflict and instability, while refugees and IDPs are marginalised in the place to which they move.

There appears to be much more published evidence about social exclusion faced by women and girls and people with disabilities in Nigeria. Much of the literature on ethnicity and religion in Nigeria focuses on religious and ethnic identities as causal factors in conflict and instability, rather than as a reason for exclusion. There is less available evidence on social exclusion as experienced by older people, and on LGBT people's experiences of social exclusion. What literature there is on this latter group tends to focus on gay and bisexual men and less on lesbians, bisexual women and female to male trans people.

2. Background

Nigeria

Nigeria is a federation of 36 states and 774 local governments with a population of over 180 million people. It is ranked 152 out of 188 on the Human Development Index, with half of its population living in multidimensional poverty and 30 percent in severe multidimensional poverty (Thompson, 2019a, p. 4; World Bank, 2018, p. 12). Poverty is being driven by: increasing inequality and divergence of geo-political zones; low output agriculture and significant food security; chronic and acute undernutrition; poor health and education outcomes; and social exclusion. Poverty is set to increase over the next 15 years due to increasing population, urbanisation, natural and human-caused hazards, and climate change (DFID, 2015).

Nigeria continues to experience food insecurity, malnutrition, high child and maternal mortality and high fertility rates. People have low levels of access to land registration, financial services,

transport and technology (World Bank 2018, i). Most employed people work for themselves or their families, or in informal conditions close to home. Some work several jobs and despite this many do not earn enough to escape poverty (Enfield, 2019, p. 2). 55 percent of women and girls and 38 percent of men and boys age 15-49 have only completed six or less years of education (UN Women, 2019, p. 4).

There are large disparities between the poorer north and the more well-developed south; the north west and north east of the country have the highest rates of poverty (Thompson, 2019a, World Bank, 2018). While in the south, progress has been made around basic education and health care, in the north 42 percent of adults have no education (World Bank 2018, ii).

There are over 300 ethnic groups spread across six geopolitical regions in Nigeria (World Bank, 2018 p. i) and over 450 ethno-linguistic groups (Federal Ministry of Women Affairs and Social Development, 2017, p. 3). The country's colonial history, followed by successive military regimes, resulted in huge regional, ethnic, religious and class divides (Pereira, 2016, p. 2). Widespread conflict is a problem in the north east, Middle Belt and Niger Delta. More than 20,000 people have been killed and 2.4 million displaced in the north east since 2009 due to the Boko Haram insurgency and military response. In the Middle Belt, competition over land has increased conflict between sedentary farmers and nomadic herders, and in the south conflicts between militants and the government have arisen over oil theft, pollution and marginalisation. These conflicts have increased the difficulties faced by households in accessing basic services and opportunities, and has resulted in significant internal displacement (World Bank, 2018, ii).

Social exclusion, poverty and instability

There is no universally agreed definition of social exclusion, but it is generally agreed that lack of participation in society is at its heart. One recent UN definition describes social exclusion as: “a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state” (United Nations, 2016, p. 18).

While anyone can potentially be at risk of social exclusion, certain characteristics or attributes increase the risks (United Nations, 2016, p. 20). DFID Nigeria is looking at social exclusion in the following way: *A process by which certain groups are systematically disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability, HIV status, migrant status or where they live* (DFID Nigeria, 2019).

Social exclusion is multidimensional and it encompasses social, political, cultural and economic dimensions. It impacts on people in different ways over time, and it is the product of unequal power relations (Khan, et al., 2015, p. 3). This means that the collection of multidimensional data is essential if social exclusion is to be understood and addressed (Khan, et al., 2015, p. 7).

The concepts of poverty and social exclusion are intertwined but distinct from each other; not *all* members of socially disadvantaged groups (such as people with disabilities or LGBT people) are economically disadvantaged (United Nations, 2016, p. 20). However, social exclusion increases poverty by reducing groups' access to vital services such as health, education and social protection, and to livelihood opportunities. At the same time, poverty increases social exclusion, when access costs to services – such as user fees and transport fares, and opportunity costs – such as foregone earnings of adults and children, mean that households cannot afford education and healthcare (DFID, 2015).

Social exclusion is also a causal factor in conflict and instability, especially when exclusion is based on religion, ethnicity or language (Khan, et al., 2015, p. 34; DFID Nigeria, 2019). Differences between groups are not enough in themselves to cause conflict, but inequalities and exclusion can lead to violent mobilisation (Khan, et al., 2015, p. 34). The feeling of being unequally treated can nurture cause excluded groups and individuals to identify more closely with their religious beliefs and can bring about insurgence, terrorism and violence (UNDP, 2018, p. 29). When particular groups of people are denied the opportunity to fully participate, or to have a voice in society, fractures and divisions arise. Social inclusion therefore goes hand in hand with social integration and social cohesion (United Nations, 2016, p. 21).

When looking at the north east of Nigeria, the UNDP argues that “there is a significant relationship between perceptions of exclusion, inequality, widespread unemployment, poverty, religious bigotry, Western education and the consequence of raging conflict with its associated forms of terror and violence.” Perceptions around exclusion that “extend to health, education, agriculture, developmental infrastructure and other livelihood amenities, all have a significant nexus with the conflicts and violence in North Eastern Nigeria.” (UNDP, 2018, p. xv).

Social exclusion can also be a consequence of conflict. Certain groups such as women and girls are often further marginalised due to conflict and instability, while refugees are marginalised in the place to which they move (Khan, et al., 2015, p. 36).

3. Who is excluded in Nigeria and why?

This section below looks at different groups vulnerable to social exclusion in Nigeria. It is divided into: women and girls; people with disabilities; ethnic and religious minorities; migrants and internally displaced people; children and young people; older people; sexual minorities; people without identification; people living with HIV; and people living in different locations. However, it is important to note the intersectional forms of exclusion that each of these groups face. The UNDP notes, for example, that “women and young people are often victims of multiple and interlocking forms of discrimination and exclusion that can lead to an imbalance of power that excludes them from participating in economic development and affairs that affect them, ultimately undermining their needs and aspirations” (2018, p. 26). For each of the groups below, social exclusion is experienced as a result of complex and intersectional factors that combine to reduce their participation in society.

Women and girls

Gender inequality and discrimination against women and girls in Nigeria is a well-recognised cause of social exclusion. Nigeria ranks 118 out of 134 countries in the Gender Equality Index (World Bank, 2018, p. 20).

Women and girls in Nigeria face a range of formal and informal barriers to social inclusion. These barriers arise from a combination of restricted access to employment, education, health services, legal rights and public participation, and gendered social norms that position women and girls as wives and caretakers while men and boys are breadwinners and decision makers. This means that boys’ rights – whether to education, health care or adequate nutrition – are prioritised over those of girls from an early age (Mayah, et al., 2017, p. 4; DFID, 2019).

Women are less likely to be active in the labour market, more likely to be in lower-earning opportunities like farming and informal jobs, and they earn less for a given level of education and

experience than men of the same level (Enfield, 2019, p. 2). Women's estimated earned income is 65 percent of men's (World Bank, 2018, p. 20). In both poor rural and urban areas in Nigeria, women work longer hours than men, spend more time on unpaid care work and subsistence agriculture, and have less time to engage in paid work and social and cultural activities (Budlender and Moussie, 2013).

There are clear disparities in education between women and men, and between girls and boys. The out of school rate is 32 percent for girls and 28 percent for boys, and the completion rate of primary education for boys is around 80 percent while only 66 per cent for girls (World Bank, 2018, p. 31). 55 percent of women and girls age 15-49 have completed six or less years of education, compared with 38 percent of men and boys (UN Women, 2019, p. 4).

Men are three times more likely than women to own a house or land (NPC, 2019 p. 382). 37 percent of women are not involved in decisions about their own health care, household purchases and visits to family or friends, and only 22 per cent of women have a bank account (NPC, 2019 p. 383-4). Following the 2019 elections, women make up 7.3 percent of the Nigerian Senate and 3.1 percent of the House of Representatives. No state governors are women (Kelly, 2019, p. 4).

Many women and girls find it difficult to access vital and basic services. Maternal deaths account for 32 percent of all deaths among women aged 15-49 years (World Bank, 2018, p. 29). The total fertility rate in Nigeria is 5.3 children per woman (NPC, 2019 p. 97), and 19 percent of married women have an unmet need for family planning (NPC, 2019 p. 134). One study focusing on access to maternal health services among different groups of Nigerian women found that women's abilities to pay for direct and indirect costs was the biggest factor impacting on access to services, across both northern and southern parts of Nigeria (Umar et al., 2017, p. 219). Nigeria's most recent DHS survey showed that 60 percent of women in rural areas and 42 percent in urban areas report problems in accessing healthcare. These problems included practical and logistical barriers such as finding money for treatment and distance from a health facility (NPC, 2019). However, there were also barriers that arise from gendered attitudes and norms; not wanting to go alone to the health facility and being unable to get permission to go (NPC, 2019).

31 percent of women and girls age 15-49 have experienced physical violence (NPC, 2019 p. 427), and 20 percent have undergone FGM (NPC, 2019 p. 465). Exposure to conflict and forced displacement increases women and girls' risks from violence and abuse; in conflict affected states, 31 percent of internally displaced women have experienced sexual violence (World Bank, 2018, p. 20). Women and girls who have been linked with Boko Haram, and have often faced extreme violence and trauma, can face exclusion from families and communities due to gender norms and attitudes, especially if they have become pregnant, and they are prevented from accessing humanitarian and medical services (World Bank, 2018, p. 25).

Women and girls' situations vary significantly across Nigeria's 36 states and across rural and urban locations. The maternal mortality rate is nearly ten times higher in the north east compared to the south west (OCHA, 2018, p. 10), and over two thirds of girls aged 15-19 in northern zones are unable to read, compared with less than ten percent in the south. Meanwhile, gender-based violence is highest in the south (World Bank, 2018, p. 20). Women in north western states marry on average at age 16 while in south eastern states the average age is 24 years old (NCP, 2019, p. 79). 51 percent of rural women have no education compared to 16 percent of urban women (NPC, 2019, p. 44). Urban women are more likely than rural women to have undergone FGM (24

and 16 percent respectively) and FGM prevalence is highest in the south east and lowest in the north east (35 percent and six percent respectively) (NPC, 2019 p. 467). There are also differences across states in women's legal rights, freedoms and duties; in some states all women can acquire, hold and dispose of property, while in northern states only married women have such rights (Enfield, 2019, p. 6-7).

Women and girls' experiences also differ by faith, religion and ethnic identity. 42 percent of 'Christian other' women respondents in Nigeria's latest Demographic Health Survey (DHS) reported ever experiencing physical violence, compared to 22 percent of Muslim women respondents (NPC, 2019 p. 427). FGM is highest among Yoruba women (35 percent) and lowest among Tiv and Igala women (1 percent each). 99 percent of Fulani women and girls living in poor rural households have no more than six years of education, compared to 5 percent of Igbo women and girls living in richer urban households (UN Women, 2019, p. 4).

People with disabilities

People with disabilities in Nigeria face a range of attitudinal, environmental and institutional barriers to social inclusion (Wapling, 2019). As with women and girls, people with disabilities experience a combination of formal barriers (which mean that adjustments are not made and services are not accessible) and informal barriers (arising from discriminatory attitudes and exclusionary practices). Estimates of disability prevalence in Nigeria vary across sources, and range from two to ten percent. The Joint National Association of Persons with Disabilities (JONAPWD) and World Health Organisation have estimated that there are over 25 million people with disabilities in Nigeria, whereas other estimates are only around 3.3 million (Holden et al., 2019; Thompson, 2019a). The latest Demographic and Health Survey figures for Nigeria show that seven percent of the population report difficulties in at least one of the Washington Group's domains around disability,¹ although this is likely to be a significant underestimate (NPC, 2019, p. 458).

People with disabilities are disproportionately affected by poverty in Nigeria, with nine out of ten living below the poverty level (Thompson, 2019a, p. 6). Rates of youth unemployment for people with disabilities are 77.3 percent, compared with 49.2 percent for people without a disability. The adult unemployment rate is 62.5 percent for people with disabilities compared to 21.5 percent for those without disabilities. Women with disabilities are more likely to be unemployed than men (Thompson, 2019a, p. 5).

One recent study suggests that only 36 percent of children and young people with disabilities in Nigeria are literate (Holden et al., 2019; Wapling, 2019). The participation rate in education is 12 percent for children with disabilities, compared with 57 percent for those without disabilities. While those children with disabilities who are in school have good primary completion rates, JONAPWD estimates that 90 percent of children with disabilities are out of school in Nigeria (Thompson, 2019a). Barriers to education for people with disabilities include long and difficult journeys to school, poverty and school fees, negative attitudes and stigma, inaccessible infrastructure and lack of support services and professionals (Thompson, 2019a).

Access to health care is another area where people with disabilities in Nigeria face barriers. This is particularly acute in certain areas such as physiotherapy, sexual and reproductive health and

¹ These domains are seeing, hearing, communication, cognition, walking and self-care.

mental health services (Holden et al., 2019). The majority of people with disabilities are cared for by family and friends, leading to increased social and economic exclusion for these households (Thompson, 2019a; Wapling, 2019).

Inadequate access to transport and public buildings is another barrier faced by people with disabilities. Up to 80 percent of people with disabilities in Nigeria are reliant on public transport, yet vehicle design and road environments prevent public transport being accessible. Public buildings rarely have ramps or lifts, creating further barriers for people with disabilities trying to access services (Thompson, 2019a, p. 22).

Conflict and violence in parts of Nigeria are thought to be both contributing to the disability prevalence rate, and further marginalising people with disabilities, especially women and children (Holden et al., 2019). One study carried out in four conflict-affected local government areas in Plateau State of Nigeria, with women with disabilities, illustrated the impact of conflict on these women. The women spoke about their sense of abandonment in crisis, when they are not warned of impending danger or are not able to get to safety. Their experiences during violent conflict were on a continuum with those during times of relative peace, when they remained vulnerable to gender-based violence and had limited access to healthcare, education and financial autonomy (Jerry et al., 2015).

Stigma, discrimination and negative attitudes toward with people with disabilities are a major cause of social exclusion in Nigeria. Intersecting with religious and cultural beliefs and superstitions, such negative attitudes lead to people with disabilities being seen as a burden or even a punishment or curse (Holden et al., 2019; Thompson, 2019a). People with mental health conditions and those in rural areas face heightened discrimination and stigma, as do women and girls with disabilities, who experience barriers on the grounds of both gender and disability (Jerry et al., 2015). People with disabilities, especially women and girls and those with intellectual and mental disabilities, are also at risk of abuse from their carers, and not being believed when they complain about abuse (Wapling, 2019).

Ethnic and religious minorities

There are over 300 ethnic groups living across Nigeria. Four groups – Hausa, Igbo, Yoruba and Fulani peoples – make up around two thirds of the population (World Bank, 2018, p. 12); other large ethnic groups include the Ekoi, Edo, Ibibio, Idoma, Igala, Ijaw/Izon, Itsekiri, Gwari, Jukun, Kanuri/Berberi, Nupe, Urhobo and Tiv (Izsák, 2014). Religion is not tracked in census data because it has been a source of conflict in Nigeria, but it is estimated that around 49 percent of the Nigerian population is Christian, while around 49 percent is Muslim (Idris, 2018, p. 11).

The north of the country is predominantly Muslim but with significant numbers of Christians and smaller numbers of followers of African traditional religions. In central Nigeria and the south east numbers of Muslims and Christians are roughly equal, and in the south west Christians are in the majority (Idris, 2018, p. 11). It is important, however, not to make simple distinctions between the 'Muslim north' and 'Christian south', as in each area there are significant minority communities as well as competing and divergent sects and groups within Islam and Christianity (Mustapha and Bunza, 2014, p. 91).

Much of the literature on ethnicity and religion in Nigeria focuses on religious and ethnic identities as causal factors in conflict and instability. This literature examines, for example, conflict between Muslim herders and Christian farmers in the middle belt, local level application of Shariah laws in

northern states, federal and state level repression of Shias, and the ongoing attacks by Boko Haram (Idris, 2018). Some studies consider the relationship between the distribution of resources and opportunities, perceptions of fairness and equity, and conflict between different ethnic and religious groups (for example Attah, 2012). However, there are far fewer studies available on how the members of different ethnic and religious groups experience social exclusion.

In Nigeria, ethnic and religious identities are often intertwined, forming part of a complex pattern of social exclusion. Minority Rights Group International's Peoples Under Threat report for 2019 lists Ibo, Ijaw, Ogoni, Yoruba, Hausa (Muslims) and Christians in the north as groups under threat in Nigeria (Minority Rights Group International, 2019, p. 10). World Bank analysis of social cohesion in Nigeria's north east notes that social relations between ethnic clans, communities and extended families have been deeply damaged as a result of the Boko Haram insurgency and government response, and that economic, ethnic, religious, political and geographical divisions have hardened (World Bank, 2018, p. 10).

Religious minorities experience social, political and economic exclusion, as a result of differences with and discrimination from other religious communities, and treatment by state and federal government (Le Van et al., 2018, p. 26). The constitution bars federal and state governments from adopting a state religion and it prohibits religious discrimination, but it also allows for state-level courts based on customary or common law (Idris, 2018, p. 12). Although Sharia law does not technically apply to non-Muslims, non-Muslims in the north have been affected by related social norms, such as the separation of the sexes in schools (Idris, 2018 p. 12).

Archibong (2018) argues that while progress has been made in reducing ethnic inequalities around access to services such as sanitation and power, horizontal inequality by ethnic group is persistent for wealth, access to public services and education in Nigeria. When disadvantage on the grounds of ethnicity and gender are combined, significant gaps in opportunities, particularly around education, remain strong in the north west and north east ethnic zones (Archibong, 2018, p. 343). A study by Adedini et al (2013) looking at rates of under-five mortality in Nigeria found that there were significant differences in mortality for under-fives by ethnic affiliation. Risks of death were significantly lower for children from Yoruba and Igbo tribes when compared to children from Hausa, Fulani and Kanuri tribes. The authors attribute these differences to practices such as plural marriage, high order and too-close births (2013, p. 145).

Meanwhile, there are commonalities in social exclusion across some religions and ethnic groups. One study looking at reproductive rights and the Tarok ethnic group in central Nigeria found that the most significant factor impacting on Tarok women's reproductive rights was gender inequality. The authors pointed out that "the Tarok ethnic group is characterised by patriarchy and well established and male-centred traditional institutions like most other ethnic groups in Nigeria" (Orisaremi and Alubo, 2012, p. 95). Pereira and Ibrahim (2010) note that Islam and Christianity share common ideological ground around gender and sexuality in Nigeria, with women's bodies becoming the "site for inscription of social norms, practices and values across different faiths and belief" (2010, p. 921).

In addition, state and local governments' practices of treating 'indigenes' ('original' inhabitants) differently from 'non-indigenes' (who don't live where their parents or grandparents were born) is the source of significant social exclusion. 'Non-indigenes' are prevented from owning land or standing in elections, and they face barriers in accessing education, social protection and public sector jobs. There are no guidelines to regulate indigeneship status, which means that local and state governments have complete discretion over whether to grant it. Even long term residency in

a state over generations may not entitle the resident to a certificate of indigeneship (Izsák, 2014, p. 8; Le Van et al., 2018).

Migrants and internally displaced people

Nigeria is a country of origin, transit and destination for different types of migrants (Government of Nigeria, 2015). Evidence suggests that migrant workers in Nigeria experience social exclusion, particularly if they are working in less regulated sectors such as agriculture, textiles, construction, mining, the food industry and domestic work (Committee on the Protection of the Rights of All Migrant Workers and Members of their Families, 2017, Crichton, J. et al, 2015; Government of Nigeria, 2015).

Internally displaced people (IDPs) face significant social exclusion. The International Organisation for Migration (IOM) currently estimates that there are around 1.9 million IDPs in Nigeria (IOM, 2018). However, the real number is likely to be much higher because IOM data do not account for the large number of people living outside of formally registered sites (Le Van et al, 2018, p. 7).

Displacement negatively impacts on livelihoods and creates further exclusion and marginalisation. By 2016, more than 800,000 people in Nigeria stopped receiving a regular income because of displacement, and only 53 percent of the individuals who received some income prior to displacement continued to receive any part of it after it (World Bank, 2018, p. 25). IDPs in Nigeria experience continued food shortages, unemployment, congested housing settlements, poor sanitation, targeting by Boko Haram and lack of access to education and healthcare. There are significant gaps in medical, psychosocial and legal services for internally displaced people (Nigerian Ministry of Women Affairs and Social Development, 2018; Le Van et al, 2018), and many IDPs experience increased rates of malaria, acute watery diarrhoea, measles and pregnancy related diseases (UNDP, 2018, p. 40).

Particular groups of IDPs, such as women, children, people with disabilities, unaccompanied minors, and orphans, are particularly vulnerable and can be victims of abuse by authorities (Le Van et al, 2018). Women who are heads of households are particularly vulnerable to exploitation, including transactional sex for food and other necessities (OHCA, 2018). Sexual violence is common in camps, and girls and young women are at risk of forced and early marriage, trafficking and abduction (Ojengbede, et al., 2019; USDoS, 2018). The majority of IDPs lack any form of documentation, having lost it while fleeing, which further restricts their abilities to access vital services, find employment and rebuild their lives (Le Van et al, 2018, p. 7).

IDPs living in formal camps may have greater access to government and NGO services and humanitarian resources than those living in informal settlements or host communities. IDPs living outside of formal camps may have greater freedom of movement and access to employment, and they may be better able to seek out support from local connections, but at the same time they may struggle to find housing, pay rent and afford school fees (REACH, 2017).

Other mobile communities in Nigeria facing social exclusion include pastoralists, migrant farmers and migrant fisherfolk. Pastoralists move their livestock around between regions; some are nomadic with no permanent place of residence while others migrate seasonally to regions with different ecological conditions (Le Van et al., 2018, p.32). It is estimated that there are between 10 and 18 million pastoralists across 32 of Nigeria's 36 states, and their access to healthcare services and education is very limited (Le Van et al., 2018). Migrant farmers rely on subsistence

crops and wild plants and rarely visit cities or health care facilities, or enrol in education. Migrant fisherfolk, meanwhile, are isolated communities living in remote and inaccessible villages without health or education services (Le Van et al., p.34-35).

Children and young people

Nigeria has a young population; in 2017, 44 percent of the population were under the age of 14, and 19 percent were between 15 and 24 years old (Wapling, 2019). However, Nigeria scores below regional and global average in all six Human Capital Indicators measuring outcomes for children around survival, schooling, and health (World Bank, 2018, p. v). Children who cannot access education, health, and other basic services needed for their wellbeing and participation in society, are at significant risk of social exclusion.

The UN Committee on the Rights of the Child has expressed a range of concerns about children in Nigeria, including: the varying legal definitions of child across Nigeria's states; discrimination against girl children, children from minority ethnic groups, internally displaced children and children with disabilities; access to health and education; economic and sexual exploitation; and harmful traditional practices (Committee on the Rights of the Child, 2010).

There are an estimated 17.5 million vulnerable and orphaned children in Nigeria, 7 million of whom have been orphaned by HIV/AIDS (World Bank, 2018, p. 25). Two out of five children (around 14.5 million) under the age of five are chronically malnourished. 8.7 million primary age children Nigeria are out of school; 32 percent of girls and 28 percent of boys, and there are more out of school children in the north and in rural areas. The primary completion rate is higher for boys (80 percent) than girls (66 percent) (World Bank, 2018, p. 31). Children are out of school for a range of reasons; many (especially girls) are engaged in unpaid care work. Others are in paid work; the child labour ratio is 25 percent (Thompson, 2019b p. 4). In the north east of the country many schools have closed due to the Boko Haram insurgency or are being used to host IDPs (UNDP, 2018, p. 49). In addition, children attending Qu'ranic schools ('almajiris') count as one of the largest groups among out of school children as they are not included in official statistics (Bierman and Powell, 2016).

Young people in Nigeria also face a range of barriers to social inclusion. An estimated 83 percent of the population are below the age of 40, and 62 percent are under 25 years old (UNDP, 2018, p. 26). Young people age 15-29 are particularly prone to economic and social exclusion. While a high proportion of this age group is literate, the group has the highest unemployment and inactivity rates; only one third are employed. Poverty rates for young people increased by 6.3 percent between 2011 and 2016 (World Bank, 2018, p. 54).

Older people

As with other sub-Saharan African countries, Nigeria's population is ageing, with an estimated 5.9 million people aged 65 or above (around three percent of the population). Ageing causes people to be less active, more at risk of poor health, and more likely to experience exclusion in the form of isolation and poverty (Tanyi et al., 2018). One study of the policy implications of an ageing society in Nigeria notes that "with relatively low levels of social and economic development and little access to adequate health care, a country like Nigeria will be hard pressed to meet the challenges of large numbers of elderly people, especially as traditional family support systems for the elderly are breaking down" (Tanyi et al., 2018, p. 2).

A study looking at the socioeconomic situations of older people in Ijebuland, Nigeria found that older people are experiencing disadvantage and exclusion due to an ageing society increasing the demand for social support, and changes in the nature and structure of the family as young people leave agricultural employment, obtain education and move to urban areas. Older people, especially in rural areas, do not have access to formal support systems and social security benefits in place of traditional family support; this leaves them, the author argues, facing “falling income, deteriorating health conditions, poor nutrition, isolation, and boredom” (Wahab, 2011, p. 735).

Older women can be more vulnerable to social exclusion. Due to the patriarchal power relations underpinning Nigerian institutions, structures and communities, widowed women may face greater social exclusion than those who are married. This can include being dispossessed of property after their husband's death and ‘widowhood practices’ such as seclusion, humiliation and ill-treatment from in laws and communities (Olukayode, 2015; Durojaye, 2013). Once again, intersectional factors are at work; one study found that Muslim widows in rural areas of Nigeria had better nutritional status and were less likely to be dispossessed of property or to be ill-treated, when compared to Christian widows (Milazzo and van de Walle, 2018).

Sexual minorities

There is a good body of international literature on the sexual behaviour of gay men, sex workers and men who have sex with men (MSM) in relation to HIV prevention, treatment and care, but less attention has been paid to social and economic deprivation, exclusion and marginalisation because of sexual orientation or sexual behaviour. The studies that do exist tend to focus more on gay and bisexual men and less on lesbians, bisexual women and female to male trans people (Oosterhoff, et al., 2014, p. 1).

Oosterhoff et al describe the ways that sexual minorities, sex workers, and often their children, face a range of barriers to inclusion in society, including: difficulties obtaining official documents; exclusion from the right to marry and have a family; exclusion from health care institutions; exclusion from formal workplaces and informal working arrangements; and exclusion from the institutions that maintain justice in society. When they try to access services they experience stigma, discrimination, harassment and abuse. This means that many LGBT people and sex workers avoid the institutions and services, which leads to the reinforcement of their exclusion, poverty and disadvantage (Oosterhoff et al., 2014, p. 3).

In Nigeria, the already stigmatised LGBT population has been further marginalised and stigmatised by the introduction of the Same Sex Marriage (Prohibition) Act 2014 (SSMPA). This piece of legislation: prohibits cohabitation between same sex partners; bans public shows of same sex ‘amorous’ relationships; and imposes a ten-year prison sentence on anyone who registers, operates, participates in or supports the activities of gay clubs, societies and organisations (Human Rights Watch, 2016, p. 1).

In 2019, a coalition of non-governmental organisations submitted a shadow report to UN Human Rights Committee (which was considering Nigeria's domestic implementation of the International Convention on Civil and Political Rights [ICCPR]) on the situation of LGBT people in Nigeria. The report states that “individuals in Nigeria frequently suffer serious violations of rights protected under the ICCPR based on their real or perceived sexual orientation, gender identity and gender expression” (AGHI et al., 2019, p. 3).

Pereira (2016) argues that in Nigeria, “freedom of sexual choice is non-existent [...] Those whose sexuality does not conform to the heterosexual norms are more likely to experience discrimination, if not overt hostility and violence” (2016, p. 3).

People without identification

Social exclusion is also more likely for populations who do not have official identification, and in Nigeria, less than 50 percent of residents have any ID at all (World Bank, 2018, p. 27). Living without an ID makes it difficult for individuals to access social protection, education, healthcare or financial services, and they may be unable to vote in elections or cross borders legally. Le Van et al. (2018), in their study of marginalised groups in the context of ID in Nigeria, discuss several groups who are more likely not to have ID, and to experience exclusion as a result. These are: IDPs; slum dwellers and informal housing residents; women; people with disabilities; religious minorities; migrant and border communities; and minority groups experiencing geographic marginalisation. When combined with other causes of marginalisation such as gender, disability or displacement, the result of being without official ID can be systematic social, economic and political exclusion (Le Van et al., 2018, p.1).

People living with HIV

Prevalence figures for people living with HIV vary across different studies and sources, but the UNAIDS figure is 1,900,000 people. The percentage of people living with HIV – among adults age 15-49 years – is 1.5 percent (UNAIDS, 2018). Women are disproportionately affected, making up 56 percent of people living with HIV. In 2018, 26,000 new HIV infections were in young women aged 15–24 years, compared to 15,000 in young men of the same age. However, HIV treatment was higher among women than men; 68 percent of adult women living with HIV were receiving treatment compared to 37 percent of adult men (UNAIDS, 2018).

People living with HIV in Nigeria experience stigma and discrimination from individuals and communities, and unwillingness to treat people with HIV from healthcare workers (Odimegwu et al, 2017 p. 2). 47 percent of Nigerian women and 46 percent of men think that children living with HIV should not be able to attend school with children who are HIV negative, and 53 percent of women and 50 percent of men say they would not buy fresh vegetables from a shopkeeper with HIV (NPC, 2019 p. 343).

People living in different locations

As the sections above have shown, Nigeria is an extremely diverse country, with significant differences in experiences and causes of social exclusion across its 36 states. Much of the literature talks about differences between the north and south, with the north lagging behind the more prosperous south. Since 2011, much of the Nigerian population in the north has seen declining consumption, but in the south, even the poorest households have experienced at least modest improvements in welfare. Similarly, poverty has increased in rural areas and in the north, but fallen in the southern zones (World Bank, 2018). UNDP Nigeria’s Intensity of Poverty by Region measure shows that in the north east 45 percent of people are experiencing poverty. In the north west the percentage is very similar at 44 percent, while the south east and south west percentages are both 38 percent (UNDP, 2018, p. 23). The proportion of people in the south who have no education ranges between 5 and 8 percent, while in the north the numbers are between 32 and 69 percent (World Bank, 2018). However, unemployment is highest in the southern

states, the northern states have a moderate level of unemployment and the central states have the lowest unemployment (Thompson, 2019b p. 4).

Living in an urban area is no guarantee of avoiding poverty and exclusion. Almost half of Nigerians live in cities, and numbers continue to rise (United Nations, 2019). An estimated 80 percent of Nigeria's urban residents live in informal settlements that lack proper sanitation and clean water (World Bank, 2018, p. 32). Many urban poor families cannot afford education, despite laws guaranteeing free basic education for all Nigerians. Those who arrive in search of new opportunities encounter high unemployment, along with economic and social exclusion (Le Van et al., 2018 p. 14-15).

Access to healthcare and health outcomes also depends on location. One study aimed to assess maternal and perinatal mortality in Makoko Riverine and Badia East, two of the most vulnerable slums of Lagos. It found that the maternal mortality ratio in these urban slum populations (1,050 per 100,000 live births) was extremely high compared to the estimates for Lagos State (545 per 100,000 live births). The figure was highest among the most marginalised women in the population: sex workers and those belonging to the Egun ethnic group. The study "demonstrates the importance of sub-regional, disaggregated data to identify and redress inequities that exist among poor, remote, vulnerable populations—as in the urban slums of Lagos" (Anastasi et al. (2017, p. 9).

Rates of HIV infection also vary across regions. The majority of states in the country's north west have low HIV prevalence, whereas the south-south geopolitical zone has the highest number of people living with HIV (NACA, 2019, p. 13).

Finally, Le Van et al (2018) note that Nigerians living in border communities regularly face social exclusion and vulnerability. The geographic remoteness of these communities means that public service provision and education levels are far lower than elsewhere in the country (Le Van et al., 2018, p.35).

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