Assessment of Poverty Incidence among Almajiri Children in Damaturu Metropolis, Yobe State

Salisu Muhammad Baba[1*], Buhari Mohammed Ardo[2], Wasiyya Ahned[3] and Mohammed Khalid Bashir[4]

[1]Department of Urban and Regional Planning, the Federal Polythetic Damaturu, Yobe State
[2]Department of Building Technology, the Federal Polythetic Damaturu, Yobe State
[3&4]Department of Architectural Technology, the Federal Polythetic Damaturu, Yobe State
Corresponding Author: *babasulisu77@gmail.com* 07065757543

Abstract

Poverty is a major socio-economic problem affecting many countries particularly the developing regions of the world. This study assesses the poverty incidence among Almajiri children in Damaturu metropolis, Yobe State Nigeria. Both quantitative and qualitative survey was conducted in all the almajiri schools in the study area. A survey research strategy was adopted which involves the process of collecting data using the questionnaire as instrument for data collection. The instruments for data collection for this study included Geographical and Information System (GIS), structured questionnaire using Ordinary Data Kit (ODK) software. Six thousand one hundred and ninety-three (6,193) represents the sample frame for the study. The sample size for the study for the children and guardians were 361 and 48 respectively. Similar, for the general public 100 person who lived close to the Tsangaya were selected for the study. In this study, cluster, availability, simple random sampling and probability technique were used. The children were selected randomly from the streets and Tsangaya in various neighbourhoods under study. Data collected from the field was analysed using descriptive statistics, tables, mean, ratio, and the route mapping was presented inform of maps about the Origin-destination that is place of origin and destination. Also, data collected were subjected to Multidimensional Poverty Index (MPI) method. The findings of this study revealed among others that, the almajiri children are deprived at least either in all the indicators of a single dimension or a combination across dimensions of child poverty in Damaturu metropolis. This study therefore recommends, a multifaceted approach that addresses the complex interplay of economic, social and cultural factors shaping the well-being of the Almajiri children.

Key Words: *Assessment, Almajiri, children, poverty, poverty incidence, Damaturu metropolis.*

Introduction

Poverty is a major socio-economic problem affecting many countries particularly the developing regions of the world. It is a global phenomenon that has devastating effect and has remained a threat and challenge to humanity in all its ramifications. It is complex, multidimensional and multifaceted with manifestations in the economic, social, political, environmental and almost every realm of human existence (Bhalla & Lapeyre, 2016), it is in this regard that Addae-korankye (2014). Sees it as the oldest and the most resistant virus that brings about a devastating disease in the developing countries. Similarly, Salleh (2011) sees it as not only having negative nature itself, but also having negative consequences to individuals, society and the nation at large. It is also regarded as one of the worst problems in the society, or dangerous social phenomenon, the most terrible social ill and main enemy of national development.

Poverty spreads essentially when citizens are not gainfully engaged in one economic activity or the other or resources are unequally distributed among areas (Combat Poverty Agency, 2008). Unfortunately, not all regions have made remarkable progress in reducing poverty. According to World Bank (2016) the sub-Saharan Africa has lagged behind other regions with regard to poverty reduction and that 54% live on less than 1 Dollar per day. Similarly, in 2022 about 1.3 Billion people in 111 developing countries live in acute multidimensional poverty in which 460 million live in Africa and Nigerian account for 12% of the world poor population. Apparently, more children in households with low income will experience poverty due to their reliance on parents to meet basic needs, children in households without jobs are in great risk of poverty (UNICEF, 2013).

Child poverty, like poverty itself is not just about money; rather it is multi-dimensional in nature. That is, it is manifested in multiple deprivations from essential needs of their lives such as shelter, education, and nutrition (Poulsen, 2018). Although the world has promised children the right to a good start in life, there is however a shortfall in the realization of that promise, which translates to the violation of children's human right to survive and develop. It is therefore imperative that governments at all levels work towards safeguarding these rights (United Nation Development Programme (UNDP, 2004). Today's children embody tomorrow's world. It is based on this premise that Comeu and Boyle (2018). Asserted that uneducated, malnourished, poor children are likely to become tomorrow's uneducated, malnourished, poor adults.

The issue of Almajiri system of education in Nigeria has attracted global attention in recent time. Although the Almajiri School was established with its good intention as an organized and comprehensive education system for learning of Islamic values and jurisprudence, principles, and theology as a school curriculum modelled after Madrasahs in Muslim societies (Edinyang, Bassey & Ushie, 2020). Parents or guardians send young boys between the ages of seven to fifteen (7 – 15 years) to other towns, cities, or villages, for Qur'anic education under the knowledgeable Islamic teacher or scholar called Mallam. The community provide the Mallam with adequate spaces (Tsangaya) to teach his pupils, with a view for the Mallam also provide them with space to sleep. The concept is in consonance to the right of the Almajiri pupils as enshrine in the United Nations' Universal Declaration of Human Rights and included in the wider Right to Adequate Standard of Living (Abdulqadir & Istvan 2017).

Child poverty has indeed become a social issue (UNDP, 2009), of which the society must provide solution to. Thus, there is need for a more concerted effort and paradigm shift to ensure that child poverty is vigorously tackled and tremendously reduced or even eliminated. To pave way for the country to achieve this, there is an urgent need for adequate child-focus approach in

the analysis of poverty. It is therefore needful to say that a preserved childhood is better than a repaired adulthood.

Over the last two decades, a number of studies on poverty have been carried out, especially in the developing countries where the menace of poverty is more prevalent (UNDP, 2004). For example, a study conducted by Wassawa (2015) on the intensity and determinants of multidimensional child poverty in Uganda was reported based on the level of settlement (rural and urban). Similarly, the findings of Liou (2016). In his study titled "Child poverty and its impact on social exclusion in Taiwan was also reported at city level (urban). The implication of this approach is that, the spatial variation that exist within the urban and rural setting is not adequately reported, which is important in effective policy implementation on child poverty.

However, these studies are yet to provide a disaggregated data on child poverty. Similarly, focus on the categories of these Alma Jiri children was also neglected. It is important to know that determining the child poverty incidence must be accompanied with adequate spatial information of the phenomenon. Considering the foregoing argument, two major research gaps have been identified from the previous studies on child poverty. First is the dearth of local level studies on child poverty (Disaggregated based on scale and dimension); and second is the absence of geographical perspective to child poverty as it relates to the spatial characteristics of child poverty. Disaggregating child poverty as to the lowest scale and providing spatial information on child poverty will no doubt enhance the quality of information on child poverty, a situation that will translate to effective monitoring, control and implementation of effective child poverty reduction programme. Therefore, to ameliorate the menace of child poverty among Alma Jiri children, the physical, economic, social and geographical perspective of child poverty must be adequately analysed in other to have better understanding of the problem in Nigeria in general and the North-east geopolitical region in particular.

In a recognisances survey, careful observation reveals that, most of the Almajiri Tsangaya system of education visited in urban northern Nigeria, majority seems to be mainly for children of parents from low class, poor homes, large family size parents, low socio-economic status etc. sawing the system as a dumping ground for their children. The Mallams in other hand saw the Almajiri system as a means for livelihood to enrich themselves from the proceeds of the learners begging, making the children vulnerable (Edinyang, Bassey & Ushie, 2020). The Tsangaya houses mostly reveal to be unsafe and unhealthy homes lacking windows dirt floors leaking walls and roofs, as well as overcrowded with limited access to basic services such as water, toilet and its poor sanitary conditions. Also, environmental factors largely affect both the physical and psychological potentials of individuals in learning. Therefore, it becomes imperative for this study to undertake the assessment of the incidence of poverty among Almajiri children in Damaturu metropolis, Nigeria.

Methodology

The Study Area

Method of Data Collection

In this study, both descriptive and exploratory designs were adopted to describe each of the variables that are necessary for the study. Polit *et al.*, (2004) pointed that exploratory research is undertaken when a new area is being investigated or when little is known about an area of interest. It is used to investigate the full nature of the phenomenon and other factors related to it. In this study, it involves exploration of the opinions of child poverty regarding it incidence and spatial distribution were collected. According to Burns and Grove (2003), descriptive research "is designed to provide a picture of a situation as it naturally happens". It may be used to justify

current practice and make judgment and also to develop theories. Therefore, descriptive and exploratory researches were used to obtain data that can depict the true picture of incidence and spatial distribution of child poverty.

A mixed method of research was adopted. Both quantitative and qualitative research techniques, were used for this study. In this study, a survey research strategy was adopted which involves the process of collecting data using the questionnaire as instrument for data collection. The survey method refers to the complete set of techniques used to carry out a survey research, collect and manage data (Lynn *et al.,* 2012). The survey research approach was adopted to help analyse data obtained to answer the research questions.

The instruments for data collection for this study included Geographical and Information System (GIS), structured questionnaire using Ordinary Data Kit (ODK) software and Personal (field) observations for children, guardian (Mallam) and the general public. The GIS was used for route mapping. The questionnaire for the children was subdivided into sections. The first section collected data on the socio-economic background of the parent which includes age, educational level, occupation and their state of origin. The second section collected on the spatial behavior of the children that include households' member who drop the child, time spent by the children both at the school and the street, children adaptation, origin and destination of the children within the selected cities and their movement pattern across the cities.

Six thousand one hundred and ninety-three (6,193) was the sample frame for the study. The sample size for the study for the children and guardians were 361and 48 respectively using Yammane (1973) sample size equation. Similar, for the general public 100 person were selected in the entire study area, people living close to the Tsangaya were selected in each of the neighbourhood across the study area. In this study, cluster, availability, simple random sampling and probability technique were used. The children were selected randomly from the streets and Tsangaya in various neighbourhoods under study.

Data collected from the field was analysed using Descriptive statistics, tables, mean, ratio, and the route mapping was presented inform of maps about the Origin-destination that is place of origin and destination to branch, Origin destination within the study area, Distance covered daily, Clusters of daily concentration within the study area.

Also, data collected were subjected to Multidimensional Poverty Index method developed by Forster and Alkire, (2007, 2011). The MPI is an index designed to measure acute poverty. Acute poverty refers to two main characteristics. First, it includes people living under conditions where they do not reach the minimum internationally agreed standards in indicators of basic functioning, such as being well nourished, being educated or drinking clean water. Second, it refers to people living under conditions where they do not reach the minimum standards in several aspects at the same time. In other words, the MPI measures those experiencing multiple deprivations, people who, for example, are both undernourished and do not have clean drinking water, adequate sanitation or poor housing condition. In the MPI the three dimensions are equally weighted, so that each of them receives a 1/3 weight. The indicators within each dimension are also equally weighted. Thus, each indicator within the health and education dimension receives a 1/6 weight and each indicator within the living standards dimension receives a 1/18 weight (1/3 ÷ 6).8 If the number of indicators per dimension is changed, the weights will need to be adjusted according to the same principle as above.

The intensity and incidence of poverty among the street children were measure across the three cities using: -.

As mentioned in the overview, the MPI combines two key pieces of information: (1) the proportion or incidence of people (within a given population) who experience multiple deprivations and (2) the intensity of their deprivation: the average

proportion of (weighted) deprivations they experience. Formally, the first component is called the multidimensional headcount ratio (H) as presented in equation 1.

$$H = \frac{q}{n} \qquad \text{(eqn.1)}$$

Here q is the number of people who are multidimensional poor and n is the total population. The second component is called the intensity (or breadth) of poverty (A). It is the average deprivation score of the multidimensional poor people and can be expressed as in equation 2.

$$A = \frac{\sum_{i=1}^{n} c_i(k)}{q} \qquad \text{(eqn.2)}$$

Where $c_i(k)$ the censored deprivation score of individuals I and q are the number of people who are multidimensional poor.

The MPI is the product of both: MPI = $H \times A$.

The analysis of the dimensions of poverty, indicators, deprivation cut-off, poverty benchmark, weight, intensity and incidence of poverty as well as multidimensional poverty index, desire of the children to improve their wellbeing peep in to the future of the children was presented in tables with percentages.

Results and Discussion

Spatial Behaviours of Almajiri Street Children

In this section, issues discussed are persons responsible for dropping the children at the Almajiri School; daily outing of the children, exit time daily from the residences; destination of the children in their daily movement, activities obtainable at the location, and hours spent on the street by the Almajiri children.

Household member who dropped the children in Almajiri School

Table 1 shows the household member responsible for dropping the children in Almajiri School. For example, 56% were dropped at Almajiri School by their father while 44% were dropped by other household members. This implies that Parent are the most dominant among the household members that are responsible for dropping children at the school.

Table 1: Member who dropped the children in Almajiri School in the study area

Response	**Damaturu**	
Father only	183	56
Other family relatives	37	12
Elder brother	87	30
Elder sister	71	2
Total	**288**	**100**

Hours spent on the street by the children

Table 2 shows time spent by the children on street daily. It shows that the minimum hour spent by the children is 2 hours in the study area. The maximum hours spent by the Almajiri children on street is 8 hours in Damaturu. The average time spent by the children on the street is 6:14 in Damaturu. This shows that most of the children spent as much as 6 hours on the streets which is a greater part of the day mingling on the street doing nothing. The children abuse drug because of relative freedom enjoyed in the street Child living on the street, especially in the weather conditions of Northern Nigeria and Damaturu in particular. This could be detrimental to their general wellbeing.

Table 2: Hours spent by children on the street daily in the study area

Statistic	**Damaturu**
Sum of weights	288
Minimum	2:00
Maximum	8:00
Mean	6:14

Standard deviation (n)	1.2699

Table 3 shows the number of children who spent time within, above and below the mean values of time spent on the street across the three cities and the regional level. About 123 children spent above 6:14 in Damaturu. Very few (63) of the children spent less than the mean time of 6:34 in Damaturu as shown on the table. A very reasonable percentage of the children spent as high as 6:34min on the street in the study area which the aim of the programme has been defied.

Table 3: Mean value of hours spent by children on the street daily in the study area

Statistic		**Damaturu**
Mean Value		6:14
	Above Mean	128
Number of Children	Mean Class	93
	Below Mean	63
Sum of weights		288

Time Spent by Children in Tsangaya (school) daily

Time spent by the children daily at the Almajiri School is shown in Table 4. In the study area, the Table shows 1 hour as the minimum time spent by the Almajiri children in Tsangaya, 7 hours is the maximum time spent by the children in Damaturu. The average time spent by the children daily in Tsangaya is 4 hours in Damaturu.

Table 4: Hours' time spent by children in tsangaya daily

Statistic	**Damaturu**
Sum of weights	288
Minimum	1.00
Maximum	7.00
Mean	4.00
Standard deviation (n)	0.456

Table 5 shows the number of children who spent within, above and below of the mean time spent at the school (Tsangaya) was 4:02 in Damaturu. Majority (241) of the children spent time within the mean values in Damaturu. This shows that some of the children spent as low as 4 hours' time a day at the Tsangaya which is their main purpose of being in the study area but the spent more time on the street that the Tsangaya and this is major set of them learn because they emphasis much on what to eat and get from the public rather than spending more time at the Tsangaya.

Table 5: Mean value of hours spent by children at the tsangaya (school) daily

Statistic		**Damaturu**
Mean Value		4:02
	Above Mean	41
Number of Children	Mean Class	241
	Below Mean	6
Sum of weights		288

The study established the differences between hours spent on the street and at the school (Tsangaya) by Almajiri school children in the selected cities. This is achieved through Analysis of Variance (ANOVA) statistical technique. The findings of this research revealed the data summary of the time spent on the street and time spent at the schools by Almajiri school children in Table 15 and 16, while ANOVA summary is presented in Table 17. The statistical significant level of the ANOVA model was set at 0.05. The study revealed a P-value of 0.0004 for the differences between the

time spent on the street and time spent at the schools (Tsangaya) by the Almajiri school children, which is less than 0.05 significant level. It therefore, implies that there is a significant difference between the time spent on the street and time spent at school (Tsangaya) by the Almajiri school children in the study area.

Table 6: Data summary of the time spent on the street and time spent at the schools by Almajiri school children

Groups	N	Mean	Std. Dev.	Std. Error
Hours Spent on the Street	3	6.3433	0.1762	0.1017
Hours Spent at the School (Tsangaya)	3	4.3	0.2598	0.15

Table 7: ANOVA Summary for the time spent on the street and time spent at the schools by Almajiri school children

Source	Degrees of Freedom DF	Sum of Squares SS	Mean Square MS	F-Stat	P-Value
Between Groups	1	6.2626	6.2626	127.1048	0.0004
Within Groups	4	0.1971	0.0493		
Total:	5	6.4597			

Measuring Multidimensional Deprivation (Poverty) Suffered by Almajiri Children

In this section is concern about measurement of poverty among the children which includes poverty measurement, deprivation in dimension, Incidence, Intensity and Multidimensional Poverty Measurement, Incidence and Intensity of Poverty, Desire of the Children to Improve Their Wellbeing and Peep in to the Feature. Child poverty were measured among the Almajiri street children using four dimensions of deprivations; health and personal hygiene, feeding and nutrition, wellbeing, and housing condition of the children. Deprivations in these dimensions were measured with multidimensional poverty index; derived from poverty incidence and intensity poverty across the three cities and the regional level of the study.

The indicators use for each of the four dimensions are as follows; - for health and personal hygiene, Location for medical treatment, Bathing(frequency), cloth washing (frequency), barbing (frequency) and sweater for use during harmatan. Similarly, the indicators for Feeding and Nutrition as a dimension are Feeding pattern, Source of food, Consumption of basic nitrous food. For wellbeing of the children as dimension the indicators are why on the street, Access to modern accessories, Child labour. Furthermore, the indicators under housing condition as dimension to measure multidimensional poverty index of the

Almajiri street children are Room occupancy ratio, Type of toilet, Location of water source and availability of mattress (for sleep).

The Deprivation cut-off used for the indicators under each dimension are as follows for health and personal hygiene the deprivation cut-off are Children who attend modern medical facility, Children who bath at least every other day, children who wash cloth once a week, children who barb hair at least once in two month and children who possess sweater to keep warm during cold season. Similarly, for feeding and nutrition the cut-off are Feeding two times daily regularly, Getting food from the guardian Consumption of nutritious food at least twice a week. For wellbeing as dimension the deprivation cut-off are being on the street with the guardian, Access to modern entailment gadget within the home, Child within the age bracket of 14 and above can work. Furthermore, under housing condition the cut-off are Sleeping at least three per room, Provision of toilet (water closet or fit latrine), Location of water source 200m away from the compound and Sleeping on the mattress.

Deprivation in the dimension

Table 8 shows deprivations index in health and personal hygiene indicator across the three cities, It shows that out of the five dimension under the indicator, availability of sweater for use is with the highest index, 0.20 in each Damaturu, for clothing washing (frequency) the children in Damaturu are with high deprivation index of 0.19. Location for medical treatment of the children had 0.17 in Damaturu. Deprivation in health and personal hygiene of the children, the table reveals that, the children in Damaturu were highly deprived with the deprivation index of 0.86.

Table 8: Health and personal hygiene indicator Index in study area

City	PMT	B	CW	BA	SU	
	I (%)	I (%)	I (%)	I (%)	I (%)	Total (%)
Damaturu	0.17 (20%)	0.14 (16%)	0.19 (22%)	0.16 (19%)	0.20 (23%)	0.86 (100%)

Key Place for Medical Treatment (PMT), bathing (frequency) (B), Cloth washing (CW), Barbing (BA), Sweater for use (SU); Frequency (F); Index (I).

Deprivations index of Feeding and Nutrition indicator in the study area was shown in Table 9. It reveals that among the three dimensions under the indicator, Consumption of basic nitrous food is with the highest index of 0.33 in Damaturu. Source of food of the children is with the second deprivation index with 0.30 in Damaturu. In terms of Deprivation in Feeding and Nutrition indicator across the metropolis among the children, the table reveals that, the children in Damaturu were highly deprived with the deprivation index of 0.84.

Table 9: Feeding and nutrition indicator index in study area

City	PP	SF	CNF	
	I (%)	I (%)	I (%)	Total (%)
Damaturu	0.21 (25%)	0.30 (36%)	0.33 (39%)	0.84 (100%)

Key Feeding Pattern (PP), Source of Food (SF), Consumption of Basic Nutritious Food (CNF); Frequency (F); Index (I).

Table 10 shows Deprivations index of wellbeing indicator across the study area. It reveals that among the three dimensions under the indicator, reason why the children are on the street is with the highest index of 0.34 in Damaturu, children engagement in child labor is the second with the high index among the dimension with 0.28 0.26 in Damaturu. In relation to deprivation in wellbeing indicator across the three cities among the children, the Table shows that, the children in Damaturu were highly deprived with the deprivation index of 0.77.

Table 10: Wellbeing dimension Index across the three cities

City	PP	SF	CNF	
	I (%)	I (%)	I (%)	Total (%)
Damaturu	0.34 (44%)	0.17 (22%)	0.26 (34%)	0.77 (100%)

Key Why on the Street (WS), Access to Modern Accessories (AMA), Child Labour (CL); Frequency (F); Index (I).

Housing condition indicator derivation across the study area was shown in Table 11. Among the four dimensions under the indicator, in Damaturu occupancy ration of the children and availability of toilet facilities are with high deprivation index of 0.31 each and availability of mattress is with 0.24. Similarly, Room occupancy ratio and availability of mattress for sleeping are with 0.33 each in Damaturu, type of toilet facility had 0.31. With regard to Deprivation in housing condition indicator among the children, it reveals that, the children in Damaturu, were highly deprived with the deprivation index of 0.98, in Damaturu.

Table 11: Housing condition dimension index in study area

City	RO	TT	LW	AM	
	I (%)	I (%)	I (%)	I (%)	Total (%)
Damaturu	0.33 (34%)	0.31 (31%)	0.1 (1%)	0.24 (27%)	0.98 (100%)

Key Room Occupancy Ratio (RO), Type of Toilet (TT), Location of Water Source (LW); Availability of Mattress (AM); Frequency (F); Index (I).

Deprivation in the dimension

Table 12 show children deprivation status on children deprivation status on health and personal hygiene across the metropolis, as highly as 68% of the children were deprived in Damaturu. In general, at the regional level of the study, only 19% of the children are with low deprivation status as shows in the table.

Table 12: Children deprivation status on health and personal hygiene in the study area

City	LD	D	HD	
	F (%)	F (%)	F (%)	Total (%)
Damaturu	91 (32%)	140 (48%)	57 (20%)	288 (100%)

Key Low Deprivation (LD), Deprived (D), Highly Deprived (HD); Frequency (F)

Children Deprivation Status on Feeding and Nutrition across the metropolis was show in Table 13. More than 90% of the children were deprived in Damaturu. This implies that majority of the children in the study area are deprived of good

feeding and nutrition. This could lead to high child mortality.

Table 13: Children deprivation status on feeding and nutrition in study area

City	LD	D	HD	
	F (%)	F (%)	F (%)	Total (%)
Damaturu	21 (7%)	88 (31%)	179 (62%)	288 (100%)

Key Low Deprivation (LD), Deprived (D), Highly Deprived (HD); Frequency (F)

Table 14 Children Deprivation Status on wellbeing across the study area, it shows that 88% of the children were deprived in Damaturu in terms of their wellbeing status. In general, at the state level of the study, as highly as 93% of the children are said to be deprived.

Table 14: Children deprivation status on wellbeing across the metropolis

City	LD	D	HD	
	F (%)	F (%)	F (%)	Total (%)
Damaturu	31 (11%)	133 (46%)	124 (43%)	288 (100%)

Key Low Deprivation (LD), Deprived (D), Highly Deprived (HD); Frequency (F)

Housing deprivation status of the children was shown on table 15. Where only 1% of the children are with low deprivation status in Damaturu, while at the regional level of the study 94% of children are deprived in terms of their housing conditions as show in the table.

Table 15: Children deprivation status on housing condition in study area

City	LD	D	HD	
	F (%)	F (%)	F (%)	Total (%)
Damaturu	2 (1%)	14 (5%)	272 (94%)	288 (100%)

Key Low Deprivation (LD), Deprived (D), Highly Deprived (HD); Frequency (F)

Deprivation in the four indicators

Table 16 shown deprivations in each of the indicators across the three cities. Using the following scales: < 0.500 poor, 0.510-0.700 poverty, 0.710-0.800 severe poverty and 0.810-1.00 very severe poverty, the table show that, in Damaturu, three out of the four indicators had very severe poverty index status; Health and personal hygiene 0.86, Feeding and nutrition 0.84 and housing condition with 0. 98 with overall MPI status of 0.88 with is very severe poverty. In general, at the regional level of the study, the children overall MPI is 0.84 which is very severe poverty status with two of the indicators having

severe and very severe poverty status each as shown in the Table below.

Table 16: Deprivation of dimensions of Almajiri children in the study area

Indicators	Damaturu	
	Index	**R**
Health and Personal hygiene	0.86	VSP
Feeding and Nutrition	0.84	VSP
Wellbeing	0.77	SP
Housing condition	0.98	VSP
MPI	**0.88**	**VSP**

Key Remark (R), Deprived (D), Severe Poverty (SP); Very Severe Poverty (VSP)

Incidence, Intensity and multidimensional poverty measurement

Table 17 shows incidence and intensity of poverty among the Almajiri street children in each of the study area. In Damaturu 92% of the children were deprived in health and personal hygiene. In relation to the depth of the deprivation, 94% in Damaturu. In terms of feeding and nutrition, 62% deprived with intensity level of 98% in Damaturu. Similarly, on wellbeing of the children as a dimension, in Damaturu, 43% of the children were deprived in their wellbeing, with the depth of deprivation stood at 100%. In relation to housing condition of the children, in Damaturu with depth of deprivation stood at 98% and 97% of the children were deprived with the depth of deprivation at 94%.

Similarly, children deprivation in all the dimensions revealed that, in Damaturu 98% of the street children were deprive in all the dimension with severity level of 88% as shown in Table 17. However, at the state level, the Almajiri children were deprived more in housing conditions with the 97% and they were deprived in almost all the indicators of the dimension 93%. Health and personal hygiene is the second dimension with 76% of the children were deprived in 91% of the indicators under the dimension. Feeding and nutrition come third among dimension with deprivation level of 66% of the children with and deprive in the 91% of the indicators of the dimension. While wellbeing of the children as a dimension had only 44% of the children deprived but is almost the entire dimension 99% at the regional level of the study.

In terms of the deprivation across the entire dimension, it shows that 91% of the children at the regional level were deprived. They are deprived at least either in all the indicators of a single dimension or a combination across dimensions 86%. This shows that the children at the state level of the study were deprive in more than in three of the dimensions.

Table 17: Incidence and intensity of poverty of Almajiri in the study area

Indicators	Damaturu	
	IC	**IT**
Health and Personal hygiene	0.92	0.94
Feeding and Nutrition	0.62	0.98
Wellbeing	0.43	1.00
Housing condition	0.99	0.98
All Dimensions	0.88	0.96

Key Incidence (IC), Intensity (IT).

Table 18 shows the multidimensional poverty index to demonstrate the extent of deprivations that the children suffer across the dimensions and indicators. The multidimensional poverty index (MPI) is measured on a scale of 0-1.000. And the baseline instead is 33.3% or 34%. So a community or town will be poor if it has an MPI index of equal to or more than this baseline. The MPI value of Damaturu is 0.84 Damaturu. This means that the Almajiri street children in Damaturu suffer 84% of the total deprivation. Despite that all the children in the study area are deprived in all total dimension

children here suffer multidimensional poverty at the same magnitude. The proportion of weighted deprivations that the poor experience in a society out of all the total potential deprivations that the society could experience shows that 84% of the Almajiri street children in Damaturu are multidimensional poor.

Table 18: Multidimensional Poverty Index in three Cities and Regional level

City	MPI
Damaturu	0.84

Conclusion and Future Lines of Research

The Almajiri system in Nigeria represents a significant social issue with millions of children living in poverty and lacking access to basic necessities such as education, healthcare, and adequate shelter. The aim of this study was to assess the poverty incidence among Almajiri children in Damaturu metropolis, Yobe State Nigeria. Findings revealed among others that, the almajiri children are deprived at least either in all the indicators of a single dimension or a combination across dimensions of child poverty in Damaturu metropolis. These results are particularly interesting to urban planners and other stakeholders in the built environment that are concerned with providing inclusive planning and governance through social and environmental justice and poverty studies. There is need to utilize the outcome of this study to develop a multi-dimensional poverty index specific to Almajiri children, incorporating indicators such as household income, access to education, healthcare utilization, sanitation facilities and nutritional status. The present study focused on the assessment of poverty incidence among Almajiri children in Damaturu metropolis, Yobe State Nigeria. Therefore, future studies on the complex interplay of economic, social and cultural factors shaping the well-being of the Almajiri children.

References

Adamson, P. (2013). Child well-being in rich Countries: A Comparative Overview. Innocent Report card ii. UNICEF.

Addae-Karonkye, A. (2014). Causes of Poverty in Africa. American International. Journal of Social Science, 3(7), 147-153

Bashir, A. H. (2018). Reducing Poverty and Income Inequalities: Current approaches and Islamic Perspective, Journal of King Abdulaziz University: Islamic Economics, 3(1).

Bhalla, A. S. & Lapeyre, F. (2016). Poverty and exclusion in global world.

Bonner, M. (2003). Poverty and Charity in the rise of Islam.

Chukwu, E.O., Haruna, H., Fiase, T.M. (2016). An assessment of the psychological effects of Almajiri system on child development in gwange Ward Maiduguri, Borno, state, Nigeria. Texila International Journal of Public Health, 4(4), 1-9.

Edinyang, S. D., Bassey, M. R. & Ushie, D. E. (2020). Almajiri System of education and the emergence of religious extremists in Nigeria. Journal of Education and Social Research, 10(2), 103-111.

Gaba, F., Dunga, S. H., & Redda, E. H. (2021). ADAPTING THE UNDP MPI TO DEVELOP A NEW MULTIDIMENSIONAL MEASURE OF CIRCUMSTANTIAL POVERTY FOR HARARE PROVINCE, ZIMBABWE. *International Journal of Economics and Finance Studies*, *13*(1), 259-283.

Green, K. A., Bovell-Ammon, A., & Sandel, M. (2021). Housing and neighbourhood as root causes of child poverty.

Griffith, A. K. (2022). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of family violence*, *37*(5), 725-731.

Hassan, Z., Hashim, M. J., & Khan, G. (2020). Population risk factors for COVID-19 deaths in Nigeria at sub-national level. *The Pan African Medical Journal*, *35* (Suppl 2).

Hayens, N. (2008). The role of early childhood care and education: an anti-poverty perspective: paper commissioned by Combat Poverty Agency.

Mashema, B. L., Idria, A. I., & Musa, Y. (2018). The challenges of Almajiri system of education to social peace In Nigeria: A cross-sectional investigation. *Int J Innov Res Adv Stud*, *5*, 44-50.

Philips, D. & Rayhan, M. (2004). Vulnerability and Poverty: what are the causes and how are they related. "ZEF Bonn, centre for Development Research, University of Bonn.

Rasool, M. S. A., Harun, M. F. N., Salleh, A. M., & Idris, A. H. (2011). Poverty Measurement in Malayan Zakat Institutions.

Schimmel, J. (2009). Development as happiness: The subjective perception of happiness and UNDP's analysis of poverty, wealth and development. Journal of Happiness Studies, 10(1), 93-111.

Wassawa, F. (2015). Multidimensional child poverty and its determinants: A case of Uganda.