

Analysis of Community Psycho-Social Insecurity and Health among Household Heads in Delta State, Nigeria

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Abstract

The study was meant to find solution to insecurity in Delta state by assessing community insecurity through household head perception of community security awareness, physical-psychological insecurity and psychological social community insecurity in Delta state. The method was a household survey method using 390 sampled household heads. The samples were obtained with the use of multi-stage sampling technique and simple ballot sampling through the Federal constituencies, Local Governments, towns, settlements, housing units and households. The questionnaire was made of 29 items. It was found reliable using conbach alpha with a coefficient of .84. A bench mark of 2.50 and above was used for the acceptance level while multiple regression analysis. It was found that participants perceived community security awareness physical-psychological insecurity and psychological-social insecurity as acceptable as community security issues that need to be addressed. When the three variables were subjected to regression analysis, all three variables has an f-value of 12.38 and significant at 0.05. A post have analysis revealed only community security was significant at 0.05 alpha. It was recommended that community should work with agencies that protect life and property in the state among others while culture/tradition that threaten individual in the community should be discarded.

Keywords: Community security, Household, Physical-pycho, psycho-social, health.

Introduction

The word security is a psychic reflection which connotes the certainty to which an individual or community feel safe. According to the oxford dictionary of current English (2001) "security is the state of being or feeling secure or the safety of a state or organization" while to be insecure according to the same source means "not confident or not secure".

In our society today, the word security is commonly used to connote the level at which individuals feel free of threat; threat to life and property. This is because factors or elements of insecurity predominate our environment. Issues of stealing, assassination, kidnapping, armed robbery, natural disaster such as flood, crop failure continued to threaten individual and community. Hence this researcher deem it best to study security by studying insecurity. Providing solution to insecurity means achieving security.

Arising from what security and insecurity mean as defined and explained, insecurity and security are emotional state. Hence Iyengar (1979) stated that "emotional security is the measure of stability of an individual's emotional state while emotional insecurity or simply insecurity is a feeling of general unease or nervousness that may be triggered by perceiving of oneself to be vulnerable or inferior in some ways or a sense of vulnerability or instability which threaten one's self-image or ego".

Insecurity factors presents physical threat to life such as; domestic violence, armed robbery, kidnapping, assassination, assin among others while actions that threatened the mind referred to as psychosocial includes: deprivation children of education, unemployment, absence of health insurance, female genital mutilation, tribal cutting, poverty, early marriage, polygamy, co-habiting, emotional sanitation and sex denial (both) among others. Finding solutions through empirical research to these issues will create a society or families where security is otherwise provided. This study was directed at Delta State as crime report on the state seems to be on higher level compared to some other state in Nigeria. The choice of insecurity for this study has arisen as a result of the number of women seeking divorce, the number of girls running to co-habiting marriage, complications of Female Genital Mutilation, cases of kidnapping, reports of assassination and assin, that has made the home a "hell" not a "heaven".

Issues of insecurity can not be separated from health as issues that threatened the mind, necessitating emotional challenges are associated with both physical and mental health. Diseases such as hypertension, depression and psychic disorder are perceived by insecurity state. This study will be directed on the following variables, security awareness, physical-psychological family issues as insecurity problem and psychological-sociological issues as family insecurity issues and community insecurity is the aggregate of individual and Household insecurity within a defined geographical area. Community and household is therefore use interchangeably in this study. Family security exist when persons living under one roof have physical and economic access to health services to meet their health need and live in free and safe environment free from threat to life and relates psycho-socially well with others in optimal productivity.

This study intended to solve the problem of insecurity in the family arising from family practice that are found on cultural/tradition issues that present physical, psychosocial problem such as physical abuses, emotional

threat, deprivation of various types; financial, education, sexual and emotional pain suffered by members of the family. The number of family members feeling insecure continued to increase and at times opt-out of the home as practiced by boys and girls co-habiting as couple, teenage pregnancy and prostitution.

Concept of Insecurity

Philosopher like Maslow (1942) and the Erikson's stages of psycho-social development was anchored on insecurity and finding security and learning. According to Maslow (1942); Insecure person is a person who "perceives the world as threatening jungle and most human beings as dangerous and selfish; feels a rejected and isolated person, anxious and hostile; is generally pessimistic and unhappy; show signs of tension and conflict, tends to turn inward; is troubled by guilt-feeling, has one or another disturbance of self-esteem, tends to be neurotic, and generally selfish and egocentric."

These quality of insecured person as stated by Maslow has implications for both physical and emotional health. A common adage is that the mind determines the body and the body determines the mind. Hence this studies on insecurity and security anchored on the state of health of individuals and community. This is supported by the definition of health as a state of physical, mental, social and emotional wellbeing not the mere absence of disease of infirmity. (WHO 1948).

The insecurity manifest shyness, paranoia, social withdrawal and may encourage compensation behaviours such arrogant, aggression or bullying (Iyenger 1979).

Reviewing literature in insecurity may adopt the applied approach. This means insecurity may not always apply directly but may pass through other channels; example – food security, family security and emotional insecurity. Food security according to FAO (2009) exist when all people at all times have physical and economic access to sufficient, safe and nutritional food to meet their healthy life. Food insecurity therefore means non-access and non-availability or insufficiency of food demand. According to Holzer, Schanzenbach, Duncan and Ludwig (2008), economist estimate that child poverty costs an estimated 500 billion dollars a year to the U.S. economy; reduces productivity and economic out by 1.3 per unit of Gross Domestic Product (G.D.P); raises crime and increases health expenditure. In another study Hook (2015) stated that the close relationship between mental health and physical health has fresh implications for the field of humanitarian assistance as research is beginning to emphasize the link between increased food insecurity and increased mental health problems. Hadley, Craig and Crystal (2006) studied food insecurity in rural Tanzania using the adopted version of the USDA's food security module and Hopkins symptom check list; the result consistently found that despite large differences in factors such as schooling, household size and polygamy, frequency rate of high anxiety and depression were found to correspond most closely with food insecurity rather than with these other factors.

In another study, El-Sheikh, Cummings, Kouros, Elmore-Station, Buckhalt () showed that emotional security is a viable explanatory mechanism for the influence of marital (physical) aggression against the mother or father on multiple dimensions of child adjustment. Explaining further the study revealed that marital aggression either the father or mother had both unique, and combined impact of aggression against both mothers and fathers and leading to the report that both African-American children and European-African children had the same negative impact on children from parent aggression.

Poverty, unemployment and crime are interwoven issues associated with insecurity issues. Low socio-economic status and poor economic development are precursor of insecurity and time internal conflict or war. Hence Ekwehare (2009) using the Niger-Delta Region has been characterized by enormous problems of increasing poverty and impoverisation, backwardness and under-development starkly manifested in increasing rates of unemployment and crime. Okogu (2009) stated that the issue of security of natural resources requires a multi-pronged approach involving political, economic and law enforcement strategies. Security at home involves hardware in place on property and personal security practices. Family security is important to keep individual and family out of threat (Wikipedia).

Attempt to make ends meet in the family becomes a problem if the family is in the low socio-economic class. Example, family send children for street hawking to improve the economic of the family. Street hawking constitute insecurity. According to Onuzulike (2011), street hawking is an act that endangers the lives of the hawkers, good hawked and the consumer-society in general. Earlier researchers such as Donl (1990), Fawole (2003) and Godfrey (1996) were of the opinion that street hawking is predisposed by poverty, high cost of living, lack of sponsorship, poor school performance and poor home condition, prevent unemployment and poor parental and child achievement. Eke (1993), Onuzulike (2002) grouped consequences of street hawking children into three; physical, psychological and social. These include accident, sex harassment, food poisoning, stress, fatigue, depression, anger, unwanted pregnancy, prostitution, smoking, robbery and poor academic performance.

Research Questions

Four research questions and one hypothesis was derived for the study.

To what extent does security awareness among members of the household protect/promote health in Delta State, Nigeria.

To what extent does physical-psychological insecurity as perceived by members of the households protect/promote the health of the family in Delta State, Nigeria.

To what extent does psychological-social insecurity as perceived by members of the family protects/promote the health of household members in Delta State, Nigeria.

To what extent does security awareness, physical-psychological insecurity, psycho-social insecurity be a determinant of health among members of the household in Delta state.

Hypothesis

Community security awareness, physical-psychological insecurity, psycho-social insecurity will not significantly predict health among households in Delta State.

The findings of this study will be significant to health educators in their teaching and promotion of family health, Guidance and Counselors will use the finding in their family counseling. Government will be guided by the finding in their policy formation and implementation on the family issues. The security agents will be guided in their security activities by the findings of this study.

Method and Procedure

The study adopted the descriptive study design. The household population in Delta State was 800,000 Delta state Household survey (2003). The sample size was estimated to be 390 based on the FAO formula as presented by (Areoya 2004). According to the formula a sample of 384 is enough for study of 10,000 and above. To obtain the sample the multi-stage sampling techniques was used to obtain two (2) Federal constituencies from each senatorial district using the simple random ballot. The same simple ballot was used to obtain 1, Local Government Area Council from each of the sampled Federal constituency. Using the systematic sampling techniques 5 towns were obtained from each of the sampled Local Government Area. From each of the sampled towns two (2), settlements were obtained using simple random. A settlement is made up of 20 – 30 house units. Thus 30 settlements were obtained for the study. In a settlement, a research assistant sampled on alternate housing unit for a household head. This is done by moving only on the right side of the settlement. In one housing unit the random table was used to obtained only one household head who is administered a questionnaire. In a settlement 14 household heads were obtained, making a total of 420 household heads. However where a household head is unable to respond to the questionnaire, the most senior person next to the household head response to questionnaire.

A self reporting questionnaire made up of 29 statements in compartment of awareness, physical-psychological insecurity, psychological-social insecurity and health. These were the variables of the study. The questionnaire was structured into two sections; section A – bio data and section B, structured statement. To respond to section B, participants tick either Strongly agreed (SA), Agreed (A), Disagreed (D) and Strongly disagreed, as must applicable to him/her. The questionnaire was subjected to face and content validated by two professors of Health education and another in Test and measurement. They reviewed the content and made little amendment. Their final result and the result of the conbach's alpha was reflected in the study.

The conbach's alpha of .84 was found to be satisfactory for the study. The instrument was administered by the researcher and the research assistants. The questionnaire was administered and retrieve within two hours of administration. The instrument was given to household heads but may be assisted by adult and learned member of the household.

To analyze the descriptive statistics, a benchmark of 2.50 was derived from the levels of 4, 3, 2 and 1 which amount to 10. The means was obtained (2.50). The means of each statement was used to determine agreed or disagreed. Means of 2.50 and above were agreed and below 2.5 – disagreed. The multiple regression analysis was used to predict the dependent variable-health against the independent variable at 0.05 alpha. A total of 420 questionnaire was administered and 390 retrieved at 92.86%.

Findings

The social-demographic characteristics of the respondents are follows. Males as househead were 347 (89%) while females were 429 (11%). According to educational background; 20 (5.12%) had no formal education, 152 (38.97%) either had or attempted primary school education, 184 (47.17%) had or attempted secondary school education while 34 (8.71%) had or attempted higher education. On age classification, 121 (31%) falls between the ages of 15-39 years, 151 (39%) falls between 40-59 years and 117 (30%) falls between 60 and above. On occupation; 8 (2%) had no real defined means of live hood, 159 (4%) were formers, 47 (12%) were teachers 94 (24%) were traders, 31 (80%) were other civil servants/public officers other than teachers, 23 (4%) were artisans while others not specific, 16 (4%).

Table 1: Participants security awareness as a community security issues towards family health in Delta state

S/N	N	390	Decision Rule	2.5
S/N	Items		Means	Decision
	Insecurity in the family could be threat in physical or psycho-social manner		3.75	Agreed
	Physical security could be in the form of threat to life, physical assault or abuses (spouse abuse, child abuse or elder abuse) related to health in the family		3.55	Agreed
	Psychological insecurity could be ignoring the partner or a sanction or refusal to eat or deliberately sleeping outside the home		3.30	Agreed
	Refusing to utilize the services of the health insurance could be viewed as social insecurity		3.02	Agreed
	Constant quarrelling sexual refusal, threat to leave the marriage are viewed as social-psychological insecurity in the family		3.52	Agreed
Grand Means			3.42	Agreed

Table 1 revealed that participants in this study agreed that security awareness of community security issues is the first approach toward security as related to health in the household. They agreed that the items stated constituted basic issue in security related to family health. A grand means of 3.42 fell under agreed.

Table 2: Participants' physical – psychological community insecurity issues toward health, in Delta State

S/N	N	390	Decision Rule	2.50
S/N	Items		Means	Decision
	Female Genital Mutilation/Tribal mark is a form of physical insecurity in the family related to health		3.06	Agreed
	Unemployment is a form of physical insecurity in the Family		3.12	Agreed
	Early marriage/under age marriage/spouse abuse are insecurity related health		3.26	Agreed
	Poverty is insecurity in the family related to health		3.68	Agreed
	Food deprivation is insecurity related to health		3.61	Agreed
	Education deprivation to the needy in the family constitute insecurity		3.15	Agreed
Grand Mean			3.31	Agreed

Table 2 revealed that participants in this study agreed that physical-psychological- household insecurity issues toward health forms parts of participant perception of insecurity and health. With a grand means of 3.31, confirmed that items under physical-psychological issues constitute what participant perceived as important insecurity issues related to health of the people Delta State.

Table 3: Participants' psychological-social insecurity issues of household as affects health.

S/N	Items	Decision Rule	Means	2.50	Decision
	Inherited diseases such as sickle cell or hemophilia constitute psychological insecurity in the family.		3.44		Agreed
	Absence of health insurance for members of the family constitute insecurity related to health		2.88		Agreed
	Sex deprivation is psychological insecurity related to health	3.25			Agreed
	Home issues constitute social insecurity and threat to health in the family.		3.25		Agreed
	Threat to divorce as insecurity related to health.		3.03		Agreed
	Polygamy as insecurity related health in the family	3.32			Agreed
	Teenage marriage as insecurity to health		3.05		Agreed
	Marital distress is associated with stress, fear and anxiety for children, amount to insecurity in the family		3.12		Agreed
	Neighborhood violence can be a source of psycho-social sufficient to children and insecurity in the home		3.37		Agreed
	Low self-esteem could arise from insufficiency in the home as social insecurity	3.28			Agreed
	Behavior problem associated with poverty and food insufficiency for the household include aggression, attention deficit, conduct disorder and poor peer group association amount to insecurity.	3.46			Agreed
	Physical insecurity is associated with psychosocial insecurity in the family.	3.32			Agreed
Grand Means			3.28		Agreed

Table 3: Participants in this study agreed that psychological-social insecurity as household insecurity issues that affects health of the people. Participants agreed through their means score of the relationship between psychological-sociological issues and health with a grand means of 3.17. It was confirmed that people considered psychological-sociological insecurity issues as been related to health.

Table 4: Participants perception of what constitute security health in Delta State.

S/N	Items	Decision Rule	Means	2.50	Decision
	Being free from threat to life and property constitute a part of good health.		3.73		Agreed
	Absence of assault and physical injuries constitute a part of good health		3.48		Agreed
	Mental and emotional stability constitute a part of good health		3.75		Agreed
	Non-aggression, absence of anxiety and fear constitute good health		3.48		Agreed
	Adequate resources and food, are fundamental to good health		3.64		Agreed
	Health is promoted when the family is at peace		3.82		Agreed
Grand Means			3.65		Agreed

Table 4 revealed that participants in the study agreed that items stated in the table constituted what amount to security health. This was confirmed with a grand means of 3.65.

Table 5: Regression analysis of security awareness, physical-psychological, psycho-sociological insecurity as predictors of community security health in Delta State.

Model	Sum of Squares	df	Mean Square	f Value	Sig.
Regression	309.75	3	103.251	12.38	0.05
Residual	3218.50	386	8.338		
Total	3528.25	389			
Model	Sum of Squares	df	Mean Square	F Value	Sig.
Constant	12.80	1.50		8.52	.000
Awareness	.47	.098	.289	4.81	.05
Physical-psych	.007	.051	.007	.130	.897
psychosocial	.005	.041	.007	.133	.895

$R = .296$, $R^2 = 0.088$, $Adj. R^2 = .081$

Table 5 revealed that a regression analysis of all three independent variables of awareness, physical-psychological and psychological-sociological insecurities with a dependent variable of health. The regression had a calculated F-value of 12.381 with a df of 3,386 and $p < 0.05$. A further analysis of the variables revealed that security awareness has a t-value of 4.81 and $p < 0.05$, physical-psychological insecurity has a t-value of .130 and $p < .897$ and psychological-social has t-value of .133 with a $p < .895$ while others were not. The model explained 8% of the variance ($Adjusted R^2 = .081$). Only security awareness was a significant predictor of Health in this study.

Discussion

It was also found in this study that security awareness was agreed by participants as important issue in community security with a grand means of 3.42. It was found in this study under descriptive analysis of research questions that physical-psychological factor of community in security as relates to health had a grand bench mark of 3.42 which was accepted or agreed as important issues that affects the participants in this study both physically and psychologically. This findings was supported by the study of Onuzulike (2002) and (2011) when he found that street hawking a factor of poverty endangers the life of the hawkers, goods hawked and the consumers-society in general. According to his study, street hawking has three consequences on children hawkers: Physical, psychological and social. Another findings on the psychological-social implication of community insecurity as relates to health revealed that participants had a grand means of 3.24 which fell into the agreement level. This findings correlates the findings of Hook (2015) who found “close relationship between mental and physical health, has fresh implications for the field of humanitarian assistance as researches is beginning to emphasized the link between increased food insecurity and increased mental health problems”.

It was also found in this study that, health is a multi-dimensional issues of which community security and insecurity plays a major role. In this study, health as a multi-component involving community insecurity has a grand means of 3.65 which fell under agreeable. This finding was in line with the definition of health by W.H.O (1948) as “a state of physical, mental, emotional and social well being no the mere absence of diseases or infirmity.”

When the data were subjected to stronger statistics of multiple regression, it was found that the three variables of security awareness, physical-psychological insecurity factors, and psychological-social insecurity factors as relates health has an f-value of 12.38, with a df of 3 and at an alpha of 0.05. This was found to be significant. An R-value of 0.29, which means the three variables of community insecurity factors affects family health by 29%. The R^2 adjusted was .081. Thus the model explained 8% variance in the development variable. This findings tally with the finding of EL-Sheikh, Cummings, Kowros, Elmore-Staton and Buckhalt (2006) which shows that emotional security is viable explanatory mechanism of the influence of marital (Physical aggression against the mother or father on multiple dimensions of child adjustment. This present finding also tally with that of Hadley and Crystal (2006) who found that food insecurity in rural Tanzania, that despite large differences in factor such as schooling, household size and polygamy, frequency rate of high anxiety and depression were found to correspond most closely with food insecurity rather than with other factors. This present finding was supported by Ekwerhare (2009) who used the Niger-Delta Region of Nigeria to illustrate that the “Niger-Delta has been characterized by enormous problems of increasing poverty and impoverisation, backwardness and under-development and crime”. Without doubt, unemployment manifest in hunger and anger, thus a disturb emotional state. So too crime manifest physical injuries and lost of life and property.

On further analysis of the variables, security awareness was found to be a predictor as a factor of health with a t-value of $4.81 \leq 0.05$. This was significant. Thus this finding break new ground as there is no available literature at the disposal of this researcher to back this finding. The finding revealed the level of consciousness of the people on issues of physical, psychological and social security/insecurity as relates to their health.

Summary

The study was perceptual descriptive research on security awareness physical, psychological and social community insecurity issues as affects health of household members. The respondents were household heads. The sample size was 390. The multi-stage and simple random technique were used to obtain the sample. It was found that there was agreement by household heads that the three variables of security awareness, physical-psychological, psych-social community insecurity were significant and thus constitute insecurity to the people of the state. Regression analysis of the three variables revealed that they were significant predictor of health of the people of Delta State. The study also revealed that security awareness on the path of the people constituted security to health.

Recommendations

Arising from this study, the followings were recommended;

Community should work with security agencies that protect life and property in the state.

State organs of security should liaise with community on issues of security and health.

Means or avenue to reduce traditional/cultural practices that amount to physical, psychological and social threat to household members be discouraged.

Organs of creating awareness and changing attitude and behavior such as Health education should be encourage at community level.

Traditional community organ of security such age-group, community vigilante among others be activated and supported by Government to reduce threat to life and property.

Issues that reduces unemployment, poverty, street hawking, domestic aggression such entrepreneurship programme, self employment, farming practice encouragement, should be promoted by Government, Non-Governmental Organization and religious bodies to improve sufficiency in families.

Reference

- Areoye, M.O. (2004). Research methodology with statistics for Health and social sciences. Ilorin. Nathadex publisher 115 – 121.
- Delta state Household Survey (2003). Central office of research and statistics. Ministry of Economic Planning Asaba Delta State Nigeria.
- Donli, H.N; (1990). Socio-legal consequences of child abuse. In A.S. Ajibola (Ed) women and children under Nigerian law. Lagos: Federal Ministry of education.
- Eke, B.I. (1993). Hawking of food: Major abuse on health. *African journal of child abuse and neglect* 1 (1), 17-25.
- Ekuerhare, B. (2009). Development options for the Niger-Delta Region. *Journal of Social and Management Sciences review*, 4., 17 – 27.
- El-Sheikh, M., Cummings, E.M., Elmore-station, L., Buckkalt, J. (2006). Marital Psychological and Physical aggression health: Direct, mediated and moderated effects. *Journal Consult Clinical Psychological*.
- Fawole, J.O. (2003). A study of child abuse and neglect and intervention strategies in Nigeria. *Nigerian School Health Journal* 15 (1 & 2) 5 – 17.
- Godfrey, M. (1996). Health behavior world wide. Californai: Bel publisher.
- Hadley, Craig & Crystal, L. Patil (2006). Food Security in rural Tanzania is associated with maternal anxiety and depression. *American Journal of Human Biology* 18 (3): 359 – 368.
- Holzer, H., Schanzea bach, D. Duncan, G & Ludwig, J. (2008). The economic costs of childhood poverty in the United States. *Journal of Children and Poverty*, 14, 41-61.
- Hook, K. (2015). Peace of mind, Health of body: why the correlation of food security, Physical Health and mental wellbeing holds important implication for humanitarian actors.
- Iyengar, B.K.S (1979) Light on Yoga (Revised edition 1977) Schocken Books.
- Maslow, A.H. (1942). The dynamics of psychological security: *Journal of personality* 10(4): 331 – 344. doi: 10/1111/J.1467 – 6494, 1942. tbo/911.X.
- Okogu, B.E. (2009). How can economic policy support peace and security in developing countries. *Journal of social and management science review*, 4; 63 – 75.
- Onuzulike, N.M. (2002). Issue in health. Owerri: Mewilliams publisher.
- Onuzulike, N.M. (2011). Gender differences in knowledge and attitude towards child street hawking and rural resident parents. In B.O. Ogundele, O.A. Moronkola, J.F. Babalola: Contemporary issues in Education, Health and Sports: The way forward-book of reading in honour of Professor J.A.. Ajala. Ibadan, Department of Human Kinetics and Health education, University of Ibadan, Ibadan. Ibadan: Royal publisher.
- Oxford Dictionary of current English 2011. United State. Oxford University press.
- Re-defining Health (2015). Bulleting of the World Health Organization. Article: Ustun and Jakob. 2015; 83: 802.