

Trends of Child Trafficking Situation in Nigeria and A Way Forward

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Abstract

International and local policies/legislations exist on Child Trafficking. However, it remains a serious public health concern in many parts of the world particularly in developing countries like Nigeria. This paper explores the problem in Nigeria and proffers appropriate solution. It involves illegal recruitment and movement of children for the purpose of exploitation. Different factors predispose to trafficking in the country, mainly due to social, political or economic reasons. Of recent, the phenomenon of Baby factory becomes very common in some parts of the country, leading to young girls mobilized into the trafficking cycle and giving birth to children for sale in black markets. Trafficking occurs either locally within the country or internationally through various routes, across all the geopolitical zones of Nigeria. Various health implications associated with trafficking exist, these include physical, mental or sexual consequences, hence, the article outline existing legislations, barriers and ways of controlling the menace.

Keywords: Trends, Child, Trafficking, Situation, Nigeria.

1. Introduction

Trafficking is not a new phenomenon in Nigeria. It comes with a new trend that's hard to quantify; children are traffic within and outside Nigeria for many purposes (UNICEF, 2007; Adepoju, 2005; Hassan, 2012; UNICEF, 2006; Adesina, 2014). Furthermore, internally most of the victims are children (Hassan, 2012) whose numbers are not known (Konstantopoulos et al., 2013); it comes with a new trend called baby factory which promotes trafficking in Nigeria (Makinde, 2015). It is a public health challenge affecting the world (Dovydaitis, 2010) with only a few programs to address it (Fong and Cordoso, 2010). Similarly, Bale and Soodater (2009) are of the opinion that the total number of trafficked victims is two times that of olden days' slavery, hence the need to review its impact on the population. Trafficking children is an exploitative act that jeopardizes child survival.

Exploitation refers to the use of a person or his properties (resources) for personal gains or benefits (Oxford Advanced Learners Dictionary, 2015; Macmillan Dictionary, 2015). In an economic point of view, exploitation refers to a central concept in which an institution or organization treats a human being as a resource, with little or no consideration to their wellbeing (Salihu and Ajio, 2009). Furthermore, the use of a child for personal gain or benefit sexually is called child sexual exploitation (Tsutsumi et al., 2007).

As stated by Cameron et al., (2015, p.9), in 1996, "the world congress in Stockholm defined commercial sexual exploitation of children as sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object".

Equally important, the United Nation Convention on the right of a child (1989) defined a child as a young human being who is below 18 years old. Child right is a human right index in any society today. Correspondingly, article 24 of the international covenant on civil and political rights (1996, p.13) "states that every child shall have the rights to such measures of protection as are required by his status as a minor on the part of his family, society, and the state". This declaration is not worldwide. Children are traffic within and outside Nigeria for the purpose of exploitation (UNICEF, 2006).

This paper aims to examine the situation in the country to (or "intending to") outline specific responses that could be put in place to curtail the menace. We adopted a qualitative search of literature from relevant databases, to extract available evidence that can be used to meet the aim of the review.

2. Key Determinants of Child Trafficking in Nigeria

Despite the presence and domestication of international laws, the passage and promulgation of child's right act in 2003 and the Nigerian constitutional laws, human trafficking, served as a good source of income, generating almost 10 billion dollars a year (UNICEF, 2003; Hassan, 2012), the gain in it is much with very few loss (UNICEF, 2006; Makinde, 2015) and that attracted many people to it.

Various factors predispose to child trafficking in Nigeria. Some of which are a quest for cheap prostitutes, decay in public institutions, rural-urban migration, poor governance, endemic corruption, change in family size and low level of education as well as the poor economic status of families. Others are old traditional norms that create inequity among children, the porosity of our borders, lack of alternative economic opportunities, devaluation of naira, and change in the trend of household responsibilities to women in some cultures. Furthermore, effects of crisis all over the world as factors that contribute to the vulnerability of Nigerian children (UNICEF, 2007; United State Department of State, 2005; Kazeem, 2009; Konstantopoulos et

al, 2013; UNICEF, 2006; Carling, 2006; Makinde, 2015; Adesina, 2014). In related development, Hassan, (2012) and Carling, (2006) conceded that change in conditions at which people lives, lack of job opportunities, technological advancement, communication, social unrest be it political or religious, criminal activities, loss of hope as part of the root causes of child trafficking. Similarly, Makinde (2015) believes that the rates of infertility in our society and the profit gains in international and local adoption of babies promotes child trafficking.

The practical result of trafficking according to Kazeem (2009, p.203) includes: "domestic servitude organized begging, commercial Labour, enslavement, pornography and prostitution" and their inability to report an issue or acknowledge the effects on their health makes them vulnerable (Konstantopoulos et al., 2013). In the same way, Adepoju (2005) stated that children are traffic in Africa for many reasons; notable of all are for Domestic Labour in their home country or overseas. All these determine the level of restrictions faced by people, thus predisposes children to the exploitative situation as supported by what Adesina (2014, p.165) called "restricted opportunity theories."

3. Routs and Destinations

There are many means at which children are traffic from Nigeria, among which are: the airports, for those who got a visa through falsification of documents in collaboration with corrupt immigration officials, most specifically those with up to date Schengen Visa where many victims used one passport (Carling, 2006). Others are by road via desert, where they are smuggled by ships to European countries (Salihu and Ajio, 2009; Carling, 2006). Equally important are the sea ports, crossing borders as well as beach and ocean craft.

Nigeria has many recruitment centers for trafficking. Carling (2006) submitted that children are a recruit from different parts of the country, but the central zones are: Kano, Abuja, and Kaduna from the north of Nigeria; in the South West we have Lagos and Ibadan while Niger Delta region has Edo, Delta, and Rivers states. Furthermore, Adesina, (2014, p.166) submitted that most of the trafficking within the country are from rural to urban settings and mostly from "Oyo, Osun, Ogun, Akwa Ibom, Cross Rivers, Bayelsa, Ebonyi, Imo, Benue, Niger and Kwara states to most cities such as Lagos, Abeokuta, Ibadan, Kano, Kaduna, Calabar and Port Harcourt".

The actual destinations for trafficked Nigerian child vary depending on the purpose of their exploitation. However, for most of the female victims, Italy is the most prepared target from Nigeria. And those that were not able to reach Europe end up being trapped in North Africa (Carling, 2006), to buttress this fact, Okejuwon, (2008) submitted that the estimates by the Italian authorities show about 10,000 Nigerian prostitutes live in Italy. Alternatively, countries like Netherlands, Saudi Arabia, Belgium, Austria, Canada, Spain, Lebanon, and Germany are some of the destinations (Okojie et al., 2003; Adesina, 2014). Similarly, within Africa children are also trafficked to Cote d'Ivoire, South Africa, Togo, Guinea, Benin, Mali, Burkina Faso, Sierra Leone, Niger Republic, Cameroon Republic, Gabon, and Liberia (Carling, 2006). Internally, within Nigeria, it is more common in the south (Carling, 2006; Adesina, 2014).

The trafficking routes involved all neighboring countries that shared borders with Nigeria such as Benin Republic, Ghana, Cameroon, Niger and the Chad Republic. However, Okejuwon (2008) refers to the route between Nigeria and Chad as the "Triangle of Shame" simply because, there are people that hold olden days' views of slavery and still have slaves, in fact, there are slaves for sale in that axis. In a related development, Makinde (2015) urged Nigerian government to consider baby factories as trafficking route in the country.

4. Actors and Players in Nigerian Trafficking Industry

This involved people who participate in this organized criminal activity, supported by some prominent figures within and outside government in our society. They include; those who recruit, sell, transport and receive children (Adesina, 2014). Others are immigration officials who help them with paperwork as well as brothel owners and their pimps (UNICEF, 2006). Other invisible players are Health practitioners who provide cover and specialized services to the victims (Makinde et al., 2015).

5. Barriers to Reporting

There are many barriers to reporting in a trafficking situation; children find it difficult to report abuse due to fear of their traffickers, personal shame or the nature of their indoctrination into the system as well as fear of the respective authority in their host countries (Konstantopoulos et al., 2013). Internally, teenage girls used for baby production find it difficult to report due to fear of societal stigmatization and illegal status of their conception (Makinde et al., 2015) or a situation whereby they are sold out by their parents (Adesina, 2014).

6. The New Phenomenon of Baby Factory

Baby factory is a new phenomenon in Nigerian society; it was described in the literature for the first time in 2006 (Makinde, 2015; Omeire et al., 2015). The system promotes child trafficking, creates room for exploiting young girls with undesirable conception. It is worthy of note that despite the widely publicized awareness

campaigns, this ugly trend is on the increase (Makinde, 2015; Makinde et al., 2015).

Makinde et al. (2015, p.1) "defined baby factories as buildings, hospitals or orphanages to places for young girls and women to give birth to children for sale in the black market, often to infertile couples, or into trafficking rings".

This new form of abuse operates in a shadow simply because of the stigma attached to undesirable conception by teenagers, and poor economic status poses them to offer themselves for little financial gain (Makinde et al., 2015) and societal expectation on couples to have children (Omeire et al., 2015). It has about 3-4 actors namely; their landlord, the girls, the buyers and men who impregnate them (Omeire et al., 2015).

7. Health Effects of Child Trafficking

According to the United States trafficking in person's report (2005) and Adesina (2014) trafficking has several health implications to the public ranging from physical, mental as well as sexual.

The sexual health effects involved undesirable conception, hepatitis B, long-term pelvic pain, HIV/AIDS along with high rates of abortion leading to the destruction of reproductive organs (United States Trafficking in person's report, 2005; Beyrer and Stachowiak, 2003; Adesina, 2014). Correspondingly, infertility, cervical cancer, as well as sexual trauma leading to hysterectomy (surgical removal of the uterus) are some of the complications (Beyrer and Stachowiak, 2003; Willis and Levy, 2002).

Konstantopoulos et al., (2013) state that the victims developed some mental conditions ranging from committing suicide, inability to sleep (insomnia) to drugs addiction. Tsutsumi et al., (2007, p.1841) further maintained that "the victims suffered anxiety, depression, and post-traumatic stress disorders." Likewise, emotional neglect, the absence of parental guidance and care, violence within the self, alcoholic abuse, cigarette smoking, eating or tattooing disorders and lack of trust are some of the mental health challenges (Hossain et al., 2010; Willis and Levy, 2002).

In accordance to the submission of Adesina (2014) and Konstantopoulos et al., (2013) some of the physical challenges of trafficked victims include; lack of vaccines, diseases of the mouth, tuberculosis, group rape and lack of nutrition. Moreover, the victims are subject to abuse ranging from constant punishment, murder, lack of care and its consequences, as well as the transfer of diseases (Salihu and Ajio, 2009; Hossain et al., 2010). Others are physical neglect which involved not providing appropriate clothing for the weather, educational neglect as well as organ harvesting (Makinde, 2015). Furthermore, Adesina (2014) added accidents in the course of their journey as part of the challenges. In like manner, Zimmerman et al., (2008) submitted that all body systems are affected in a trafficking situation.

In addition to the three health implications mentioned by United States trafficking in person's report (2005), and Adesina (2014) above, there is also additional effects, this involved lack of shelter and work related hazards. Moreover, lack of shelter predisposes them to rape and other related abuses. Lastly, restriction of freedom regarding choice and decision-making is also a factor (Hossain et al., 2010).

8. Health Response Barriers for Trafficked Children

The fact that many people are not aware of sex trafficking, it serves as an impediment to overcoming the menace or responding to its related emergencies. Furthermore, health workers bias hinders effective response (Konstantopoulos et al., 2013). Other relevant factors are: most of our clinics are for-profit motives, people lacks insurance coverage, lack of national registration or denial of birth registration in trafficked countries (Makinde, 2015). Another barrier is the involvement of health practitioners in the operation of baby producing factories who claimed to be providing social services (Makinde et al., 2015) while some of the operating grounds were duly registered organizations by the government (Omeire, 2015).

9. Existing Policies/Legislations on Child Trafficking in Nigeria

The existing policies related to child protection in Nigeria include the 2003 Child Right Act, the Trafficking in Person Law Enforcement and Administration Act (ILO, 2015). Others are the 2003 National Agency for the Protection of Trafficking in Person Act, the Nigerian Immigration Act, the Independent Corrupt Practices and other Related Offences Act (2000), the penal and the criminal code of the Nigerian Constitution related to child protection.

Besides, Nigeria was a signatory to an array of international treaties on child welfare such as ILO Convention 182, 195, 29, 105 and 138, United Nations convention against transnational organized crime (2000), and 1956 United Nations Supplementary Convention on the Abolition of Slavery (ILO, n.d). Nigeria also signed regional instruments such as the 1983 African Charter on Human and Peoples' right (ILO, n.d). It also has migration policies and a bilateral agreement with the UK, Benin Republic, Italy, South Africa, the Republic of Ireland (with MoU) and Spain on human trafficking. However, despite all these, children are trafficked within and outside the country.

10. Why Nigerian Government finds it Difficult to Control Child Trafficking

This involved interplay of many factors, some of which are: lack of designed policy that addressed trafficking in person, there was no mechanism for responding to issues of trafficking as there were no adequate laws to address it. The child's right act was partially or entirely not implemented in some states despite the fact that it integrates all requirements related to a child in an original legislation (UNICEF, 2007). The Nigerian population lacks the necessary information about trafficking in persons and the degree at which the criminal syndicates operate (Adepoju, 2005), the Government focus is on reducing external traffic, thus neglecting the internal and its impact on the people (Adesina, 2014). The health practitioners involved in baby factories activities claimed to be providing medical or social services to their victims thus providing cover for illegality (Makinde et al., 2015). Additionally, endemic corruption in the system of governance facilitates emigration, thus violating immigration policy (Carling, 2006) and our legal system lacks a proper definition of surrogacy, and its practice code which makes it difficult to prosecute offenders who operate baby factories (Makinde et al., 2015).

11. What can Nigerian Government do?

The essence of every Government is to safeguard life and properties of its citizens. The following measures must be in a place like establishing a partnership with Non-Governmental Organizations with a wealth of knowledge on child traffickings such as International Labour Office and United Nations Children Funds, ensure full domestication and enforcement of all international treaties on child protection signed by Nigeria (UNESCO, 2006). Furthermore, Adesina, (2014, p.170) recommended the involvement of indigenous Non-Governmental Organizations such as "National Council of Women Societies, Women Consortium of Nigeria FIDA and WOTCLEF" in any program toward eliminating child trafficking. Equally important, Kazeem, (2009) opined that government must pay attention to those who are patronizing prostitutes and those who promotes the institution. There is a need for government to conduct research to quantify the extent of child trafficking within and outside the country, know the number of Nigerians involved (Mahmoud and Trebesch, 2010; Adesina, 2014). Similarly, Nigerian authorities should recognize baby factories as a route of child trafficking as well as criminalizing tourism for a sexual purpose in the country (Makinde, 2015; Willis and Levy, 2002). Furthermore, empowering people economically, authorize the agency charged with the responsibility of protecting people against trafficking like the National Agency for the Protection of Trafficking in Persons with independent judicial autonomy to prosecute any person found guilty (Ojuoku, 2010). Other measures involved providing support to victims regarding reintegration to the society, establish national abuse hotlines so that people can report early for intervention as well as the provision of sound education which should be free and compulsory to every Nigerian child (Kazeem, 2009; Ojuoko, 2010). Also, there is a need for government to come up with a designed system for surveillance and coordinating health of trafficked victims (Konstantopoulos et al., 2013; Adesina, 2014; Willis and Levy, 2002).

As an effort to overcome the new abuse structure of baby factories that promotes infant trafficking in Nigeria, the government should develop child adoption policy within and outside the country (Omeire et al., 2015; Makinde, 2015; Makinde et al., 2015). Alternatively, increasing access to education as well as providing subsidies to families with poor economic status will help reduce abuse in the household. As a strategy for mitigating the occurrence of child trafficking in our communities, Willis, and Levy (2002) proposed the use of "PREVENT" model whose acronym stands for Psychological Counseling, Reproductive health services, Education, Vaccine, Nutrition, and Treatment, which should be adopted and implemented by Nigerian Government.

According to United Nations Children Fund (2007), only 15 states out of 36 promulgated children's right act in Nigeria, hence the need to ensure full implementation in all states of the federation and the expectation is for the federal authority to intervene. Another means of creating awareness among youths is by establishing clubs in schools against trafficking to educate them on necessary protective measures as well as increasing funding to National Agency for the Protection of Trafficking in Persons (Adesina, 2014). Another important step as identified by Turner (2010) is to prescribe strong punishments against the child traffickers and ensure its implementation at federal, state and local government levels.

12. What can people do?

As citizens, there are lots of actions to be take in addressing this pressing social issue which involved; becoming more informed about trafficking and its consequences, reporting any suspected case to the authorities' concern, Support Government and other organizations willing to eliminate this harmful practice (Salihu and Ajio, 2009; Willis and Levy, 2002). The public must have pressurized Government to recognized baby factories as routes of trafficking thus abolishing it. They must as well stop stigmatizing all girls with unwanted pregnancies as well as advocating for laws that can address issues of surrogacy and assisted reproduction in Nigeria (Makinde et al., 2015). People must change their attitudes toward infertility by accommodating infertile couples as people with hope and aspirations, thus supporting them emotionally.

13. Role of Health System in Overcoming the Consequences

Konstantopoulos et al., (2013) submitted that increasing access to healthcare organizations to the trafficked victims and their communities should form part of the strategies for overcoming the menace. The emergence of baby factories in Nigeria poses a great challenge to Nigerian Health system, in particular, reproductive health practices, hence the need for review (Makinde et al., 2015). There was a need for the campaign on infertility to enlighten the public as well as discouraging stigmatization attached to it. Dovydaitis (2010) reported that 28% of trafficked victim's access healthcare services while still in a state of captivity; additionally, Richard, (2014) says that the victims experience many challenges including health which are often not addressed, hence the need for some flexible policies that will increase access to practitioners. The health system should provide free services or reduce the cost of infertility related interventions to deter people from patronizing baby factories (Makinde et al., 2015).

Other practitioners such as Nurses, Doctor, and others needs training on how to identify victims of trafficking and necessary measures to take, such as reporting to national abuse services, close monitoring of victim before their arrival (Richard, 2014).

14. Global Health Significance of Overcoming Child Trafficking

There was a famous adage that says, and we quote 'united we stand, divided we fall'. Trafficking is a worldwide problem that affects the good democratic system of governance (Adesina, 2014; Young, 2014), as such the international community must come together to regulate the influx of people from Africa and Asia to developed countries. The above-stated measures will contribute in many ways: it will reduce the transfer of diseases across borders as well as the spread of HIV/AIDS and other STI's. Furthermore, crime rates will be reduced to some degree as trafficking affects the security of most nations, their people, and institutions (Young, 2014). The economic downturn affects our societies in different ways; most notable are the global financial crisis, an increase in rates of unemployment, reduction in foreign investments and increase poverty index (Mitev, 2012) thus exposing children to trafficking and its associated complications. Improving family's income by creating jobs opportunities help reduce trans-border movement of people and spread of diseases, enhances the nutritional status of families and better health outcomes. Addressing the problem of trafficking in general help regarding food security of the nation as most of the victims are from rural communities where most people are farmers (Ojuoko, 2010).

This paper is thus unique in its literature search as it is not narrowed to only exploring the problem as in previous reviews, but rather investigates into the way out. Similarly, some studies failed to recognize the phenomenon of the baby factory as an entity to child trafficking in Nigeria. It is therefore; hope that this approach could serve as a means to the solution of the problem not only in Nigeria but other developing nations with a similar situation.

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