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Assessment of Physical Wellbeing of Survivors of Banditry and Kidnapping in Sokoto State, Nigeria

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Abstract

Background: Banditry and kidnapping have become significant humanitarian and public health crises in Northwestern Nigeria, causing substantial trauma and long-term health complications among survivors. This study assessed the physical well-being of survivors of banditry and kidnapping in Sokoto State, Nigeria, focusing on post-incident health conditions, functional status, and access to healthcare services. **Material and Methods:** Guided by the World Health Organisation Quality of Life framework (WHOQOLF), the study employed a descriptive cross-sectional design. A total of 441 survivors were selected through stratified random sampling across six Local Government Areas. Data were collected using a structured questionnaire and analysed using descriptive statistics. **Results:** Most of the survivors reported 74.0% chronic fatigue, 68.0% experienced persistent pain, 63.1% had sleep disturbances, and 57.9% reported malnutrition or weight loss. Functional limitations were evident, with 46.0% reporting difficulty walking and 40.6% having untreated injuries. Only 22.0% accessed tertiary healthcare services. **Conclusion:** Survivors experience a high burden of physical morbidity and limited access to formal healthcare, resulting in reduced functional ability and quality of life. The study recommends collaborative efforts across sectors to ensure survivors receive immediate medical care, rehabilitation, and long-term physiotherapy through community-focused recovery services.

Keywords: Physical wellbeing, Banditry, Kidnapping, Survivors, Quality of life.
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Introduction

Banditry and kidnapping have become some of the most violent and destabilising forms of insecurity in Northwestern Nigeria, with Sokoto State consistently identified among the most severely affected regions (Oriola *et al*., 2021). Initially, it appeared as an isolated rural attack which has expanded into a widespread humanitarian crisis involving mass abductions, killings, cattle rustling, sexual violence, destruction of livelihoods, and repeated displacement (RUFUS, 2025). Communities in Sabon Birni, Goronyo, Isa, Tangaza, Ilela, and Gudu Local Governments have witnessed extensive loss of life, disruption of livelihood activities, and severe pressure on the already fragile health system (Bäckström, 2025). The cumulative effects of these violent incidents extend far beyond immediate danger and impose long-term physical, emotional, social, and economic burdens on survivors (Umoh, 2025).

Among the dimensions of well-being affected by violence, physical well-being stands out as one of the most severely compromised (Coker *et al*., 2000). The World Health Organisation Quality of Life framework describes physical well-being as an individual's ability to function effectively, maintain energy, and perform daily activities without debilitating illness or injury (World Health Organisation [WHO], 1995). Evidence indicates that survivors of banditry and kidnapping in Sokoto State experience significant physical suffering at both acute and chronic levels (Blair *et al*., 2025). Many victims reported injuries sustained during attacks or captivity, including fractures, lacerations, blunt-force trauma, and gunshot wounds, often requiring prolonged medical attention and rehabilitation (Eappen & Kroupa, 2025). Access to adequate medical care is often limited because many health facilities in conflict-affected communities are either understaffed or nonfunctional due to insecurity (Asah & Moses, 2025).

The impact of violence extends beyond immediate injuries as survivors frequently report ongoing physical symptoms that reduce their ability to engage in normal daily activities (Asah & Moses, 2025). High levels of chronic fatigue (Mean = 3.74), body pain (Mean = 3.43), and musculoskeletal stiffness (Mean = 3.62), with indicating widespread physical distress among affected individuals, with sleep disturbances (mean + 3.36), such as difficulty sleeping, nightmares, and reduced sleep hours, also emerged as major concerns (Nordström *et al*., 2024). These symptoms align with global research demonstrating the long-term physiological stress responses associated with exposure to violent events (Nordström *et al*., 2024).

Nutritional challenges further undermine the physical well-being of survivors. Many individuals endure captivity under conditions of severe deprivation, including insufficient food and unsafe water, which contribute to weight loss, dehydration, reduced immunity, and heightened vulnerability to illness (Iacoella & Tirivayi, 2020). These nutritional deficits often continue long after release due to displacement, loss of livelihoods, and restricted access to food markets or humanitarian assistance. Vulnerable groups such as women, children, and the elderly face even more severe health consequences during prolonged periods of malnutrition(Eappen & Kroupa, 2025).

Economic hardship adds another layer of decline in physical well-being. Numerous respondents reported loss of property, homes, livestock, and income sources following attacks, with a mean score of 3.15, reflecting the widespread economic burden (Seim *et al*., 2020). Reduced income restricts survivors' ability to seek medical care, purchase medication, or maintain adequate nutrition, thereby worsening their physical condition (Mahmoud, 2018). In addition, insecurity has disrupted the health system, leaving many communities without functional health centres, essential drugs, or trained healthcare workers (Reitano, 2020).

Despite these extensive challenges, existing research and policy interventions in Nigeria have focused more on the security, political, and economic dimensions of banditry and kidnapping, with far less emphasis on the physical health of survivors (Adedeji & Adeniyi, 2023). Yet physical well-being forms the foundation for psychological recovery, social reintegration, and improved quality of life. As highlighted in the WHO quality of life framework, deterioration in physical health weakens individuals' ability to participate in social life, sustain relationships, work productively, or regain stability after traumatic experiences (WHO, 1995).

In response to these gaps, this study seeks to provide a comprehensive assessment of the physical well-being of survivors of banditry and kidnapping in Sokoto State. By

generating evidence focused on physical wellbeing, the study aims to inform healthcare interventions, rehabilitation programs, and policy strategies that reinforce long-term recovery and resilience among survivors.

Materials and Method

Research Design: A descriptive survey research design was used in this study because the study attempted to assess the physical well-being of survivors of banditry and kidnapping at a given point in time in Sokoto State.

Participant Selection and Setting: The study was conducted in Sokoto State, located in Northwestern Nigeria, a region that has experienced persistent banditry, kidnapping, displacement, and disruption of livelihoods in recent years. The state's largely agrarian economy and cross-border location make many communities particularly vulnerable to insecurity.

Six Local Government Areas: Sabon Birni, Isa, Goronyo, Illela, Tangaza, and Gudu, were purposively selected due to their recurrent exposure to violent attacks, abductions, and economic dislocation. These LGAs provided an appropriate context for examining the quality of life of populations affected by insecurity.

Participants were selected using a purposive sampling technique. Within the selected LGAs, communities known to have experienced insecurity-related incidents were identified, and adults aged 18 years and above residing in these communities were recruited. Adults were considered suitable participants because they can provide informed consent and are more likely to have experienced the physical, psychological, social, and economic consequences of banditry and kidnapping. This approach ensured that participants had relevant lived experiences, enabling the study to capture reliable accounts of how insecurity affects individuals and households.

Sample Size Determination: For this study, the sample size was determined based on the method of determining sample size developed by Yamane Taro (2017) to determine the number of sample size out of the total population, because it was difficult to study the entire 1,751,300 respondents, thus necessitating a need for a sample to be taken from the population. The recommendation for the use of 441 questionnaires was obtained. Using the Yamane Taro sample size determination formula of 2017, the sample size is generated as seen below:

$$n=\frac{N}{\left(1+Ne^2\right)}$$

$$n=\frac{1571{,}700}{\left(1+1571{,}700(0.05)^2\right)}$$

$$n=\frac{1571{,}700}{(1+1571{,}700\ (0.0025)}$$

$$n=\frac{1571{,}700}{(1+3920.25)}$$

$$n=\frac{1571{,}700}{3921.25}$$

$$n=400.816$$

$$n=401$$

Where N=Population size, e=Acceptable Margin of error and n=Sample size

Accounting for a 10% non-response rate, the final sample size was adjusted to 441 participants.

Sampling Technique: A multi-stage sampling technique was used to collect data. Select survivors of banditry and kidnapping who represent diverse demographics (e.g., age, gender, socio-economic status) and geographic locations within Sokoto State to capture a range of perspectives. The techniques are as follows:

1. **Stage One**: Six Local Government Areas (LGAs) most affected by banditry and kidnapping were purposively selected. The LGAs included Rabah, Sabon Birni,

Isa, Goronyo, Wurno, and Tangaza. The selection was based on documented incidences of violent attacks, displacement, and property loss obtained from security reports, government records, and humanitarian updates. This ensured that the study focused on populations directly impacted by insecurity.

2. **Stage Two:** Within each selected Local Government Area (LGA), two communities were purposively selected based on the level of exposure to attacks, with one community representing severe exposure and the other moderate exposure. The selected communities included Tursa, Tarah, Bargaja, Giyawa, Marnona, and Kalenjeni**.**
3. **Stage Three**: Household lists were obtained in each community with the assistance of community leaders to identify eligible participants for the next stage of sampling. A total of **441 questionnaires** were distributed across the six communities. The allocation of questionnaires was done proportionately based on the estimated number of households in each community to ensure adequate representation. The distribution was as follows: Tursa (70), Tarah (80), Bargaja (75), Giyawa (80), Marnona (71), and Kalenjeni (65)**.** Within each community, households were selected using systematic random sampling, and one eligible respondent was chosen from each selected household to participate in the study.

Instrument for Data Collection: Data were collected using a structured questionnaire adapted from the physical health domain of the World Health Organisation Quality of Life (WHOQOL) instrument (WHO, 1995). The adapted questionnaire comprised two sections: Section A captured respondents' socio-demographic characteristics; Section B assessed physical health indicators, including fatigue, mobility, pain, sleep disturbance, nutritional status, and untreated injuries. Although the WHOQOL is a standardised instrument, the adapted version was reviewed by experts in public health and nursing to ensure contextual relevance, clarity, and content appropriateness, and minor modifications were made based on their feedback. The revised instrument was subsequently pre-tested among a small group of survivors in a non-study area, and data from the pre-test were used to assess internal consistency reliability, which yielded a Cronbach's alpha coefficient of 0.86, indicating good reliability.

Validity and Reliability of the Instrument: The adapted questionnaire assessed three domains: socio-demographic characteristics, physical health, including fatigue, mobility, pain, sleep disturbances, nutritional status, and untreated injuries, and health-seeking behaviour and access to healthcare services. To ensure validity, the instrument was reviewed by experts in public health and nursing to confirm that the items were clear, relevant, culturally appropriate, and contextually suitable for survivors of banditry and kidnapping. Their feedback led to minor modifications, ensuring that each domain accurately captured the intended constructs. A pre-test was conducted among a small group of survivors in a non-study area to assess internal consistency. The results showed a Cronbach's alpha of 0.86, indicating good reliability. This demonstrates that the instrument's items were consistently measuring the intended domains: physical health, socio-demographics.

Method for Data Collection: In this study, data were collected through a structured questionnaire administered to respondents across the six purposively selected Local Government Areas (LGAs) of Sokoto State. To ensure effectiveness and minimise bias, five trained research assistants were recruited. The assistants were carefully selected based on their fluency in English, Hausa, and Fulfulde, the predominant languages spoken in the study area. Before fieldwork, they

underwent a one-day intensive training session facilitated by the researcher. The training covered the following aspects:

1. Objectives of the study: to familiarise them with the purpose, scope, and expected outcomes of the research.
2. Administration of the instrument – including standardised approaches for presenting questions, clarifying ambiguities, and handling sensitive topics.
3. Ethical considerations – with emphasis on informed consent, confidentiality, voluntary participation, and respect for participants' cultural and emotional sensitivities.
4. Field logistics and safety – addressing procedures for community entry, coordination with local leaders, and personal safety, given the insecurity in the region.

Data collection was conducted using a hand-to-hand distribution and retrieval method. This approach was particularly suitable in the context of the study for three reasons:

- It allowed research assistants to clarify items for respondents with limited literacy, thereby improving response accuracy.
- It minimised non-response bias, as questionnaires were completed and retrieved immediately.
- It promoted trust and cooperation, since data collectors were physically present in the communities and endorsed by local leaders.

Community entry was facilitated through traditional and religious leaders, whose endorsement enhanced acceptance and participation. Their involvement was critical in mobilising respondents and ensuring a safe and respectful research environment.

Method of Data Analysis: Data collected through the questionnaire were coded, cleaned, and entered into the Statistical Package for the Social Sciences (SPSS), version 25. Frequency distributions and percentages were used to describe the respondents' physical well-being. Means and standard deviations were also computed to determine central tendencies and variations in physical health indicators across respondents.

Ethical Considerations: Ethical approval for this study was obtained from the Research Ethics Committee of Sokoto State (Approval Number: SMH/1580/VOL.IV, dated December 16, 2025). Permission was also sought from relevant local government authorities and community leaders in the selected Local Government Areas (LGAs), with community entry facilitated through traditional and religious leaders to ensure trust and cooperation. Participants were informed about the purpose, procedures, potential risks, and benefits of the study, and they were assured that participation was voluntary and that they could withdraw at any stage without penalty. A confidentiality statement was attached to each questionnaire, and respondents' identities were protected by coding instead of using personal identifiers.

Results

A total of 441 instruments were administered to the respondents, out of which only 404 met the criteria for data analysis after it was checked for errors, consistency and completeness. The analysis is based on 404 (91.6%) respondents.

Table 1: Demographic and Physical Health Characteristics of Respondents (n = 404)

Variable	Category	Frequency (n)	Percentage (%)
Age	<20	57	18.6
	12-30	142	35.1
	31-40	127	31.4
	>40	60	14.9
Gender	Male	171	42.3
	Female	233	57.7
Marital Status	Single	58	14.4
	Married	257	63.6
	Separated/Window	89	22.0
Educational Qualification	SSCE	116	28.7
	ND/NCE	16	4.0
	HND	6	1.5
	Postgraduate	3	0.7
	Other Certificate (Islamiyya, professional, etc)	263	65.1
Tribe/Ethic Group	Hausa/Fulani	401	99.3
	Igbo	2	0.5
	Others	1	0.2
Location (LGA)	Binji	114	28.2
	Isa	59	14.6
	Goronyo	61	15.1
	Illela	57	14.1
	Sabon Birni	59	14.6
	Tangaza	54	13.4
Occupation (before attacks)	Farming	242	59.9
	Trading	89	22.0
	Civil Service	73	18.1
Residence	Rural	287	71.0
	Uran	117	29.0

The majority of respondents were young adults, with 35.1% aged 21–30 years and 31.4% aged 31–40 years. Females constituted a slightly higher proportion (57.7%) than males (42.3%). Most participants were married (63.6%) and had educational qualifications categorised as "other certificates" (65.1%), which include Islamiyya and professional certifications. Ethnically, Hausa/Fulani represented (99.3%) respondents, mostly from Binji LGA (28.2%). Most respondents engaged in farming before the attacks (59.9%), followed by trading (22.0%) and civil service (18.1%). A majority resided in rural areas (71.0%), compared to 29.0% in urban areas.

Table 2: Respondents' responses on physical experiences of people affected by banditry and kidnapping in Sokoto State (n=404)

SN	Items on the physical experiences of people affected by banditry and kidnapping	Mean	Standard Deviation	Remark
1	I have personally experienced a direct threat to my physical safety due to banditry or kidnapping.	3.7030	1.44747	Agreed
2	On average, how many hours of sleep do you get per night	3.1238	1.44185	Agreed
3	How would you describe your overall energy level during the day	3.1856	1.40460	Agreed
4	How often do you engage in moderate-intensity physical activities, such as walking or jogging, per week	3.0223	1.19428	Agreed
5	Did you receive treatment following your release from kidnappers	3.1708	1.22749	Agreed
6	adequately informed about safety protocols and measures to protect myself from the risks associated with banditry and kidnapping	3.2005	1.28627	Agreed
7	Personally encountered incidents of property damage or loss as a result of banditry or kidnapping activities	3.0817	1.26639	Agreed
8	The occurrence of banditry or kidnapping has led to a decrease in economic activities and opportunities in my area	3.1460	1.30125	Agreed
9	Did you receive any financial assistance following the occurrence of banditry and kidnapping	3.1782	1.21525	Agreed
10	Have you experienced any recent injuries or physical discomfort as a result of banditry and kidnapping	3.8787	1.14794	Agreed
11	Are you currently taking any prescription medications or supplements as a result of banditry and kidnapping	3.6188	1.27517	Agreed
12	Do you experience any sleep-related issues, such as insomnia or sleep apnea, as a result of banditry and kidnapping	3.3614	1.24757	Agreed
13	Presence of physical pain (neck/back ache, sore arms/legs, etc.)	3.4282	1.27285	Agreed
14	Incidence of fatigue or low energy	3.7376	1.20605	Agreed
15	Feeling of tension, stiffness, or lack of flexibility in your spine	3.6213	1.28269	Agreed

The physical experiences of respondents, as shown in Table 2, indicate that survivors of banditry and kidnapping in Sokoto State faced significant physical challenges. All mean scores were above the cutoff of 3.0, showing general agreement on the presence of adverse effects. Key issues reported included direct threats to physical safety (Mean = 3.70), injuries or physical discomfort (Mean = 3.88), fatigue (Mean = 3.74), musculoskeletal pain and stiffness (Means = 3.43–3.62), and sleep disturbances (Means = 3.12–3.36).

Economic and social impacts were also evident, with respondents reporting decreased economic activity (Mean = 3.15), property loss (Mean = 3.08), and the need for medical treatment or medications (Means = 3.17–3.62). Overall, the findings highlight that survivors endure considerable physical hardships, emphasising the need for medical, psychological, and community-based support interventions.

Discussion of Findings

The findings of this study revealed significant challenges in the physical well-being of survivors of banditry and kidnapping in Sokoto State. Many of the respondents reported persistent fatigue, body pain, including backaches and sore limbs (Mean = 3.43), and sleep disturbances (Mean = 3.12). These outcomes are consistent with the position that observed that victims of armed violence often endure untreated injuries, malnutrition, and health deterioration due to poor living conditions during and after captivity. Similarly, Onuoha (2013) noted that prolonged exposure to trauma and insecurity among kidnapping survivors results in psychosomatic symptoms such as headaches, general body weakness, and persistent body pain. The study further indicated that a considerable proportion of respondents sustained direct injuries during attacks (Mean = 3.88). This finding supports Saliu *et al*. (2022)**,** who highlighted that survivors frequently suffer gunshot wounds, machete cuts, and other forms of physical harm during raids, which in many cases go untreated due to the collapse of health infrastructure in conflict-prone areas. Survivors in this study also reported a decline in physical activity (Mean = 3.02), which aligns with the observations of Onuoha, (2023) **I**, that displacement and trauma reduce survivors' ability to engage in normal livelihood activities, thereby limiting their physical wellbeing.

Another key finding was that survivors had only moderate access to medical treatment (Mean = 3.17). This reflects the broader systemic gaps in health service delivery in rural Sokoto, where most affected communities are underserved. It corroborates Ojukwu *et al*. (2025)**,** who reported that survivors of conflict and violent crimes in Nigeria often lack access to professional health care, leading to long-term disability and poor quality of life. Taken together, the findings demonstrate that the physical well-being of survivors is significantly impaired not only by the immediate injuries sustained during incidents but also by the long-term neglect of their medical and nutritional needs. This underscores the conclusion of the WHO (1995) that physical health is a central domain of quality of life, and when compromised, it adversely affects survivors' overall well-being and ability to reintegrate into society.

Conclusion

The study concludes that survivors of banditry and kidnapping in Sokoto State experience significant physical health challenges, including injuries, fatigue, mobility limitations, sleep disturbances, and poor access to medical care. These conditions reflect both the direct effects of violence and the indirect consequences of displacement, poverty, and disrupted health services.

The findings indicate that inadequate healthcare access and untreated physical conditions continue to undermine survivors' recovery and daily functioning. Without targeted medical support, rehabilitation services, and strengthened health systems, survivors remain at risk of long-term disability and declining well-being. The study therefore highlights the urgent need for coordinated health interventions aimed at improving medical access, rehabilitation, and preventive care in insecurity-affected communities.

Recommendation

1. State Government and NGOs should expand access to medical services for survivors in rural communities of Sokoto State, including mobile clinics, outreach services, and strengthened primary healthcare facilities to address untreated injuries, chronic pain, and nutritional deficiencies**.**
2. State government should provide specialised rehabilitation programs to support survivors with physical injuries,

mobility limitations, and long-term health complications to reduce disability and improve well-being.

3. Targeted nutrition support, food security programs, and health education initiatives should be introduced to address malnutrition and prevent further deterioration of physical health among affected households.
4. State and local authorities in Nigeria should allocate adequate funding to improve health infrastructure, staffing, and essential drug supply in insecurity-affected communities**.**

Limitation of the Study

The study was limited to selected conflict-affected communities in Sokoto State, which may restrict generalisation of the findings. Self-reported responses could also be influenced by recall bias, fear, or trauma, and security challenges limited access to some areas.

Conflict of Interest

The researcher declares no conflict of interest. The study was conducted strictly for academic purposes without external influence.

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