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Impact of Proliferation of Small Arms and Light Weapons in North-Central Nigeria

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Abstract
There have been increased security challenges across the globe over the years and several measures have been initiated to curb these challenges but it seems not to have been brought to a standstill. This study on the proliferation of small arms and light weapons is carried out to examine the economic and health challenges bedeviling North-Central Nigeria. The study adopts research survey design and the respondents are victims and other stake-holders in selected internal displaced persons (IDPS) camp in North-Central, Nigeria. The total population is 34870 but a sample size of 380 was adopted using the Cochran sample size determination technique. However, out of the total respondents numbering 380 reached, only 352 respondents was used in analyzing data which is 93% retrieval rate. The respondents were reached using structured questionnaire and a five point's likert scale as well as mean was adopted in analyzing data. More so, the hypotheses were tested using regression. The research revealed that, there is a significant positive relationship between proliferations of small arms and light weapons, economic lives and health care services to the citizens of North-Central Nigeria. Based on the findings, the study recommends that economic stimulus packages be integrated and vigorously implemented by government as well as other critical stakeholders. Finally, the study recommends that special intervention funds be provided to address the health challenges resulting from the proliferation of small arms and light weapons. This measure will go a long way to assuage the effects of arms proliferation on the citizens of North-Central Nigeria.

Keywords: *Arms, Proliferation, Economic, Health, Weapons.*

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I. Introduction

Many a times, little internal insurrection tends to escalate into larger civil wars and could destabilize a region (Kevin, 2007:23). Proliferation of small arms and light weapons is acclaimed to be the major security challenge to people, societies and states globally, fuelling insurgency, human trafficking and drugs, terrorism, organized crimes, internal insurrections and civil wars, posing obstacles to sustenance of stable peace, security, health care services and economic development (Abiodun, etal 2018).

United Nations General Assembly on 8 December 2005, defines small arms and light weapons as: any man-portable lethal weapon that expels or launches, is designed to expel or launch, or could be easily transformed to launch or dispense a shot, bullet or projectile through the action of an explosive, excluding antique small arms and light weapons or their replicas. The proliferations of this arms particularly in Nigeria come from local fabrication, residue of guns used during the civil war, thefts from government armories', smuggling, dishonest government-accredited importers, ethnic militias, insurgents from neighboring countries, and this have reek a lots of havork in the countrywhich have effected human and economic development; social spending and public health system and mortality rate, knowledge and education, income and standard of living, and community participation (Heinrich, 2006). Small Arms and Light Weapons also play a key role in criminal activities and damage to property, business and commerce, which have a negative impact on employment, declines in investment and economic growth which in turn fuels poverty (BICC, 2006).

Armed violence resulting from proliferation of small arms and light weapons have pose multifaceted challenges in providing health care services to the Nigerian population in the north-central zone of the country, a situation that has direct consequences and constraints relating to the existing health care system and the

difficulty of accessing those in need in the affected communities. Report of armed attack on health care between 2014 and 2015 indicates that, Health facility 65% and 61%, health care provider 25% and 29%, health care transport 6% and 7%, health recipients 4% and 2%, health care entity 1% and 1% (World Health Organization 2016).

Violence in the North – central has led to the breakdown of health facilities and the complete collapse of public services. Studies has shown that, in the major community affected by crises in Benue State, only around 20 percent of health facilities remain fully functional (UN OCHA, 2018). Primary healthcare facilities have been partially or totally destroyed in the affected communities. As people have been displaced to urban areas, health facilities in the town have become overstretched. The few remaining hospitals struggle with dilapidated infrastructural facilities and shortage of human resources, most whom are unwilling to work in areas where the security situation is volatile. Even in Areas where there are health's facilities still standing, those facilities and their resources are often substandard. The inadequate trained and skilled health workers in the north-central, particularly in the affected communities are a major challenge. Moreso, there were insufficient supply of drugs, health workers were killed, and others fled from the violence zone. These situations triggered by proliferation of small arms and light weapons have direct consequences on the economic development and health care system in Nigeria and the North-central in particular.

There has been concerned about the increasing proliferation of prohibited firearms that threaten security and economic growth in parts of the country, despite effort by government to curb the proliferation of small arms and light weapons. The findings show that Nigeria hosts about350 million or 70 percent of 500 million illegal arms circulating in West Africa (Daily Trust, 11th August 2016). In spite of the enormous problems course by the available of arms in Nigeria, studies has shown that there is not enough literature on this subject matter. It is against this backdrop that this study is being carried out to assess the impact of proliferation of small arms and light weapons in North-central Nigeria. However, this work will be useful to both Private/Non-governmental Organization and Government in policy making and implementations targeted at reducing the Proliferations of Small Arms and Light Weapons in Nigeria.

Objectives of the Study

The study is guided by the following objectives

i. To determine the effect of proliferation of small arms and light weapons on the economics of the north-central Nigeria.

ii. To determine the impact of proliferation of small arms and light weapons on the health care system in north-central Nigeria

Statement of Hypotheses

i. Proliferation of Small arms and Light Weapons do not have significant economic effect on the citizens of North-Central Nigeria.

ii. Proliferation of Small arms and Light Weapons do not have significant effects on the Health care system in north-central Nigeria

The Concept of Small Arms and Light Weapons

Jackeen, (2003) posit thatSmall arms and Light Weapons often referred to colloquially as firearms or even guns are man-portable lethal weapons for individual use that can expel or lunch a shot, bullet or projectile by action of explosive. These small arms and light weapons include handguns and long guns, such as rifles and carbines sub-machines guns as well as their parts, components and animation. Similarly, The Report of the Panel of Experts on Small arms and Light Weapons (1997) noted that classification of "Small arms and Light Weapons range from clubs, knives as well as machetes to those weapons just below those covered by the United Nations register of conventional arms". Moreso, International Tracing Instrument (2005) explained that Small arms and Light Weapons are weapons designed for individual use. They include, inter alia, revolvers and self-loading pistols, rifles and carbines, sub-machines guns, assault rifles and light machine guns,include those manufactured after 1899.

Wikipedia, (nd) classify Small Arms and Light Weapons to include the following, a submachine gun, also known as SMG, as a magazine-fed, automatic carbine produced to shoot handgun cartridges.A pistol is a type of handgun, which is a short-barrelled projectile weapon inclusive of the revolver and the derringer. A grenade is an explosive weapons typically thrown by hand, but can also refer to projectiles shot out of grenade launchers. Broadly, a grenade entails an explosive charge, a detonating mechanism, and firing pin inside the grenade to trigger the detonating technique. As soon as the military shoot the grenade, the safety lever relinquishes, andthe striker throws the safety lever away from the grenade body as it rotates to detonate the primer. The primer reacts and increases the fuze. The fuze burns down to the detonator, which explodes the main charge. The Arms control is also a terminology applied for foreign restrictions after the production,

development, stockpiling, illegal movement and usage of small arms, conventional weapons, and weapons of mass destruction. Arms control is typically exercised through the use of diplomacy which seeks to restrict such constraints after collectively agreed by the participants through foreign regulations and agreements, although it could also entails efforts by a nation or group of nations to enforce limitations upon a non-consenting country.A submachine gun, also known as SMG, is a magazine-fed, automatic carbine designed to shoot handgun cartridges.An explosive is a reactive substance that contains a great amount of potential energy which can triggers an explosion if released unexpectedly, frequently reacted through the production of heat, sound, light and pressure. An explosive charge is a measured quantity of explosive material, which may either be composed solely of one ingredient or be a mixture containing at least two substances.

Empirical Review

There have been several researches and studies in the area of care giving for the elderly by scholars in the area.This review examines this study in an attempt to show the gaps in extant literature and create space for the present research.

Economic Problems and Proliferation of Small Arms and Light Weapons

The proliferation of small arms and light weapons is often one of the major security challenges currently slowing down development in Nigeria, Africa and indeed the world in general. The illegal movement and large supply of these weapons contributed to communal disagreements, political crises and pose a threat, not only to security, but also to sustainable economic development. Thus, the increased proliferation of small arms led to the unbearable state of armed crime, and militancy (Nte, 2011). Therefore, several numbers of persons, – both civilians and the military are either being killed or injured yearly across the continent. Yet, even when death or injury is avoided, small arms proliferation and misuse can dramatically impact a community, country or region's landscape. The threat and use of small arms can undermine development, prevent the delivery of humanitarian and economic aid, and contribute to refugee and internally displaced persons (IDP) populations (Stohl & Tuttle, 2009).

Colletta & Kostner (2000) observed that Armed conflict and violent crime have significant effects on the ability of affected countries to implement national development programmes. On the one hand, the diversion of national resources away from the provision of social welfare to arms purchases has severe ramifications for the majority. Vital infrastructure and resources required for development initiatives are imperilled by arms related insecurity. Further, foreign-funded development projects and assistance are frequently cancelled or postponed to prevent resources from being diverted toward 'criminal' ends. Where development projects are implemented in insecure regions, 'project staff may be at risk, project sites may remain unused by the population for fear of being seen as supporting the government and sites may attract armed attacks to disturb the transition process' (Colletta & Kostner 2000). Although the absolute developmental costs of responding to armed violence might be higher in the industrial world, the proportional impact on gross domestic product (GDP) and government budgets is higher among industrialising countries. In Latin America, for example, armed violence cost the equivalent of 12 per cent of GDP in 1997 ($US 143 billion) – a combination of lost human capital, private investment and asset transfers (Londono & Guerrerro 1998).

Globally, effective Small arms and light weapons control is difficult. Small arms and light weapons are easily produced, concealed, and transferred. In addition, they are already rampart and very greatly distributed, with about 875 million Small arms and light weapons currently in circulation (International Action Network on Small Arms, 2007). The Human Development Report (1994)asserts that global human security is indivisible. Threats to human security in one part of the world are not containable: conflict and its consequences, the widespread spread of AIDS, as well as reach of drug traffickers, environmental hazards and global economic recession are all transnational and great threat economic development.

The spread of Small arms and light weapons adversely affects economic development by discouraging investment, divestment and misallocation of resources to security instead of development, and affects the implementation or initiation of development projects. Provision of Health and education is negatively affected when those charged with the provision of these amenities work in an unsafe environment. Doctors and teachers are difficult to attract to work in areas where they are at greater risk of being attacked. The proliferation of arms will prevent development objectives from being reached (UNDP 2001). Where weapons dominate, there is tendency of underdevelopment, schools, shops and commercial activities stops, as well as the local economy grinds to a halt. Again, infrastructural facilities are destroyed, People can't return to their homes or a normal life (United Nations Development Programme 2002)

In a survey conducted by Majebi (2002) in Africa, he observed that, countries such as Nigeria, Sudan, Sierra Leone Uganda, women as young as ten years have been abducted at gunpoint from their farm, schools, and homes. More so, women in the refugees' camps and internally displaced persons are routinely gang raped and abused at gunpoint. About 30,000 women were raped at gunpoint by soldiers in conflict zone as part of a

deliberate strategic campaign to dehumanize and demoralize their opponents. According to Cook and Ludwig (2002b), the costs of gun violence are far greater than the public health community's traditional approach suggest. By reacting to threats of firearms, individual persons and households could apply their peculiar lifestyles and spend money on protecting themselves instead of investing it productively. Therefore, the immediate burden as a result of such threat to life, coupled with other remote burden of protection and avoidance, constitute a tax on the standard of living of a community. A persistent level of firearms conflict could hinder private investment and domestic savings and redirect government spending into other channels, all of which retard economic growth. At the Millennium Summit in 2000, UN Member States identified the poor especially are threatened by small arms and light weapons. In their view, poverty alleviation and economic growth are undermined by the availability and misuse of illegal small arms and light weapons. In addition, Small Arms Survey (2002) revealed that the misuse of small arms and light weapon is a growing problem among developing countries. Massacres in schools and increase suicide rates in developed countries draw media attention to the menace of arms conflicts.

The proliferation of Small arms and light weapons a predisposing rather than a fundamental cause of underdevelopment in African countries. The illegal use of this arms affects human capacities, such as education, health and commerce, it also affect people's ability to use their capacities in conditions of safety and security. More difficult to record is the precise relationship between illegal use small arms and light weapons and traditional indices of economic development, such as per capita income, foreign direct investment, government spending, and domestic savings (Korb, Lawrence, Kohen Arnold, & Peter Prove. 2002). The illegal use of Small Arms and Light Weapons in many countries of the world causes of fatal and non-fatal injury. Survey conducted by WHO in 2002, existing evidence, confirmed that, some 300,000 people are killed as a result of arms proliferation each year in conflict, and an additional 200,000 in so-called 'peaceful' societies (WHO, 2002 and Muggah, 2002). While it is well-known that male deaths and injuries vastly outnumber those of females, the health effects of small arms misuse in situations of war and social violence are not adequately quantified (Murray *et al.*, 2002).

Small Arms Survey (2001) conducted a research on the Long-Term Consequences of non-Fatally Injured Patients on Medical Services, find that victims of Small arms and Lihgt Weapons violence cannot reach hospitals or receive emergency treatment; they suffer permanent disability and reduced productivity. Consequently, the disabled people incur additional medical expenses and such are often not included as part of services and community activities. Moreover, most people with firearms-related disabilities depend on family support and cannot increase their labour supply in response to income shortfalls. They added that a significant proportion of non-fatally injured patients go into debt to pay medical expenses resulting from the proliferation of Small Arms and Light weapons injuries (Small Arms Survey, 2001, pp. 217–18).

The proliferation of small arms and light weapons can have destructive consequences for formal and informal economic activity, from multinational firms to petty traders in cities and rural communities. The effects of small arms and light weapons on economic activity can be measured by primary indicators including higher transport costs and the deterioration of physical infrastructure during armed violence, as well as secondary indicators that include the prices of local goods, declining terms of trade and agricultural productivity, and reduced levels of food consumption (United Nations Conference on Trade and Development's (UNCTAD, 2002b). Therefore, deterioration of basic infrastructural facilities (e.g. roads, ports, factories, and fixed capital investment) as a result of mortar attack, shelling, and automatic gunfire can have a significant impact on overall economic activity. The cost of rebuilding damaged infrastructure depletes resources that could otherwise be invested in social services and human development (Women's Commission for Refugee Women and Children. 1999). The World Bank (2001a), noted that nations affected by such widespread social crises and armed conflict suffer disproportionately from negative growth and a massive deterioration of foreign direct investment (FDI). The opportunity costs of armed conflicts to the affected country and the surrounding area, in terms ofsocial and economical investment, are highly worthwhile. For example, in a survey of corporations conducted for the *World Development Report* (World Bank, 2001c), conflict and violence ranked the greatest security risk facing investors all over the world today.

Pearce & Kerry (1990) noted that proliferation of Small Arms and light weapon-related violence have a devastating impact on country's financial indicators, as measured by trends in local and foreign investment, revenue collection, and domestic savings. Moreso, Domestic and foreign investment in key sectors (e.g. services and tourism) falls dramatically due to armed violence, though less so with social violence, as investors take their money elsewhere.

Proliferation of small arms and light weapons-related violence also affect food production, which may need years to recover after fields have been left fallow. As with anti-personnel landmines, a legacy of small arms and light weapons proliferation undermine community's willingness to engage in subsistence farming or the desire of individuals or company to invest in agriculture or other productive activities (World Bank, 2002b). This implies that armed conflicts are drastically reducing future generations of basic agricultural fortunes.

Because of recurring drought, deadly raids, and poor land management, cattle have become scarce and of poorer quality (Demetriou, Muggah, and Biddle, 2002).

Health Care Delivery Services and Proliferation of Small Arms and Light Weapons

Armed violence resulting from proliferation of small arms and light weapons have pose multifaceted challenges which has direct consequences on health care delivery services in the affected communities (Valenti et al 2007). Armed violence is a universal health problem. Long-lasting and protracted conflicts in particular have consequences beyond just the war wounded they have consequences for the health of entire communities. Thus, Armed Conflict is seen as the pivotal social determinant of health, and conflict-affected countries are lagging behind (Aniek, et al 2017).UN OCHA(2018)explained that **i**n time of armed violence, the affected communities or the state find it difficult to provide adequate health care services to its population. Most often, the international community often steps in to close the gap. Actors in the health sector find it difficult to respond to needs. Communicable disease outbreaks resulting from armed conflict also do not respect borders.

Conflict adversely affects the health infrastructure, which may be either intentionally or unintentionally damaged, destroyed, or looted by warring parties. Those health facilities that are not entirely destroyed may end up shutting down or reducing their services. The damage to a conflict-affected country's health system is vast, some time it consequences makes it difficult or impossible to treat conflict related injuries, as well as health issues that are indirect consequences of the conflict. (Hosanna Fox, et al 2018).

Attacks on and interference with health care services, providers, facilities, transports, and patients in circumstances of armed conflict, civil crises, and state repression results to enormous challenges to provision of health care service delivery in circumstances where it is most needed. Again, in times of armed conflict, the international humanitarian law (IHL) creates adequate protection to providers of health care services, but it also contains gaps (International Review of the Red Cross, 2013). In armed conflict, combatants and bandits searching for vehicles, medical utensils, labour, recruits, and resources often deliberately target social services (Muggah and Griffiths, 2002). The effects of closed health and education facilities are disastrous. Throughout sub-Saharan Africa, local governments and international agencies have reduced the distribution of relief supplies and health equipment for fear of armed attack. Immunization and vaccination efforts have been curtailed and public authorities have had to cut vital outreach services, including veterinary programmes and maintenance of boreholes (CGIAR, 1999). During armed conflicts and internal disturbances such as political protests, civil rioting or state repression, health care facilities are often subjected to violent attacks, obstructed access, interference with operations, and looting. Health care workers may be arrested or intimidated for offering care impartially to those in greatest need. Many who provide care in conflict-affected regions of the world, where the risk of attack is becoming a daily occurrence, have begun to see violence as an occupational hazard (International Review of the Red Cross, 2013).

Erin, (2016) observed that during emergencies, the delivery of health care is vital to the survival and longer-term well-being of affected populations. Health care is constantly noted by conflict prone areas as one of their utmost agenda for humanitarian assistance (Assessment Working Group for Northern Syria, 2016). Thus, addressing health care needs during emergency situations saves lives as well as improve healthier outcomes and strengthen global health security (Central African Republic, 2016).The provision of health services is also frequently compromised during armed conflicts indirectly through curfews, reduced geographical access due to roadblocks and checkpoint closures, and reduced social access based on patients' fear of seeking care in areas of insecurity. Moreover, marginalized and vulnerable populations, even if not overtly denied health care, often experience lower access to care, and their health suffers additionally from social exclusion (International Review of the Red Cross, 2013).

Framing the Problem of Small Arms and Light Weapon

State of Problem	**Description of Problem**	**Way Lighting Weapons Contribute as a Cause or Catalyst**
Humanitarianism and Human Right	culture of violence: Child soldiers; personal insecurity; vulnerable groups (women, visible minorities, ethnics); abundance injurious arms	The Proliferation of small arms and light weapons; weak national control systems; vicious cycle of violence and poor health care delivery services.
Public Health and Criminality	Destructions of health facilities and attack on health personnel. Drugs/terror/arms nexus; increment in communal criminal activities; contagion effect.	Low institutional export/ import control systems; weak law enforcement; state corruption.
The Economic Development and Service Delivery System	"Arms as livelihood" crises; extortion, mafias; corruption; weak climate for investment health care delivery system	Weak or eroded governance structures; economic underdevelopment
Communal Conflicts	Flow of light weapons increase level of violence and intractability of communal wars	Deep-rooted causes, but easy access to light weapons thwarts peaceful solutions to conflicts and facilitates slide to violence

Extra-Regional Conflict Prevention	Gray market transactions (govt. to govt. or insurgent) designed to affect course of a conflict	No international transparency
Regional Destabilization	Spillover of conflicts; recycling of surplus weapons	Weak accountability and tracking mechanisms; no post- conflict disarmament measures
International Terrorism	Potential attacks on high profile "soft targets" around the world	Proliferation of sophisticated light weapons. E.g.; Stinger anti-aircraft missiles

Source: Keith Krause. **Challenges of Small Arms and Light Weapons: Graduate Institute of International Studies, May 17, 1998.**

II. Research Methodology

This section describe the area of the study, Research design , population of the study, sampling size, sampling techniques; method of data collection and method of data analysis.

Area of Study

The study covers three States from the entire North Central Region of Nigeria. These states are Benue, Plateau and The Federal Capital Territory, Abuja. The predominant occupations of people from this region are Civil service and Farming, especially Livestock, fishing, waving and blacksmithing.

Research Design

Survey design will be adopted for this study. The method ensures representativeness from a large population hence it is a method use for collecting or obtaining data and information from a large population that can ordinarily not be able to be study in its entirety given the largeness of the population. Data to be use for this study were obtained by administering questionnaires and interviewing, the sampled elements that were drawn from the larger population which were adequately representative of the entire population under study.

Population of the Study

The population of the study shall comprise of the victims of arms proliferation living in the Internally Displaced Persons Camps, Officials of National Emergency Management Agency (NEMA), health workers in these areas and Security personnel in the camps while, others include Community Leaders and Traditional rulers from the affected communities in the selected states. Two camps were selected from each of the three states, Benue, Plateau and The Federal Capital Territory, Abuja. The camps to be selected are Abagana and RCM school camp in Benue, Qun'pan and Riyon comp in Plateau, Lugbe and Area 1 camp in Abuja.

Table I: Population and Sample Size

S/No.	State	IDP Camps	Population	Sample size
1	Benue	Abagana: (1,724) RCM School: (8,032)	9,756	978
2	Plateau	Qun'pan: (3,043) Riyon: (9,256)	12,299	1,230
3	Abuja	Lugbe: (8,444) Area 1: (4,371)	12,815	1,282
	Total		**34,870**	**3,491**

Sources: NEMA (2016)

Sampling Size and Sampling Technique

Applying Cochran (1963) statistical formula for determining sample size to the study population is based on a 95% confidence level, and a margin of error of 0.05, and a variability degree of 50% due to the unique and heterogeneous nature of the population,

Using Cochran's sample size, Statistical techniques to determine the sample size in this study, considering the fact that reaching the entire respondents covering the whole states in this geo-political zone will be practically difficult if not impossible. Therefore, the Sample was determined using the following formular.
The Cochran formular is:

$$no = \frac{no}{1 + \frac{(no\ \ 1)}{N}}$$

Where :
N = Sample size
N = Population
I = Constant

$$no = \frac{Z^2Pq}{e^e}$$

having
Z = 95% confidence level (1.96)
P = Estimated proportion of the population.
q = I – p
e = error margin (5%)
Thus,

$$no = \frac{1.96^2\ (0.5)\ (1-0.5)}{(0.05)^2}$$

$$no = \frac{1.96^2\ (0.5)\ (0.5)}{0.0025}$$

$$no = \frac{3.8416\ (0.5)\ (0.5)}{0.0025}$$

$$no = \frac{0.9604}{0.0025}$$

$$no = 384$$

$$n = \frac{384}{1 + \frac{(384 - 1)}{34870}}$$

$$n = \frac{384}{1 + \frac{(384)}{34870}}$$

$$n = \frac{384}{1 + 0.011}$$

$$n = \frac{384}{1.011}$$

n = 380

Hence, the sample size is 380. However, out of the total questionnaire 380 distributed, only 352 were duly completed and returned giving 93% retrieval rate.

Sampling Technique

The stratified sampling procedure was adopted for this study; the population was stratified into various Age groups for the victims in the camps while the officials of the National Emergency Management and Security personnel in the camps were stratified into senior and junior officers. Thereafter, respondents were chosen from each of the Community Leaders and Traditional rulers of the affected area.

Sources of Data Collection

The study used both primary and secondary sources of data; the primary sources of data include questionnaire and personal interview while the secondary sources include textbooks, journals magazines, periodicals and internet materials.

Instruments of Data Collection

Questionnaire and Interview were the primary instrument for data collection in this study, the researcher designed a set of 2 (two) item questionnaires and this was supplemented by oral interview from the respondents. The questionnaire administration was carried out by the researchers and seven (7) field assistants trained prior to data collection, and the interview was undertaken by the researchers themselves.

Method of Data presentation and Analysis

Data generated in the course of this study were first be collated, coded and analyzed using both the descriptive and the inferential statistics. Descriptive statistics was presented in tables showing frequencies and percentages for the demographic information of respondents, the five points likert scale of strongly agreed (SA) agree (A) undecided (U), disagreed (D) and strongly disagreed (SD) weighted from 5-1 respectively with mean, value of 3.00 as accepted and mean Value < 3.00 rejected. Moreso,

the inferential statistics used is the regression to measure the relationship between the variables for this study. All these were achieved with the aid of the Statistical Package for Social Sciences (SPSS) version 21.

III. Data Presentation And Analysis

Table 2. DEMOGRAPHIC INFORMATION OF RESPONDENTS

S/No.	Demography	Options	Frequency	Percentages (%)
1.	Age (in years)	18 – 25	74	21
		26 – 35	63	18
		36 – 45	127	36
		46 and above	88	25
		Total	**352**	**100**
2.	Highest academic qualifications	No education	162	46
		O/level	95	27
		ND/NCE	25	7
		HND/BSC	32	9
		Master/PhD	4	1
		Others	34	10
		Total	**352**	**100**
3.	Religion	Christianity	95	27
		Islam	236	67
		Others	21	6
		Total	**352**	**100**
4.	Gender	Male	92	26
		Female	260	74
		Total	**352**	**100**
5.	Marital status	Single	60	17
		Married	116	33
		Divorced	70	20
		Widowed	53	15
		Separated	53	15
		Total	**352**	**100**
6.	Period in camp (in years)	1 – 5	232	66
		6 – 10	106	30
		11 and above	14	4
		Total	**352**	**100**

Source: Research survey, 2020

Table 2 shows the demographic information of respondents. It revealed that 74 respondents 21%fall between the ages 18-25 years, 63 respondents (18%) fall between the ages 26–35 years, 127 respondents (36%) and 88 respondents (25%) are of the ages 46 years and above. Therefore, most of the respondents fall between the ages 36 – 45 years. The highest academic qualification of respondents revealed that 162 respondents (46%) have no formal education, 95 respondents (27%) have O/level, 25 respondents (7%) have ND/NCE respectively, 32 respondents (9%) have HND/BSC respectively, and 4 respondents (1%) have Masters/PHD respectively while 34 respondents (10%) have other kind of qualifications. Hence, it can be concluded that most of the respondents have no formal education. In addition, the religions distribution of respondents revealed that 95 respondents (27%) are of the Christian religion, 236 respondents (67%) are of the Islamic religion, while 21 respondents (6%) are of other religions. Hence, it can be concluded that most of the respondents are of the Islamic religion.

The gender of respondents revealed that 92 respondents (26%) are male, 260 respondents (74%) are female. Hence, most of the respondents are female. More so, the marital status of respondents revealed that has 60 respondent (17%) are single, 116 respondents (33%) are married, 70 respondents (20%) are divorced, 53 respondents (15%) are widowed and 53 respondents (15%) are separated. Hence, most of the respondents are married. Finally, the table revealed the period spent at the internal displaced persons (IDP) camps and it revealed that 232 respondents (66%) have spent between 1–5 years, 106 respondents have spent between 6–10 years, while14 respondents (4%) have spent period from 11 years and above. Therefore, it can be concluded that most of the respondents have spent between 1–5 years at the internal displaced persons camp.

Section B.

This section analyzed the research questions bordering on the Independent and Dependent variables. The decision criterion is to accept any mean value > 3.00 otherwise such mean be rejected.

The five points like scale of strongly agreed (SA). Agreed (A), undecided (U), disagreed (D) and strongly Disagreed (SD) is used with the weight averages of 5, 4, 3, 2 and 1 respectively.

Table3. (Independent Variable) Economic Aspect of Proliferation of Small Arms and Light Weapons

S/NO	Variable	SA (5)	A (4)	U (3)	D (2)	SD (1)	Mean (x)
7.	Proliferation of SALW in my area is as a result of economic challenges	183 (52%)	84 (24%)	39 (11%)	16 (4%)	30 (9%)	4.06
8.	Unemployment is responsible for the proliferation of SALW	130 (37%)	77 (22%)	48 (14%)	41 (12%)	56 (15%)	3.52
9.	Resource related issues are the major cause of proliferation of SALW	59 (17%)	88 (25%)	44 (13%)	58 (16%)	103 (29%)	2.84
10.	Victims do have access to adequate feeding and clothing	61 (17%)	24 (7%)	36 (10%)	112 (32%)	119 (34%)	2.42
11.	There provisions of education shelter to victims affected by proliferation of SALW	39 (11%)	73 (21%)	87 (25%)	122 (35%)	31 (8%)	2.91

Source: Research survey, 2020.

Table3 shows responses on the economic aspect of proliferation of small arms and light weapons. For the question on whether proliferation of small arm and light weapon in the area is as a result of economic challenges, 183 respondents (52%) strongly agreed, 84 respondents (24%) agreed, 39 respondents (11%) were undecided, 16 respondents (4%) disagreed while 30 respondents (9%) strongly disagreed. The mean value is 4.06; hence it means that most of the respondents agreed that proliferation of SALW is as a result of economic challenges since the mean value > 3.00.

In addition, for the question on whether unemployment is responsible for the proliferation of small arms and light weapons, 130 respondents (37%) strongly agreed, 77 respondents (22%) agreed, 48 respondents (14%) were undecided, 41 respondents (12%) disagreed while 56 respondents (15%) strongly disagreed. The mean value is 3.52 hence; it means that most of the respondents agreed that unemployment is responsible for the proliferation of small arms and light weapons since mean > 3.00. More so, on the question on whether resource related issues are the major causes of proliferation of small arms and light weapons, 59 respondents (17%) strongly agreed, 88 respondents (25%) agreed, 44 respondents (13%) were undecided 58 respondents (16%) disagreed while 103 respondents 29%strongly disagreed. Hence, it means that resource related issues are not the major causes of proliferation of small arms and light weapons since the mean value of 2.84 < 2.84.

Again, on the question on whether victims do have access to adequate feeding and clothing 61 respondents (17%) strongly agreed, 24 respondents (7%) agreed, 36 respondents (10%) were undecided, 112 respondents (12%)disagreed while 119 respondents (34%) strongly disagreed. The mean value is 2.42 hence it means that most of the respondents disagreed that victims do have access to educate feeding and clothing since the mean value < 3.00.

Finally, on whether there are provisions of adequate shelter to victims affected by proliferation of small arms and light weapons, 39 respondents (11%) strongly agreed, 73 respondents (21%) undecided, 122 respondents (35%) disagreed while 3 respondents (8%) strongly disagreed. The mean value is 2.91 and < 3.00 hence, it means that most of the respondents disagreed that there are provisions of adequate shelter to victims affected by the proliferation of small arms and light weapons.

Table 4. Medical aspect of proliferation of small arms and light weapons

S/NO	Variable	SA (5)	A (4)	U (3)	D (2)	SD (1)	MEAN
12.	Proliferation of SALW affect health infrastructure	172 (49%)	81 (24%)	30 (9%)	33 (9%)	33 (9%)	3.90
13.	Health care services have been adequately provided	61 (17%)	97 (28%)	41 (12%)	63 (18%)	90 (25%)	2.93
14.	Challenges of proliferation of SALW hinders effective movement of victims to access health care services	128 (36%)	84 (24%)	55 (16%)	50 (14%)	35 (10%)	3.63
15.	Adequate drugs have been accessible to victims affected by PSALW	38 (11%)	72 (20%)	88 (25%)	121 (34%)	33 (10%)	2.87
16.	Health care emergencies have not been effectively executed resulting from proliferation of SALW	125 (36%)	99 (28%)	57 (16%)	32 (9%)	39 (11%)	3.68

Source: Research survey, 2020.

Table4.Shows the medical aspect of proliferation of small arms and light weapons,it shows that 172 respondents (49%) strongly agreed, 81 respondents (24%) agreed, 30 respondents (9%) were undecided, 33 respondents (9%) disagreed, while 33 respondents (95%) strongly disagreed. The mean value is 3.90, which means that most of the respondents agreed that proliferation of small arms and light weapons affects health infrastructure since the mean value of 3.90 >3.00. More so, for the question on whether health care services have been adequately provided, 61 respondents (17%) strongly agreed, 97 respondents (28%) agreed, 41 respondents (12%) were undecided, 63 respondents (18%) disagreed, while 90 respondents (25%) strongly disagreed. The mean value is 2.93 and < 3.00 hence, it means most of the respondents disagreed that health care services have been adequately provided.

In addition, on whether proliferation of small arms and light weapons hinders effective movement of victims to access health care services 128 respondents (36%) strongly agreed, 84 respondents (24%) agreed, 55 respondents (16%) were undecided, 50 respondents (14%) disagreed, while 35 respondents (10%) strongly disagreed. Hence, most of the respondents agreed that challenges of proliferation of small arm and light weapons hinders effective movement of victims to access health care services since the mean value of 3.63>3.00. For the question on whether adequate drugs have been accessible to victims affected by the proliferation of small arms and light weapons, 38 respondents (11%) strongly agreed, 72 respondents (20%) agreed, 88 respondents (25%) were undecided, 121 respondents (34%) disagreed, while 33 respondents (10%) strongly disagreed. The means value is 2.87 hence it means that most of the respondents disagreed that adequate drugs have been accessible to victims affected by the proliferation of small arms and light weapons since the mean value of 2.87 < 3.00.

Finally, on the question on whether health care emergencies have not been effectively executed resulting from the proliferation of small arms and light weapons, 125 respondents (36%) strongly agreed, 99 respondents (28%) agreed, 57 respondents (16%) were undecided, 32 respondents (9%) disagreed, while 39 respondents (11%) strongly disagreed. The mean value is 3.68 hence, it means that most of the respondents agreed that health care emergencies have not been effectively executed resulting from proliferation of small arm and light weapons since the mean value >3.00.

Table 5; (Dependent Variable) Effects of Proliferation of Small Arms and Light Weapons

S/NO	Variable	SA (5)	A (4)	U (2)	D (2)	SD (1)	MEAN (X)
17.	Proliferation of SALW adversely affect economic lives of victims	143 (41%)	76 (21%)	80 (23%)	11 (3%)	42 (12%)	3.76
18.	Proliferation of SALW affects easy access to decent live by victims	123 (35%)	68 (19%)	41 (12%)	71 (20%)	49 (14%)	3.41
19.	Proliferation of SALW deprive victims to access employment opportunities	153 (43%)	77 (22%)	31 (9%)	40 (12%)	51 (14%)	3.68
20.	Resulting from the proliferation of SALW, the Health of the victims have been adversely affected	119 (34%)	84 (24%)	28 (8%)	76 (21%)	45 (13%)	3.44
21.	Proliferation of my SALW traumatizes my Psychological wellbeing	129 (37%)	78 (22%)	64 (18%)	47 (13%)	34 (10%)	3.63

Source: Research survey, 2020

Table5. Shows the effect of proliferation of small arms and light weapons for the question on whether proliferation of small arm and light weapons adversely affect economic lives of citizens, 143 respondents (41%) strongly agreed, 76 respondents (21%) agreed, 80 respondents (23%) were undecided, 11 respondents (3%) disagreed, while 42 respondents (12%) strongly disagreed. The mean value is 3.76 shows that most of the respondents agreed that proliferation of small arms and light weapons adversely affect economic lives of victims since the mean value of 3.73 > 3.00.More so, for the question on whether proliferation of small arm and light weapons affect easy access to decent lives by victims, 123 respondents (35%) strongly agreed, 68 respondents (19%) agreed, 41 respondents (12%) were undecided, 71 respondents (20%) disagreed, while 49 respondents (14%) strongly disagreed. The mean value of 3.41 shows that most of the respondents agreed that proliferation of small arms and light weapons affects easy access to decent lives by victims since the mean value of 3.41 > 3.00.

For the question on whether proliferation of small arm and light weapons deprive victims to access employment opportunities, 153 respondents (43%) strongly agreed, 77 respondents (22%) agreed, 31 respondents (9%) were undecided, 40 respondents (12%) disagreed, while 51 respondents (14%) strongly disagreed. The mean value of 3.68 > 3.00, shows that most respondents agreed that proliferation of small arm and light weapons deprive victims to access employment opportunities. More so, for the question on whether resulting from the proliferation of small arm and light weapons health of victims have been adversely affected, 19 respondents (34%) strongly agreed, 84 respondents (24%) agreed, 28 respondents (8%) were undecided, 76

respondents (21%) disagreed, while 45 respondents (13%) strongly disagreed. The mean value of 3.44 > 3.00 hence, it means that most of the respondents agreed that resulting from the proliferation of small arms and light weapons, health of victims have been adversely affected.

Finally, for the question on whether proliferation of small arm and light weapons traumatizes the psychological wellbeing of citizens, 129 respondents (37%) strongly agreed, 78 respondents (22%) agreed, 64 respondents (18%) were undecided, 47 respondents (13%) disagreed, while 34 respondents (10%) strongly disagreed. The mean value of 3.63 is > 3.00 hence, it means that most respondents agreed that proliferation of small arm and light weapons traumatizes the psychological wellbeing of citizens.

Test of Hypotheses

The study tests two hypotheses using the linear regression statistical analysis with the aid of statistical packages for social sciences (SPSS). Specifically, the hypotheses include inferential results using model summary and the coefficients. The decision alpha value is > 0.05 otherwise the null hypothesis be rejected.

Hypothesis 1

Hi. Proliferation of Small arms and Light Weapons do not have economic effects on the citizens of North-Central Nigeria.

Table 6. Model Summary b.

Model	R	R Square	Adjusted R square	Std. error of the Estimate	Durbin Watson
1	.884	.796	.794	.34861	1.624

Source: Research survey, 2020.

a. Predictors: (constant) PSALW

b. Dependent variable: Economic effect.

The model summary table shows the relationship between the independent and dependent variables. The result of R stood at 0.884 indicating a strong relationship between the dependent variable economic effect and the explanatory variable proliferation of small arms and light weapons.

The coefficient of multiple determinations R^2 measures the percentage of the total change of the dependent variable that can be explained by the explanatory variable. The result indicates a R square of .796 showing that 80%of the variances on the economic effect is explained by the proliferation of small arms and light weapon, while the remaining 20% (100-80) of the variations could be explained by other variables not considered in this model. The adjusted R–square compensates for the model complicity to provide a fairer comparison of model.

The result is supported by the value of the adjusted R square which is 79% showing that if the entire population was used, the result will deviate by 8.8% (i.e .884-796).The standard error of the estimate is considered low at .34861 while the Durbin Watson Test is 1.624 showing that there is no auto-correlation.

Table 7. Coefficients [a]

Model	Unstandardized coefficients		Standardized coefficients	t	Sig.
	B	Std. Error	Beta		
(constant) 1 PSALW	.817 .712	.056 0.13	. .886	13.312 41.671	.000 .000

Source: Research survey, 2020.

a. Dependent variable: Economic effect.

The Coefficient provides information on how the explanatory variable (the estimated coefficient or beta) influences the dependent variable. The result shows that the regression constant 0.817 giving a predictive value of dependent variable when all other variables are zero.

The coefficient of PSALW is 0.712 with P – Value 0.000 less than (0.5%) critical value. Therefore, it can be concluded that the null hypothesis that PSALW do not have economic effects on the citizens of North-central Nigeria is rejected.

Hypothesis 2.

H2: Proliferation of small arms and light weapons do not have effect on the health care system in North-central Nigeria.

Table8; Model Summary [b]

Model	R	R square	Adjusted R square	Std. error of the Estimate	Durbin Watson
1	.932	.865	.864	.41753	1.235

Source: Research survey, 2020.

(a) Predictors: (constant) PSALW.
(b). Dependent variable: Heath effect.

The model summary table shows the relationship between the independent and dependent variables, The result of R stood at .932 indicating a strong relationship between the dependent variable health effect and the explanatory variable proliferation of small arms and light weapons.

The coefficient of multiple determinations R^2 measures the percentage of the total change of the dependent variable that can be explained by the explanatory variable. The result indicates a R square of .865 showing that 87% of the variances on the heath effect is explained by the proliferation of small arms and light weapon, while the remaining 13% (100-87) of the variances could be explained by other variable not considered in this model.

The adjusted R – Square compensates for the model complicity to provide a fairer comparison of model.

The result is supported by the value of the adjusted R square which is 86%^{o} showing that if the entire population were used, the result will deviate by 6.7% i.e. (.932- 865) the standard error of the estimate is considered low at .41753 while the Durbin Watson test is 1.235 showing that there is no auto-correlation.

Table9. Coefficients [a]

Model	Unstandardized coefficients		Standardized coefficients	T	Sig.
	B	Std. Error	Beta		
(constant)	.971	.061		15.193	.000
1 PSALW	.823	.682	.714	33.174	.000

Source: Research survey, 2020.

a. Dependent variable: Health effect.

The coefficient provides information on how the explanatory variable (the estimated coefficient or beta) influences the dependent variable. The result shows that the regression coefficient constant 0.971 giving a predictive value of dependent variable when all other variables are zero. The coefficient of PSALW is 0.823 with P – Value 0.000 less than (0.05%) critical value. Hence, it can be concluded that the null hypothesis, that PSAWL do not have effect on the health care system in North – central Nigeria is rejected.

IV. Conclusions

Studies regarding proliferation of small arms and light weapons have been conducted over the years; different approaches from all critical stakeholders on curbing this menace have also been suggested. Despite these, lasting solution seems not have been reached considering the reality of increased crime rate in Nigeria society. Therefore, this study has been able to explore the economic and health dimensions of the proliferation of smallarms and light weapons as well as how it affects citizens. From empirical findings of this study, it revealed that significant positive relationship exist between the proliferation of small arms, light weapons and the economic and health lives of the people of North-central Nigeria.

V. Recommendations

Anchored on the empirical findings from this study the research recommends that economic stimulus packages such as employment opportunities, social welfare packages and skill acquisition programmes be integrated and vigorously implemented by the government so as to address economic related challenges which prompted arms proliferation in North central Nigeria. This programme could be implementation through declaration of amnesty to those carrying arms so that at the instance of returning such arms these stimulus packages could be provided to rehabilitate them with the view to finding lasting solutions to this negative trends.

Again, the study recommends that special intervention funds provided to the North-central region to rehabilitate health infrastructure affected by the activities of arm bandits. More so, more health personnel be mobilized to the area to enable them meet the increased health challenges emanating from activities of proliferation of small arms and light weapons in North-central Nigeria.

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